

IN THE MATTER OF

DIEGO ESCOBOSA, M.D.

Respondent

License Number: D43930

* BEFORE THE

* MARYLAND STATE

* BOARD OF PHYSICIANS

* Case Numbers: 2221-0103; 2222-0084

* * * * *

CONSENT ORDER

On July 21, 2022, Disciplinary Panel A ("Panel A") of the Maryland State Board of Physicians (the "Board") charged **Diego Escobosa, M.D.** (the "Respondent"), License Number D43930, under the following provisions of Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. §§ 14-101 *et seq.* (2021 Repl. Vol.):

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;

...

(22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State;

...

- (33) Fails to cooperate with a lawful investigation conducted by the Board or a disciplinary panel;

...

- (40) Fails to keep adequate medical records as determined by appropriate peer review[.]

One form of unprofessional conduct in the practice of medicine is providing self-treatment or treatment to family members. The American Medical Association has addressed this in a series of ethics opinions:¹

Opinion 8.19 (2012) – Self-Treatment or Treatment of Immediate Family Members

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

¹ The Board and the disciplinary panels may consider the Principles of Ethics of the American Medical Association, but those principles are not binding on the Board or the disciplinary panels. *See* COMAR 10.32.02.16.

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.

Opinion 1.2.1 (2016) – Treating Self or Family

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, physicians 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) Avoiding 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.

On November 2, 2022, 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:

I. BACKGROUND

1. At all times relevant to the charges, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was initially licensed to practice medicine in Maryland on or about November 19, 1992, under License Number D43930. His license is currently active through September 30, 2024, subject to renewal.

2. The Respondent is board-certified in pediatric medicine.

3. The Respondent practices medicine at a medical office in Anne Arundel County, Maryland (the “Office”).² He has privileges at a hospital in Anne Arundel County.

4. On or about February 12, 2021, the Board received an anonymous complaint (“Complaint 1”) from an individual who stated that he or she was a physician practicing in Anne Arundel County who alleged that he or she has “encountered several ‘adult’ patients with prescriptions written for controlled substances specifically amphetamine derivatives that were prescribed by [the Respondent.]” The complainant wrote, “I came across this one patient exemplified on this form to illustrate this concern of mine.” The Complaint included the name of an alleged patient of the Respondent. The complainant further wrote that he or she confirmed the information in the CRISP portal³ and PDMP.⁴

5. On or about January 4, 2022, the Board received another complaint (“Complaint 2”) about the Respondent, from an individual (“Individual A”) who claimed to know one of the Respondent’s family members. Complaint 2 alleged that the Respondent sent Individual A “a slew of” text messages that were “bizarre and full of typos” on New Year’s Eve of 2021. Individual A reported that the Respondent mentioned his patients by name in the text messages. Individual A also reported that the Respondent “has been known to prescribe himself . . . medication.” Individual A submitted several screenshots of text

² To ensure confidentiality and privacy, the names of individuals and entities involved in this case, other than the Respondent, are not disclosed in this Consent Order.

³ CRISP is Maryland’s statewide health information exchange. The CRISP portal is a free tool available for health care providers to access patient information.

⁴ PDMP is the Prescription Drug Monitoring Program, which is a database of dispensed drugs that contain controlled dangerous substances.

messages with the complaint, which she alleged are text messages between herself and the Respondent.

II. INVESTIGATION OF COMPLAINT 1

6. The Board opened an investigation into Complaint 1.

7. On or about March 3, 2021, the Board sent a *subpoena duces tecum* to the Custodian of Records at the Respondent's Office. The *subpoena* directed the Custodian to produce complete copies of the medical records for 14 named patients to the Board within 10 business days.

8. On or about March 22, 2021, the Board received medical records for four of the named patients from the Respondent's Office.

9. On or about March 26, 2021, the Board sent a letter to the Respondent in which it provided him with a copy of the Complaint and requested that he provide a written response. In the letter, the Board also asked the Respondent to provide the Board with summaries of care for 10 named patients within 10 business days.

10. On or about April 9, 2021, the Board received medical records for six of the named patients from the Respondent's Office.

11. On or about April 21, 2021, the Board received the Respondent's written response and summaries of care for the 10 named patients.

12. On or about May 5, 2021, the Board sent a *subpoena ad testificandum* to the Respondent, which directed him to give testimony to Board staff on or about May 19, 2021.

13. On or about May 18, 2021, the Board received medical records for the 10 named patients from the Respondent.

14. On or about May 19, 2021, Board staff conducted an under-oath interview of the Respondent.

15. On or about May 21, 2021, the Board sent a letter and a *subpoena duces tecum* to the Respondent. The letter stated that during the Respondent's interview with Board staff on May 19, 2021, the Respondent's attorney "reported that the medical records sent do not encompass the entirety of the medical records for the patients." The *subpoena* directed the Respondent to produce complete copies of the medical records for the same 10 named patients to the Board within 10 business days.

16. On or about June 10, 2021, the Board received a letter from the Respondent's attorney and medical records for the 10 named patients.

17. On or about June 15, 2021, the Board received 10 signed Certification of Medical Records forms, one for each patient, from the Respondent.

A. Peer Review

18. On or about June 25, 2021, the Board referred the patient records obtained through its investigation to a peer review entity for review. Two peer reviewers, each board-certified in family medicine, separately reviewed the patient records.

