

IN THE MATTER OF

***** **BEFORE THE**

JAMES C. ROBERSON II, M.D.

***** **MARYLAND STATE**

Respondent

***** **BOARD OF PHYSICIANS**

License Number: D0068136

***** **Case Number: 2225-0100 A**

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CONSENT ORDER

On October 7, 2025, Disciplinary Panel A (“Panel A”) of the Maryland State Board of Physicians (the “Board”) charged **JAMES C. ROBERSON II, M.D.** (the “Respondent”), License Number D0068136, under the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occupations (“Health Occ.””) §§ 14-401 *et seq.* (2021 Repl. Vol. & 2024 Supp.).

Panel A charged the Respondent under the following provisions of the Act:

§ 14-404. Denials, reprimands, probations, suspensions, and revocations – Grounds.

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

....

(3) Is guilty of:

- (i) Immoral conduct in the practice of medicine; or
- (ii) Unprofessional conduct in the practice of medicine[.]

§ 1-212. Sexual misconduct prohibited; regulations; discipline.

- (a) *Adoption of regulations.* – Each health occupations board authorized to issue a license or certificate under this article shall adopt regulations that:
 - (1) Prohibit sexual misconduct; and
 - (2) Provide for the discipline of a licensee or certificate holder found to be guilty of sexual misconduct.
- (b) *Sexual misconduct.* – For the purposes of the regulations adopted in accordance with subsection (a) of this section, “sexual misconduct” shall be construed to include, at a minimum, behavior where a health care provider:
 - (1) Has engaged in sexual behavior with a client or patient in the context of a professional evaluation, treatment, procedure, or other service to the client or patient, regardless of the setting in which professional service is provided;
 - (2) Has engaged in sexual behavior with a client or patient under the pretense of diagnostic or therapeutic intent or benefit; and/or
 - (3) Has engaged in any sexual behavior that would be considered unethical or unprofessional according to the code of ethics, professional standards of conduct, or regulations of the appropriate health occupations board under this article.

COMAR 10.32.17 Sexual Misconduct.

01. Scope.

This chapter prohibits sexual misconduct by health care practitioners.

02. Definitions.

B. Terms Defined.

....

(3) Sexual Contact.

- (a) “Sexual contact” means the knowing touching directly or through clothing, where the circumstances surrounding the touching would be construed by a reasonable person to be motivated by the health care practitioner's own prurient interest or for sexual arousal or gratification.
- (b) “Sexual contact” includes, but is not limited to:
 - ...
 - (iv) Kissing in a romantic or sexual manner, or
 - (v) Nonclinical touching of breasts, genitals, or any other sexualized body part.
- (4) “Sexual harassment” means an unwelcome sexual advance, request for sexual favor, or other verbal or physical conduct of a sexual nature.

03. Sexual Misconduct

- A. Health care practitioners may not engage in sexual misconduct.
- B. Health Occupations Article, §§ 14-404(a)(3) . . . Annotated Code of Maryland, includes, but is not limited to, sexual misconduct.
- C. Sexual misconduct includes, but is not limited to:
 - (1) Engaging in sexual harassment of a patient, key third party, employee, student, or coworker regardless of whether the sexual harassment occurs inside or outside of a professional setting;
 - (2) Failing to provide privacy for disrobing;
 - (3) Performing a pelvic or rectal examination without the use of gloves;

...

- (5) Using the health care practitioner-patient relationship to initiate or solicit a dating, romantic, or sexual relationship;
- (6) Engaging in a dating, romantic, or sexual relationship which violates § D of this regulation or the code of ethics of the American Medical Association, American Osteopathic Association, American Psychiatric Association, or other professional code of ethics;
- (7) Participating in any form of sexual contact with a patient or key third party[.]

(D) Sexual or Romantic Relationships. A health care practitioner may not engage in sexual behavior with:

- (1) A current patient[.]

