IN THE MATTER OF	*	**BEFORE THE**
MICHAEL W. LANSING, M.D.	*	**MARYLAND STATE**
Respondent	*	**BOARD OF PHYSICIANS**
License Number: D42827	*	**Case Number: 2219-0164 A**

* * * * * * * * * * * * * *

CONSENT ORDER

On September 3, 2020, Disciplinary Panel A ("Panel A") of the Maryland State Board of Physicians (the "Board") charged **MICHAEL W. LANSING, M.D.** (the "Respondent"), License Number D42827, with violating the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") §§ 14-101 *et seq.* (2014 Repl. Vol. and 2019 Supp.).

The relevant provisions of the Act under Health Occ. § 14-404 provide the following:

> (a) 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:
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> . . . .
>
> (3) Is guilty of:
>
> (ii) Unprofessional conduct in the practice of medicine;
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> . . . .
>
> (11) Willfully makes or files a false report or record in the practice of medicine;
>
> . . . .

(27) Sells, prescribes, gives away, or administers drugs for illegal or illegitimate medical purposes[.]

Panel A charged the Respondent with willfully making or filing a false report or record in the practice of medicine. This charge pertains to the Respondent's certification of family members for medical cannabis with the Natalie M. Laprade Maryland Medical Cannabis Commission ("MMCC"). The relevant provisions of Md. Code Regs. ("COMAR") provide:

COMAR 10.62.03.01 Provider Application for Registration

A. A provider seeking registration as a certifying provider shall submit an application provided by the [MMCC] that includes:

. . . .

(2) An attestation that the [*sic*]:

. . . .

(c) A standard patient evaluation will be completed and include:

(i) A history;
(ii) A physical examination;
(iii) A review of symptoms; and
(iv) Any other pertinent medical information[.]

COMAR 10.62.05.01 Issuing a Written Certification

A. A certifying provider may determine that a patient qualifies for a written certification only:

. . . .

(2) If the certifying provider has a bona fide provider-patient relationship with the qualifying patient;

B. The certifying provider shall:

(1) Log onto the website of the [MMCC] to transmit the written certification to the [MMCC][.]

Panel A also charged the Respondent with unprofessional conduct in the practice of medicine. One form of unprofessional conduct in the practice of medicine is "disruptive behavior." The American Medical Association (the "AMA") and The Joint Commission have addressed "disruptive physician behavior."

THE JOINT COMMISSION SENTINEL EVENT ALERT - "BEHAVIORS THAT UNDERMINE A CULTURE OF SAFETY"

On July 9, 2008, The Joint Commission issued a Sentinel Event Alert entitled "Behaviors that Undermine a Culture of Safety," which stated in pertinent part:

> Intimidating and disruptive behaviors can foster medical errors . . . contribute to poor patient satisfaction and to preventable adverse outcomes . . . increase the cost of care . . . and cause qualified clinicians, administrators and managers to seek new positions in more professional environments . . . Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. To assure quality and to promote a culture of safety, health care organizations must address the problem of behaviors that threaten the performance of the health care team.
>
> Intimidating and disruptive behaviors include overt actions such as verbal outbursts and physical threats, as well as passive activities such as refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities. Intimidating and disruptive behaviors are often manifested by health care professionals in positions of power. Such behaviors include reluctance or refusal to answer questions, return phone calls or pages; condescending language or voice intonation; and impatience with questions . . . Overt and passive behaviors undermine team effectiveness and can compromise the safety of patients . . . All intimidating and disruptive behaviors are unprofessional and should not be tolerated.[1]

[1] In 2016, The Joint Commission noted that "while the term 'unprofessional behavior' is preferred instead of 'disruptive behavior;' the suggested actions in this alert remain relevant."

AMA OPINION 9.045

AMA Opinion 9.045, entitled, *Physicians with Disruptive Behavior*, adopted in June 2000, states in pertinent part:

> ...
>
> (1) Personal conduct, whether verbal or physical, that negatively affects or that potentially may negatively affect patient care constitutes disruptive behavior. (This includes but is not limited to conduct that interferes with one's ability to work with other members of the health care team.) However, criticism that is offered in good faith with the aim of improving patient care should not be construed as disruptive behavior.

