

IN THE MATTER OF	*	BEFORE THE
EMERSON L. CORONEL, M.D.	*	MARYLAND STATE
Respondent	*	BOARD OF PHYSICIANS
License No. D51194	*	Case No. 2224-0033 B

* * * * *

CONSENT ORDER

On May 6, 2024, Disciplinary Panel B (“Panel B”) of the Maryland State Board of Physicians (the “Board”) charged **EMERSON L. CORONEL, M.D.** (the “Respondent”), License No. D51194, under the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. § 14-101 *et seq.* (2021 Repl. Vol.). Panel B charged the Respondent with violating the following provision of the Act:

Health Occ. § 14-404. License denial, suspension, or revocation.

(a) *In general.* - Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

...

(3) Is guilty of:

...

(ii) Unprofessional conduct in the practice of medicine[.]

On June 26, 2024, Panel B was convened as a Disciplinary Committee for Case Resolution (“DCCR”) in this matter. Based on negotiations occurring as a result of this

DCCR, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law, Order, and Consent.

FINDINGS OF FACT

Panel B finds the following:

I. Licensing and Practice Information

1. On or about October 1, 1996, the Board issued the Respondent a license to practice medicine in Maryland, under license number D51194. The Respondent's Maryland license expires on or about September 30, 2024.

2. Since approximately 1996, the Respondent has been employed at a medical practice (the "Medical Practice")¹ in Prince George's County, Maryland.

3. The Respondent has been licensed to practice medicine in Washington, D.C. since on or about September 20, 1995. His Washington, D.C. medical license expired on or about December 31, 2018.

II. The Respondent's Self-Report Letter

4. On or about September 13, 2023, the Respondent sent a letter (the "Self-Report Letter") to the Board in which he stated that he was the primary care provider for another physician ("Physician A") who worked at the Medical Practice from around 2005 until about a year after Physician A's retirement in July 2019.

¹ To ensure confidentiality and privacy, the names of individuals, patients and institutions involved in this case are not disclosed in this document.

5. The Respondent reported that he signed “multiple prescriptions” for Schedule II² medications³ for Physician A from 2014 to 2019 “without documenting examinations and assessments.”

6. The Respondent reported that he signed “about 10 pieces of prescription sheets” for Physician A “to help him out” shortly before Physician A retired in 2019.

7. The Respondent reported that, in or around May 2023, he received a request from a pharmacy (the “Pharmacy”) to verify a prescription for Physician A for a Schedule II medication, dated May 4, 2023. The Respondent told the Pharmacy that he did not issue the prescription.

III. The Board’s Investigation

8. After reviewing the Respondent’s Self-Report Letter, the Board initiated an investigation.

9. On September 21, 2023, Board staff issued a *subpoena duces tecum* to the Prescription Drug Monitoring Program (“PDMP”) for a computer-generated printout of all controlled substances written by the Respondent from January 1, 2013 to present.

10. On September 25, 2023, the Board received the Respondent’s PDMP report. The PDMP report showed that the Respondent signed over 60 (sixty) prescriptions for Schedule II medications for Physician A between August 2013 and February 2023.

² The U.S. Drug Enforcement Administration classifies controlled dangerous substances (“CDS”) into five (5) categories or “schedules” based upon the drug’s acceptable medical use and its potential for abuse and/or dependency. Schedule I drugs have a high potential for abuse and/or dependency while Schedule V drugs have the lowest potential for abuse and/or dependence.

³ To ensure confidentiality and privacy, the specific names of the medications are not disclosed in this document. The Respondent knows the specific names of the medications discussed herein.

11. The PDMP report also showed that the Respondent signed over 20 (twenty) prescriptions for the Family Member for Schedule II medications between June 2013 and November 2019.

12. By letter dated September 25, 2023, Board staff informed the Respondent that the Board opened an investigation based on information he provided in the Self-Report Letter. Board staff requested that the Respondent provide summaries of care for Physician A and the Family Member to the Board.

13. On or about September 27, 2023, the Board issued a *subpoena duces tecum* to the Medical Practice for “the complete copy of any and all medical records” for Physician A and the Family Member.

14. On or about October 5, 2023, the Medical Practice informed the Board that there were no dates of treatment for the Family Member at the Medical Practice.

15. On or about October 12, 2023, the Medical Practice provided the medical records for Physician A to the Board. The medical records included the Respondent’s treatment notes from only two medical appointments for Physician A, dated July 31, 2017 and March 1, 2019. According to the Respondent’s treatment notes, both of these appointments were annual physical examinations.