On January 14, 2026, Panel A 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 A finds:

I. License History

1. The Respondent was initially licensed to practice medicine in Maryland on September 2, 2008 under license number D0068136. His license expired on September 30, 2025.¹

¹ A license may not “lapse by operation of law while the individual is under investigation or while charges are pending.” Health Occ. § 14-403(a); see also *Salerian v. Board of Physicians*, 176 Md. App. 231, 247 (2007).

2. On October 1, 2025, Panel A, through an Order for Summary Suspension of License to Practice Medicine, summarily suspended the Respondent's license to practice medicine after a Board investigation determined that the Respondent's actions created a substantial likelihood of risk of serious harm to the public health, safety and welfare, and otherwise affected his ability to practice medicine safely.

3. The Respondent is also licensed to practice medicine in Virginia under license number 0101245740. The Respondent was initially licensed to practice medicine in Virginia on May 21, 2009. His Virginia license is currently suspended.

4. The Respondent is board-certified in Internal Medicine and Rheumatology.

5. At all relevant times, the Respondent was employed at a facility (the "Facility")² with locations in Maryland and Virginia.

II. Prior Board History

6. On December 12, 2018, the Board issued an Advisory Letter to the Respondent after conducting a preliminary investigation of a patient complaint alleging that the Respondent performed an inappropriate breast exam. The patient alleged that the Respondent performed the breast exam without a chaperone in the room and that no chaperone was offered. The Advisory Letter notified the Respondent that in the future, engaging in this type of behavior could be construed as unprofessional conduct in the practice of medicine in violation of Health Occ. § 14-404(a)(3)(ii).

III. The Complaint

² For confidentiality and privacy purposes, the names of individuals and health care facilities involved in this case are not disclosed in this Order.

7. On October 10, 2024, a female patient (“Patient 1”) reported to another physician (the “Reporting Physician”) that the Respondent touched her inappropriately during a physical examination which occurred on May 24, 2024 at the Facility’s Maryland location. The Respondent also asked Patient 1 if she would “mind if [he] gave her oral sex.” The Reporting Physician promptly reported the disclosure to the Facility.

8. As a result of this disclosure, the Facility conducted an investigation.

IV. The Investigations

The Facility Investigation

9. On November 22, 2024, the Board received a Mandated 10-day Report (the “Report”) from the Facility stating that the Respondent was “terminated for cause after the investigation revealed that it was more likely than not that the Respondent said something suggestive to [Patient 1] and failed to maintain professional boundaries with this patient.”

10. Following the Facility’s investigation, the Facility became aware of additional complaints from several of the Respondent’s patients.

11. Based on the Report from the Facility and the additional patient complaints, the Board initiated an investigation of the Respondent.

The Board Investigation

12. As a part of the investigation, Board staff conducted under-oath interviews of Patient 1, the Reporting Physician, and several other patients of the Respondent. The Board also conducted an under-oath interview of the Respondent and reviewed the patients’ and the Respondent’s medical records.

Patient 1

13. On June 9, 2025, the Board conducted an under-oath interview of Patient 1.
14. Patient 1 testified, among other things, that on May 24, 2024, the Respondent used oil or lotion to massage her body in an effort to lower her blood pressure during the physical examination. The Respondent then began to check her lymph nodes in her neck, arm, and pelvic area. The Respondent then grazed over the middle of her vagina with his bare hand. The Respondent then asked Patient 1 if he could “taste her”/“do oral sex”. This occurred at the Facility’s Maryland location.

Patient 2

15. On July 2, 2025, the Board conducted an under-oath interview of a second patient (“Patient 2”).

16. Patient 2 testified that she was sexually assaulted by the Respondent while he treated her on two occasions.

17. In November 2023, the Respondent inappropriately touched the breasts of Patient 2 during an examination at the Facility’s Maryland location. The medical record did not document completion of a breast examination.

18. In September of 2024, the Respondent digitally penetrated Patient 2’s vagina during an examination at the Facility’s Virginia location and stated, “this is what you need,” and “that’s all you needed.”