AMA OPINION 9.4.4

AMA Code of Medical Ethics: Professional Self-Regulation Opinion 9.4.4, adopted in June 2016, pertaining to Physicians with Disruptive Behavior, states in pertinent part:

> The importance of respect among all health professionals as a means of ensuring good patient care is foundational to ethics. Physicians have a responsibility to address situations in which individual physicians behave disruptively, that is, speak or act in ways that may negatively affect patient care, including conduct that interferes with the individual's ability to work with other members of the health care team, or for others to work with the physician.

Panel A also considered the Respondent's treating and prescribing practices and voted to charge unprofessional conduct in the practice of medicine. The AMA has issued the following relevant opinions:

AMA OPINION 1.2.1

The AMA has recognized that treating oneself or a family member poses several challenges for physicians, including concerns about professional objectivity, patient

autonomy, and informed consent. Specifically, AMA Opinion 1.2.1 states:

> When the patient is an immediate family member, the physician's personal feelings may unduly influence his or her professional medical judgment. Or the physician may fail to probe sensitive areas when taking the medical history or to perform intimate parts of the physical examination. Physicians may feel obligated to provide care for family members despite feeling uncomfortable doing so. They may also be inclined to treat problems that are beyond their expertise or training.
>
> Similarly, patients may feel uncomfortable receiving care from a family member. A patient may be reluctant to disclose sensitive information or undergo an intimate examination when the physician is an immediate family member. This discomfort may particularly be the case when the patient is a minor child, who may not feel free to refuse care from a parent.
>
> In general, physicians should not treat themselves or members of their own families. However, it may be acceptable to do so in limited circumstances:
>
> > (a) In emergency settings or isolated settings where there is no other qualified physician available. In such situations, physicians should not hesitate to treat themselves or family members until another physician becomes available.
> >
> > (b) For short-term, minor problems.
>
> When treating self or family members, physician have a further responsibility to:
>
> > (c) Document treatment or care provided and convey relevant information to the patient's primary care physician.
> >
> > (d) Recognize that if tensions develop in the professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician.
> >
> > (e) Avoid providing sensitive or intimate care especially for a minor patient who is uncomfortable being treated by a family member.

(f) Recognize that family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician.

AMA OPINION 8.19

In June 2016, the AMA issued Opinion 8.19 regarding physicians providing self-treatment or treatment to immediate family members. AMA Opinion 8.19 states:

> Physicians generally should not treat themselves or members of their immediate families. Professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered. Physicians may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the physical examination. Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the physician is an immediate family member. This discomfort is particularly the case when the patient is a minor child, and sensitive or intimate care should especially be avoided for such patients. When treating themselves or immediate family members, physicians may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a physician's professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician.
>
> Concerns regarding patient autonomy and informed consent are also relevant when physicians attempt to treat members of their immediate family. Family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician. In particular, minor children will generally not feel free to refuse care from their parents. Likewise, physicians may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care.
>
> It would not always be inappropriate to undertake self-treatment or treatment of immediate family members. In emergency settings or isolated settings where there is no other qualified physician available, physicians should not hesitate to treat themselves or family members until another physician becomes available. In addition, while physicians should not serve as a

primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems. Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members.

On November 4, 2020, 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 the following:

Background and Licensing Information

1. At all times relevant, the Respondent was and is licensed to practice medicine in Maryland. The Respondent was initially licensed to practice medicine in Maryland on or about January 20, 1992, under License Number D42827. His license is active through September 30, 2022.

2. The Respondent is board certified in internal medicine with a subspecialty certification in pulmonary disease. The Respondent has privileges at two Maryland hospitals. The Respondent practiced at a pulmonology center (the "Health Center")[2] at office locations in Pikesville and Westminster, Maryland until his employment was terminated on or about March 15, 2019.

[2] To maintain confidentiality, the names of health care facilities and Health Center employees will not be identified in this Consent Order.