16. On or about October 2, 2023, the Board issued a *subpoena duces tecum* to the Pharmacy for “a copy of any and all original paper prescriptions written by [the Respondent]” for Physician A and the Family Member.

17. On or about October 27, 2023, the Pharmacy sent the original paper prescriptions written by the Respondent for Physician A and the Family Member to the

Board. The original paper prescriptions included several prescriptions signed by the Respondent for a Schedule II medication for the Family Member, dated between September 2016 and November 2019. The original paper prescriptions from the Pharmacy also included many prescriptions signed by the Respondent for Schedule II medications for Physician A, dated between July 2014 and February 2023.

IV. The Respondent's Response

18. On October 6, 2023, the Respondent sent his written response regarding his treatment of Physician A and the Family Member to the Board. In his written response, the Respondent stated in part:

- a. The Respondent started seeing Physician A as his primary care provider around 2005, and the Respondent began prescribing Schedule II medications to Physician A for his medical conditions around 2011;
- b. Around September 2014, the Respondent started prescribing more Schedule II medications to Physician A for his worsening symptoms;
- c. The Respondent stated, "Most of these prescriptions [Physician A] wrote on his own with me signing it knowingly. I did not document these prescriptions in his medical record[;]"
- d. After Physician A retired in June 2019, the Respondent did not see Physician A in clinic anymore, but they occasionally communicated through text message;
- e. Around January 2020, Physician A sent the Respondent "a letter with about 6 prefilled prescription sheets for [a Schedule II medication] without any date on it." Physician A "requested that [the Respondent] sign them and mail them back to him." The Respondent "did so, again without documenting[;]"
- f. In December 2021, Physician A sent the Respondent a similar letter, but the Respondent did not respond;

- g. In April 2022, the Respondent signed a prescription for Physician A at Physician A's request for a Schedule II medication, but the Respondent did not document the prescription in Physician A's medical record;
- h. On April 19, 2022, Physician A sent a text message to the Respondent in which he stated that the Pharmacy declined the prescription because there was a problem with the Respondent's CDS license;⁴
- i. On April 20, 2022, Physician A sent another text message to the Respondent in which he "request[ed] that [the Respondent] send 90-day supplies of [two Schedule II medications], and [another Schedule II medication] electronically to [the Pharmacy] when [the Respondent's] CDS license clears." The Respondent replied that he would, but in actuality he "made no effort to do so";
- j. On May 18, 2022, Physician A followed up with the Respondent by text message, asking about the status of the Respondent's CDS license. In his reply, the Respondent "suggested that [Physician A] go to [another provider]. [Physician A] responded that he was in no rush as he had 'ample meds' for several months[;]"
- k. On June 30, 2022, Physician A followed up again with the Respondent by text message, asking about the status of the Respondent's CDS license. Physician A stated that he "still had a few prescriptions for [a Schedule II medication] and low dose . . . medications that [the Respondent] had written which [Physician A] would use if the CDS issues were resolved."
- l. On July 18, 2022, Physician A sent another text message to the Respondent in which he asked the Respondent to do the preauthorizations for prescriptions for [Schedule II medications]. The Respondent did not recall preauthorizing any of the medications, but he "received another text [from Physician A] on August 2 that the . . . prescription went through, and [Physician A] now needs a preauthorization for [another Schedule II medication]." The Respondent did not respond to that request;
- m. "[E]very now and then . . . from around 2012[,]" Physician A asked

⁴ The Respondent renewed his CDS license, but there was a delay in updating it due to a technical problem.

the Respondent to sign a “few prescriptions” for Schedule II medications for Physician A’s Family Member. When asked about this by Board staff, the Respondent stated, “These were rare and must have not been more than 10 times in the past fifteen years. I did not document these prescriptions.”

19. The Respondent enclosed copies of the text messages with Physician A with his written response. The text messages are consistent with the Respondent’s descriptions of them in his written response.

V. The Respondent’s Interview

20. On or about December 18, 2023, Board staff conducted an interview with the Respondent. In the under-oath interview, the Respondent stated in part:

- a. Approximately every three months between 2014 and 2019, Physician A came into the Medical Practice with prescription sheets that he had already filled out, and asked the Respondent to sign them. Physician A determined the type of Schedule II medication and the dosage for himself. The Respondent briefly reviewed the prescriptions and then signed them. The Respondent did not document these prescriptions in Physician A’s chart;
- b. The Respondent never ordered urine drug screening for Physician A, and he did not otherwise monitor Physician A’s medication usage;
- c. The Respondent did not refer Physician A to another provider to have him or her prescribe CDS medications to Physician A;
- d. Prior to Physician A’s retirement in 2019, the Respondent and Physician A had a discussion in which they agreed that the Respondent would sign 10 blank prescription sheets for Physician A with the understanding that Physician A would fill the rest of the sheets out himself, including type of Schedule II medication and dosage;
- e. The Respondent stated, “Those blank prescriptions did not have any date on it; that was the key really. I would sign it so he could date it when he needed it[;]”