Patient 3

19. On March 19, 2025, the Board conducted an under oath interview of a third patient (“Patient 3”).

20. Patient 3 testified that she initially contacted the Facility on November 21, 2024 to raise concerns regarding the care she received from the Respondent.

21. Patient 3 testified that on April 5, 2023 she presented for an appointment with the Respondent at the Facility's Maryland location at which time he conducted a breast examination. Patient 3 described the breast examination as "like a massage," unusually long and thorough, and she stated that the Respondent squeezed her nipples, which made her feel uncomfortable. The Respondent's medical record for Patient 3 did not document a breast examination on this date.

22. The Respondent also commented on the size of Patient 3's breasts and recommended a specific lingerie shop to the Patient.

Respondent's Interview

23. On July 30, 2025 the Board conducted an under-oath interview of the Respondent. During the interview the Respondent denied all of the allegations presented by Patients 1, 2, and 3. The Respondent admitted, among other things, the following:

- a. He did not maintain appropriate boundaries with his patients. He stated that he "lost his way."
- b. He was "inappropriately flirtatious" when communicating with patients via his personal email.
- c. He engaged in romantic relationships with four (4) patients. ("Patient's 4, 5, 6, and 7")
- d. He testified that he has "hugged them, I have kissed them, and I have had oral sex."
- e. For each encounter with the Patient's 4, 5, 6, and 7, "the first time (oral sex) was in the office."

- f. The Respondent performed oral sex on Patient 4 in the office on two additional occasions.
- g. Patients 5 and 6 were each seen by the Respondent at their respective homes on two occasions, during which the Respondent performed oral sex on both Patients.
- h. The Respondent met Patient 7 at a hotel on three occasions and performed oral sex on Patient 7 on all three occasions.
- i. “I maybe had different feelings for [Patient 7] and should have recused myself from caring for her, but I didn’t.”
- j. The Respondent did not generate progress notes for these visits or otherwise document these visits in the Patient’s medical records.

24. The Respondent stated that this inappropriate behavior with his patients began in 2022 and continued through to his termination from the Facility. The Respondent testified, “in 2022, I started to slip . . . By 2024, I was doing this to the stage that it became a problem . . . And I know in 2023 it was worse, and 2024, you know, meeting at [a] hotel[.]”

25. The Respondent testified that the sexual encounters with his Patients would “usually start with a kiss, and then a kiss on the body, on the breast. And so it would always start with a kiss. I would say, ‘can I put my lips on you?’”

CONCLUSIONS OF LAW

Based on the foregoing findings of fact, Disciplinary Panel A concludes as a matter of law that the Respondent’s conduct described above constitutes immoral and unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-

404(a)(3)(i) and (ii); and constitutes sexual misconduct, in violation of Health Occ. § 1-212 and in violation of the Board's sexual misconduct regulations, COMAR 10.32.17.

ORDER

It is thus, on the affirmative vote of the quorum of Disciplinary Panel A of the Board, hereby:

ORDERED that the Respondent's license is **PERMANENTLY REVOKED**; and it is further

ORDERED that the *Order for Summary Suspension of License to Practice Medicine* issued on October 1, 2025, and affirmed on October 16, 2025 is **TERMINATED** as moot; 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).

Signature On File

02/02/2026

Date

Christine A. Farrelly
Executive Director
Maryland State Board of Physicians

CONSENT

I, James C. Roberson II, 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.

1/29/26
Date

Signature On File
 James C. Roberson II, M.D.

NOTARY

STATE OF Maryland

CITY / COUNTY OF Baltimore

I HEREBY CERTIFY that on this 29th day of January 2026, before me, a Notary Public of the foregoing State and City/County, personally appeared James C. Roberson II, M.D. and made oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

AS WITNESSETH my hand and notarial seal.

Dorothy A. Appel
Notary Public



My Commission expires: 12/21/2029