3. The Respondent is currently employed at a health care practice in Reisterstown, Maryland.

II. The Report

4. On or about March 28, 2019, the Board received a Mandated 10-Day Report from the Health Center (the "Report"). According to the Report, the Health Center terminated the Respondent following an investigation of sexual and unprofessional conduct allegations.

III. Board Investigation

5. Upon receipt of the Report, the Board initiated an investigation.

6. As part of its investigation, the Board subpoenaed prescription records, medical records, and MMCC records. The Board also conducted under-oath interviews of Health Center employees. The Board notified the Respondent of the Report and its subsequent investigation and provided him with the opportunity to respond in writing and to in an under-oath interview with the Board.

Interviews

7. Multiple Health Center employees were interviewed by the Board and reported that the Respondent exhibited behavior of a sexual nature directed toward women at the Health Center.

8. Specifically, employees stated that the Respondent: often hugged and, at times, kissed[3] women[4] at the Health Center; commented on the physical appearance of women at the Health Center; danced while rubbing his chest;[5] joked about the Health Center's sexual harassment training and the "Me Too" movement; openly displayed and played with a toy doll of a sexual nature; and referred to himself as "the King."

9. Two female Health Center employees described instances where the Respondent initiated sexual contact with them.

a. A Health Center administrative employee ("Employee 1") stated that on or about January 11, 2019, she was alone in the Health Center kitchen when the Respondent entered the kitchen, hugged her, bit her ear in a sexual manner and made a "mmm" sound. Employee 1 stated this made her feel "disgusted" and she reported the incident to her supervisor. Employee 1 resigned from the Health Center approximately two months later.

b. In addition, Employee 1 described an incident from 2018 where she was sitting at her desk when the Respondent approached her from behind, hugged her, and kissed her on the cheek and lips.[6] Employee 1 stated that after this incident

[3] Health Center employees reported that the Respondent regularly kissed women on the cheek. Employee 1 stated that the Respondent would kiss her on top of the head. Additional incidents where the Respondent kissed Employee 1 on the lips and Employee 2 on the neck and are discussed *infra* in more detail.

[4] Females at the Health Center included Health Center employees, patients, and drug representatives who visited the Health Center.

[5] The dance was referred to as "the nipple dance" where the Respondent was described as rubbing his chest/nipples in a circular manner.

[6] Employee 1 explained in her interview, "when he kissed me on the cheek but he got my lips because I had turned and he was right there."

she felt uncomfortable around the Respondent, especially when they were alone together.

c. A second Health Center administrative employee ("Employee 2") stated that the Respondent hugged and kissed her on the neck shortly after the Respondent learned of Employee 1's sexual allegations against him.

d. Employee 2 also reported that she was in the Respondent's office when he grazed her breast while he leaned across his desk.

e. Employee 2 further observed that on two occasions, the Respondent simulated masturbation in a joking manner while he sat at his desk.

10. In interviews with Board investigators, Health Center employees also discussed Respondent's non-sexual behaviors. Employees reported that:

a. The Respondent behaved erratically; at times he was nice and friendly toward staff and other times he would curse and scream at staff.

b. The Respondent regularly discussed and joked about illicit drug use and openly discussed his alcohol consumption with Health Center employees.

c. The Respondent prescribed medications to family members and Health Center employees. Employee 2 stated that the Respondent prescribed her prescription medications, including controlled dangerous substances ("CDS"). Employee 2 further stated that the Respondent made an agreement with her that he would write her a prescription and she would give him the prescribed medication for his personal use. She indicated this occurred on approximately four occasions.

11. The Respondent's workplace behavior made multiple female Health Center employees feel uncomfortable and intimidated and Employee 1 and Employee 2 experienced emotional distress. The Respondent's behavior also caused Employee 1 to terminate her employment at the Health Center.

Prescriptions

12. The Board initiated an investigation into the Respondent's prescribing practices and subpoenaed records to review the Respondent's prescribing practices.[7]

13. The Board's investigation determined that the Respondent wrote CDS prescriptions for himself, four family members, a neighbor, and Employee 2.