- f. The Respondent believed that Physician A would use the sheets to “prescribe the [medications] the way [Physician A] was prescribing[;]”
- g. The Respondent did not see Physician A for any medical appointments after Physician A’s retirement in 2019, and the Respondent “never opened his chart after that[;]”
- h. In January 2020, Physician A mailed six blank prescription sheets to the Respondent, which he asked the Respondent to sign. The Respondent signed them and sent them back to Physician A;
- i. The Respondent believes it “was a big mistake on [his] part” to sign blank prescription sheets to let Physician A fill in whatever he wanted to fill in;
- j. The Respondent reviewed the original paper prescriptions, dated between 2014 and 2023, that the Board obtained from the Pharmacy.⁵ The Respondent stated that all of the prescriptions included his signature, but he did not write any of the prescriptions. He stated that Physician A wrote all of the prescriptions;
- k. The Respondent signed prescriptions for Schedule II medications for the Family Member that Physician A wrote;
- l. The Respondent never saw the Family Member at the Medical Practice and he never conducted any examinations of the Family Member;
- m. The Respondent stated it is “unethical” to prescribe CDS to friends without “document[ing] everything correctly.” He stated, “I knew that then. Unfortunately I did not comply”

VI. Physician A’s Interview

21. On or about December 21, 2023, Board staff conducted an interview with Physician A. In the under-oath interview, Physician A stated in part:

- a. The Respondent was Physician A’s primary care provider from approximately 1998 until Physician A retired from the Medical

⁵ Discussed *supra*, paragraphs 16 - 17.

Practice in June 2019;

- b. Physician A had no visits with the Respondent at the Medical Practice after Physician A retired;
- c. Physician A recalls that the Respondent began prescribing CDS medications to him for medical conditions sometime around 2005 or 2010;
- d. Physician A “was on chronic . . . medicines that [the Respondent] was prescribing” prior to Physician A’s retirement in 2019;
- e. Prior to his retirement, Physician A “would write . . . three or four [prescriptions] at a time, usually a year’s dosage, and [the Respondent] would review them and sign them[;]”
- f. Just before Physician A retired, he wrote 12 prescriptions for himself and gave them to the Respondent for his signature;
- g. Physician A stated, “Now . . . the way it worked is that – when I left . . . I wrote the prescriptions for both of these medicines, and handed it to [the Respondent]. He agreed to . . . fill them for me . . . when I retired, and he signed them, and we did not date them, and I used them . . . as needed. When the prescription would run out I would send them to [the Pharmacy]. There was one pharmacy involved[;]”
- h. The Respondent signed the prescriptions, but he did not date them, so that Physician A could use them “as needed.” Physician A “just put the date in when [he] needed it to be refilled[;]”
- i. Physician A told Board staff, “[W]e both agreed not to date [the prescriptions], because . . . we weren’t sure precisely, and how long I’d be taking them, number one, when I’d be refilling them, but the refills were always done on a . . . basis of when I needed them and when the last prescription ran out[;]”
- j. Physician A “left the office with prescriptions, and . . . when they ran out, which was in early 2021 . . . [Physician A] would send prescriptions to [the Respondent’s] home, [the Respondent] would review them, and he would send them back to [Physician A] at [his] home[;]”
- k. In April 2022, Physician A contacted the Respondent via text

message to tell him he had a problem refilling the Schedule II medicines even though he still had Schedule II medicines left over;

- l. Physician A “sometimes . . . wasn’t taking the full dose . . . so there may have been some left over[;]”
- m. During the Board interview, Physician A reviewed the original paper Prescriptions, dated between 2014 and 2023, that the Board obtained from the Pharmacy.⁶ Physician A stated that he wrote “[v]irtually all of them[;]”
- n. Physician A stated that he wrote his “name, address, the indication for the medicine, the diagnosis, then the medicine, dose, quantity, and the instructions to take, and then [he] would give it to [the Respondent] to sign[;]”
- o. Physician A stated that he wrote all of the prescriptions for the Family Member that the Respondent signed, which were for Schedule II medications;
- p. Physician A did not initially diagnose the Family Member’s condition, nor did he start the Family Member on the Schedule II medication. Physician A did not conduct any examinations or evaluations of the Family Member. Physician A did not maintain a medical record for the Family Member.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, Panel B concludes as a matter of law that the Respondent is guilty of unprofessional conduct in the practice of medicine, in violation of § 14-404(a)(3)(ii) of the Health Occupations Article.