14. The Respondent wrote CDS prescriptions for himself eighteen (18) times between December 9, 2015 and March 16, 2019.

15. The prescription copies obtained by the Board showed that the Respondent wrote CDS prescriptions for four family members ("Family Member A", "Family Member B", "Family Member C" and "Family Member D", referred to collectively as "Family Members").

a. The Respondent wrote forty-two (42) CDS prescriptions for Family Member A between October 16, 2014 and April 26, 2019.

b. The Respondent wrote twenty-six (26) CDS prescriptions for Family Member B between June 14, 2015 and March 29, 2019.

[7] The Board obtained a report of the Respondent's recent prescribing history through the Maryland Prescription Drug Monitoring Program ("PDMP"), which the PDMP provided in response to a Board subpoena.

c. The Respondent wrote two CDS prescriptions for Family Member C on January 11, 2015 and April 17, 2017.

d. The Respondent wrote thirteen (13) CDS prescriptions for Family Member D between September 16, 2013 and January 19, 2015.

16. Prescription records also showed that the Respondent prescribed CDS to a non-patient[8] neighbor[9] ("Neighbor") and Employee 2.

a. The Respondent wrote eighteen (18) CDS prescriptions for Neighbor between September 7, 2013 and August 10, 2014.

b. The Respondent wrote approximately one hundred twenty-two (122) CDS prescriptions to Employee 2 from approximately January 22, 2013 to March 7, 2019.

c. Board staff obtained copies of the four prescriptions written for Employee 2 by the Respondent that Employee 2 stated she gave to the Respondent pursuant to their agreement.

Maryland Medical Cannabis Commission Certification

17. As part of its investigation, the Board reviewed the Respondent's records from the MMCC.

18. On or about August 18, 2018, the Respondent submitted an application to the MMCC to become a registered provider and certify patients for medical cannabis, a Schedule I CDS.

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[8] See discussion regarding the lack of medical records for Neighbor *infra*.

[9] Board staff identified this individual as a neighbor based on the address listed in the PDMP records.

19. As part of the application process, the Respondent attested to the MMCC that he would complete a standard patient evaluation including (i) a history, (ii) a physical examination, (iii) a review of symptoms, and (iv) any other pertinent medical information for any patient he would certify for medical cannabis. The MMCC approved the Respondent's application.

20. MMCC records indicated the Respondent certified Family Member A for medical cannabis on or about August 30, 2018 and renewed the certification on October 3, 2019.

21. MMCC records indicated the Respondent certified Family Member C for medical cannabis on or about February 16, 2019.

Medical Records

22. On or about May 31, 2019, the Board issued subpoenas to the Health Center and the Respondent for the medical records of Family Members, Neighbor, Employee 2 and himself.

23. The Respondent's medical records for Family Members indicated infrequent or a complete lack of office visits, cursory evaluations[10] and a lack of communication with primary care physicians.[11]

24. The Respondent's medical records for Family Member A and Family Member C regarding medical cannabis certification were incomplete. The Respondent's

[10] The Respondent failed to document full medical histories, physical examinations and real-time patient assessments that would be required in view of the conditions in which he was prescribing.

[11] The Respondent acknowledged later, in his interview, that at times he was the primary care physician for members of his family.

medical records for Family Member A failed to document patient evaluation information including, but not limited to, medical records from other providers and blood work results. Family Member C's records failed to contain any documentation regarding the issuance of medical cannabis certification.

25. The Respondent failed to record or maintain medical records for Neighbor during the time the Respondent issued Neighbor eighteen (18) prescriptions.

26. Medical records for Employee 2 showed that the Respondent failed to obtain medical records regarding initial diagnoses of conditions for which he was prescribing CDS. In addition, the Respondent infrequently conducted formal exams, inconsistently documented conditions for which he was prescribing, and failed to monitor Employee 2's CDS use through urinary drug screens ("UDS") and review of Chesapeake Regional Information System for our Patients ("CRISP")/Prescription Drug Monitoring Program ("PDMP") data.

27. The medical records the Respondent kept for himself contain self-diagnoses, prescriptions and referrals for care.

IV. Respondent's Response

28. The Board notified the Respondent about the Report and subsequent investigation. The Respondent was given an opportunity to respond in writing and in an under-oath interview conducted by the Board on November 7, 2019.

29. When the Respondent was interviewed by Board staff, the Respondent stated, among other things, that:

a. He wrote prescriptions for Family Members, Neighbor and Employee 2 because it was convenient and would result in cost savings.

b. Health professionals treating Family Member B told him that he should not write prescriptions for Family Member B.

c. "I'm not a pain management person" and Employee 2 would tell him what to prescribe "depending on what she felt better with."

d. He certified Family Member A and Family Member C for medical cannabis to save money. He admitted that he was advised by individuals from the Health Center not to certify family members for medical cannabis.

V. Consultant Review

30. The Board referred this matter for review to a physician medical consultant (the "Consultant"). The Consultant concluded that the Respondent was guilty of unprofessional conduct in the practice of medicine when he prescribed CDS to Family Members, Neighbor, and/or himself. The Consultant also concluded that the Respondent's "extensive" prescribing of CDS to Employee 2 constituted unprofessional conduct in the practice of medicine.

31. The Consultant found that the Respondent acted contrary to the AMA Code of Medical Ethics Opinions 1.2.1 and 8.19 when he prescribed to Family Members as a matter of convenience and to avoid cost, and not on an emergency basis.

32. The Consultant also found the Respondent's prescribing to Neighbor in the absence of medical records and a bona fide doctor-patient relationship constituted unprofessional conduct in the practice of medicine.

33. The Consultant further determined the Respondent's extensive CDS prescribing for Employee 2 constituted unprofessional conduct in the practice of medicine based upon the Respondent's infrequent office visits with Employee 2, improper reliance on Employee 2 regarding necessary prescriptions, and failure to monitor UDS and PDMP/CRISP data.

34. Finally, the Consultant also found that the Respondent's self-prescribing constituted unprofessional conduct in the practice of medicine.

VI. Psychological Evaluation

35. On or about August 9, 2019, the Respondent underwent a psychological evaluation[12] after a referral from the Board. The evaluation was conducted by a board certified clinical psychologist (the "Psychologist").

36. After reviewing documents provided by the Board and meeting with the Respondent, the Psychologist made multiple findings regarding the Respondent including:

> It is clear that [the Respondent] has poor psychological boundaries, lacked a basic understanding of respect for women employees and his behavior was markedly inappropriate and unpredictable for a physician's office.

and

> [The Respondent] seems generationally myopic and lacking a basic understanding of appropriate boundaries for a professional office setting.

[12] Included in the evaluation was a review of records obtained through the Board's investigation.

CONCLUSION OF LAW

Based on the Findings of Fact, Disciplinary Panel A of the Board concludes as a matter of law that the Respondent: is guilty of unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii); willfully made or filed a false report or record in the practice of medicine, in violation of Health Occ. § 14-404(a)(11); and sold, prescribed, gave away, or administered drugs for illegal or illegitimate medical purposes, in violation of Health Occ. § 14-404(a)(27).

ORDER

It is thus by an affirmative vote of a majority of a quorum of Disciplinary Panel A of the Board, hereby:

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

ORDERED that the Respondent is **PERMANENTLY** prohibited from prescribing and dispensing all Controlled Dangerous Substances (CDS) to himself or family members; and it is further

ORDERED that the Respondent agrees that the CDS Registration issued by the Office of Controlled Substances Administration will be restricted in the same manner as limited by this Order; and it is further

ORDERED that the Respondent is **PERMANENTLY** prohibited from certifying patients for the medical use of cannabis; and it is further

ORDERED that on every January 31st thereafter if the Respondent holds a Maryland medical license, the Respondent shall provide the Board with an affidavit verifying that the Respondent has not certified patients for the medical use of cannabis in the past year; and it is further

ORDERED that if the Respondent fails to provide the required annual verification of compliance with this condition:

(1) there is a presumption that the Respondent has violated the permanent condition; and

(2) the alleged violation will be adjudicated pursuant to the procedures of a Show Cause Hearing.