ORDER

It is thus by a majority of a quorum of Disciplinary Panel B of the Board hereby:

ORDERED that the Respondent is **REPRIMANDED**; and it is further

⁶ Discussed *supra*, paragraphs 16 - 17.

ORDERED that the Respondent is placed on **PROBATION** for a minimum of **ONE (1) YEAR.**⁷ During probation, the Respondent shall comply with the following terms and conditions of probation:

1. Within **SIX (6) MONTHS** the Respondent is required to take and successfully complete a course in **ethics**. The following terms apply:
 - A. it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the course before the course is begun;
 - B. the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the course;
 - C. the course may not be used to fulfill the continuing medical education credits required for license renewal; and
 - D. the Respondent is responsible for the cost of the course.
2. (2) Within **ONE YEAR**, the Respondent shall pay a civil fine of **FIVE THOUSAND DOLLARS (\$5,000)**. The Payment shall be by money order or bank certified check made payable to the Maryland Board of Physicians and mailed to P.O. Box 37217, Baltimore, Maryland 21297. The Board will not renew or reinstate the Respondent's license if the Respondent fails to timely pay the fine to the Board.

IT IS FURTHER ORDERED that a violation of probation constitutes a violation of the Consent Order; and it is further

ORDERED that the Respondent shall not apply for early termination of probation; and it is further

ORDERED that, after the Respondent has complied with all terms and conditions of probation, the Respondent may submit a written petition for termination of probation. The Respondent's probation may be administratively terminated through an order of the

⁷ If the Respondent's license expires during the period of probation, the probation and any conditions will be tolled.

disciplinary panel if the Respondent has complied with all probationary terms and there are no pending complaints relating to the charges; and it is further

ORDERED that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

ORDERED that, if the Respondent allegedly fails to comply with any term or condition imposed by this Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If the disciplinary panel determines there is a genuine dispute as to a material fact, the hearing shall be before an Administrative Law Judge of the Office of Administrative Hearings followed by an exceptions process before a disciplinary panel; and if the disciplinary panel determines there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before a disciplinary panel; and it is further

ORDERED that after the appropriate hearing, if the disciplinary panel determines that the Respondent has failed to comply with any term or condition imposed by this Consent Order, the disciplinary panel may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend with appropriate terms and conditions, or revoke the Respondent's license to practice medicine in Maryland. The disciplinary panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine on the Respondent; and it is further

ORDERED that the effective date of the Consent Order is the date the Consent Order is signed by the Executive Director of the Board or her designee. The Executive

Director or her designee signs the Consent Order on behalf of the disciplinary panel which has imposed the terms and conditions of this Consent Order; and it is further

ORDERED that this Consent Order is a public document. *See* Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

07/10/2024
Date

Signature On File

Christine A. Farrelly, Executive Director
Maryland State Board of Physicians

CONSENT

I, Emerson L. Coronel, M.D., acknowledge that I have consulted with counsel before signing this document.

By this Consent, I agree to be bound by this Consent Order and all its terms and conditions and understand that the disciplinary panel will not entertain any request for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 *et seq.* concerning the pending charges. I waive this right and have elected to sign this Consent Order instead.

I acknowledge the validity and enforceability of this Consent Order as if entered after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of the disciplinary panel to initiate these proceedings and to issue and enforce this Consent Order.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Order as a resolution of the charges. I waive any right to contest the Findings of Fact and Conclusions of Law and Order set out in the Consent Order. I waive all rights to appeal this Consent Order.

I sign this Consent Order, without reservation, and fully understand the language and meaning of its terms.

7/5/24
Date

Signature On File

Emerson L. Coronel, M.D.

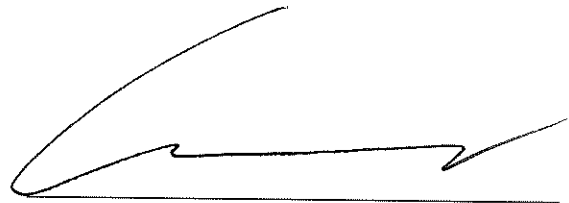
NOTARY

STATE OF Maryland

CITY/COUNTY OF Montgomery

I HEREBY CERTIFY that on this 5th day of July,
2024, before me, a Notary Public of the State and County aforesaid, personally appeared
Emerson L. Coronel, M.D., and gave oath in due form of law that the foregoing Consent
Order was his voluntary act and deed.

AS WITNESS, my hand and Notary Seal.



Notary Public

My Commission Expires: 07/15/2025