ORDERED that the Respondent is placed on **PROBATION**[13], for a minimum period of **TWO (2) YEARS**. During the probationary period the Respondent shall comply with the following probationary terms and conditions:

(1) The Respondent shall enroll in the Maryland Professional Rehabilitation Program (MPRP) as follows:

(a) Within 5 business days, the Respondent shall contact MPRP to schedule an initial consultation for enrollment;

(b) Within 15 business days, the Respondent shall enter into a Participant Rehabilitation Agreement and Participant Rehabilitation Plan with MPRP;

(c) the Respondent shall fully and timely cooperate and comply with all MPRP's referrals, rules, and requirements, including, but not limited to, the terms and conditions of the Participant Rehabilitation Agreement(s) and Participant Rehabilitation Plan(s) entered with MPRP, and shall fully participate and comply with all therapy, treatment, evaluations, and screenings as directed by MPRP;

(d) the Respondent shall sign and update the written release/consent forms Requested by the Board and MPRP, including release/consent forms to authorize MPRP to make verbal and written disclosures to the Board and to authorize the Board to disclose relevant information from MPRP records and files in a public order. The Respondent shall not withdraw his/her release/consent;

(e) the Respondent shall also sign any written release/consent forms to authorize MPRP to exchange with (i.e., disclose to and receive from) outside entities (including all of the Respondent's current therapists and treatment providers) verbal and written information concerning the Respondent and to ensure that MPRP is authorized to receive the medical records of the Respondent, including, but not limited to, mental health and drug or alcohol evaluation and treatment records. The Respondent shall not withdraw his release/consent;

(f) the Respondent's failure to comply with any of the above terms or conditions including terms or conditions of the Participant Rehabilitation Agreement(s) or Participant Rehabilitation Plan(s) constitutes a violation of this Consent Order;

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

(2) Within **SIX (6) MONTHS**, the Respondent is required to take and successfully complete a course in **medical ethics** and a second course in **appropriate boundaries.** 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) due to the COVID-19 pandemic, the disciplinary panel will accept a course taken in person or over the internet;

(c) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the course;

(d) the course may not be used to fulfill the continuing medical education credits required for license renewal;

(e) the Respondent is responsible for the cost of the course; it is further

(3) Within **ONE (1) YEAR**, the Respondent shall pay a civil fine of **FIFTY THOUSAND DOLLARS ($50,000.00)**. 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;

(4) During probation, the Respondent is prohibited from prescribing or dispensing, all Controlled Dangerous Substances (CDS). The disciplinary panel may issue administrative subpoenas to the Maryland Prescription Drug Monitoring Program on a quarterly basis for the Respondent's Controlled Dangerous Substances ("CDS") prescriptions. The administrative subpoenas will request the Respondent's CDS prescriptions from the beginning of each quarter;

(5) the CDS Registration issued by the Office of Controlled Substances Administration will be restricted in the same manner as limited by this 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 and the minimum period of probation imposed by the Consent Order has passed, the Respondent may submit to the Board a written petition for termination of

probation. After consideration of the petition, the probation may be terminated through an order of the disciplinary panel. The Respondent may be required to appear before the disciplinary panel to discuss his or her petition for termination. The disciplinary panel may grant the petition to terminate the probation, through an order of the disciplinary panel, if the Respondent has complied with all probationary terms and conditions and there are no pending complaints relating to the charges; 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 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 this Consent Order is a public document. *See* Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6); and it is further

Signature on File

12/02/2020
Date

Christine A. Farrelly, Executive Director

CONSENT

I, Michael W. Lansing, 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.

Signature on File

11/24/2020
Date

Michael W. Lansing, M.D.

NOTARY

STATE OF Maryland

CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 24th day of November 2020, before me, a Notary Public of the foregoing State and City/County, personally appeared Michael W. Lansing, 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.

Beth Richmond

Notary Public

My Commission expires: 10/21/2024