19. On or about November 28, 2021, the Board received the peer reviewers' completed reports.

20. The peer reviewers concurred that the Respondent failed to meet appropriate standards for the delivery of quality medical and surgical care for all 10 patients. The peer reviewers cited the following reasons, among others, for their conclusion that the Respondent did not meet the standards for the delivery of quality medical care:

- a. The Respondent prescribed high dose controlled dangerous substance (“CDS”) medications to patients, including multiple CDS medications to single patients, and changed their CDS medications, without indication and/or without sufficient clinical or diagnostic findings (Patients 1, 2, 3, 5, 7, 8, 9 and 10);
- b. The Respondent continued to prescribe CDS medications to patients for Attention Deficit Hyperactive Disorder (“ADHD”) without using appropriate, reliable tools to diagnose, evaluate, and/or monitor symptoms (Patients 1, 2, 3, 4, 5, 6, 7, 9 and 10);
- c. The Respondent did not require that patients sign a controlled dangerous substance treatment agreement despite continuing to prescribe CDS to these patients (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10);
- d. The Respondent failed to implement consistent medication compliance monitoring practices (Patients 1, 2, 5, 6, 7, 8, 9 and 10);
- e. The Respondent continued to prescribe and refill CDS medications in the presence of noncompliant behavior (*e.g.*, patient requesting early refills; patient prescribed same the CDS medication from another physician at the same time; patient admitting to illicit drug use) with no investigation or termination of treatment (Patients 2, 3, 5, 7 and 8);
- f. The Respondent prescribed multiple CDS medications to patients at one time to “see which works best” without providing sufficient instruction on how to determine and/or compare effectiveness and/or discern side effects (Patients 4, 6 and 9);
- g. The Respondent failed to treat or provide referrals for treatment of other conditions that could be causing or contributing to patients’ symptoms (Patients 4, 7, 9 and 10);

- h. The Respondent prescribed stimulant CDS medications to patients with histories of elevated blood pressure and/or suspected heart disease (Patients 3 and 4);
- i. The Respondent prescribed approximately 120 morphine milligram equivalents (MME) of opioids, as well as benzodiazepines, to a patient with a history of opioid dependence (Patient 8).

21. The peer reviewers also concurred that the Respondent failed to maintain adequate medical records for all 10 patients. The peer reviewers cited the following reasons, among others, for their conclusion that the Respondent failed to maintain adequate medical records:

- a. The Respondent consistently failed to maintain adequate documentation of observations upon physical examination, including but not limited to mood, demeanor, and/or motor activity (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10);
- b. The Respondent failed to document sufficient indication, justification and/or rationale for treatment and/or changes in treatment (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10);
- c. The Respondent's treatment notes were unclear and/or absent (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10).
- d. The Respondent failed to document consistent medication compliance monitoring practices (Patients 1, 2, 5, 6, 7, 8, 9 and 10);
- e. The Respondent failed to maintain signed CDS agreements despite continuing to prescribe CDS to patients (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10);
- f. The Respondent failed to document initial ADHD intake questionnaires and/or diagnostic tool(s) used to diagnose, evaluate, and/or monitor symptoms in patient charts (Patients 6, 7, 9 and 10);
- g. The Respondent prescribed multiple CDS medications to patients at one time to "see which works best" without documenting sufficient

instruction on how to determine and/or compare effectiveness and/or discern side effects (Patients 4, 6 and 9);

- h. The Respondent failed to maintain documentation of correspondence regarding new medications with another health care provider despite a request from the provider for that information in order to avoid potential drug interactions for a complex patient with multiple medical problems (Patient 8).

B. Additional Medical Records

22. The Board provided the peer reviewers' reports to the Respondent and gave him an opportunity to review and respond to the reports. On or about December 20, 2021, the Respondent provided his written response. In his response, the Respondent stated, "I will not dispute the finding that my documentation on these patients is inadequate . . . I probably have undertaken more than I can handle in taking on these complicated patients while managing a medium-sized practice[.]" The Respondent also stated, "I should have been more careful to make sure [Wender scale results]⁵ were included in each of the adult's charts and when they were included, to mention that I had taken the information gathered there into account."

23. Along with his response, the Respondent submitted approximately 772 pages of additional medical records for Patients 5, 7 and 8 because "these records were inadvertently not included when the patient charts were previously produced." All of the additional medical records were dated before the Board's March 2021 *subpoenas* to the Respondent for "a complete copy of any and all medical records" for Patients 1-10, and

⁵ The Wender Utah Rating Scale ("WURS") is a tool that aids in the diagnosis of ADHD.

before the Respondent's signed Certification of Medical Records for each patient, in which he attested to sending the following to the Board:

"the COMPLETE MEDICAL RECORDS which include all records pertaining to the care and treatment of the patient . . . in my possession or constructive possession and control, including all materials generated by me, or other health care providers, all laboratory reports, all jacket entries and all other entries as kept in the regular course of business for each patient in my medical practice. I understand that my failure to provide the complete medical records to the Board may constitute failure to cooperate with the Board's lawful investigation and may result in disciplinary action by the Board under the Maryland Medical Practice Act."

III. INVESTIGATION OF COMPLAINT 2

24. The Board received Complaint 2 on or about January 4, 2022. As part of its investigation, the Board contacted PDMP and on or about January 18, 2022, the Board received information that the Respondent might be prescribing CDS and/or other prescription-only medications to family members.

25. After receiving this information, the Board issued a *subpoena duces tecum* to a pharmacy where some of the Respondent's prescriptions for a family member ("Family Member 1") were filled. On or about March 22, 2022, the Board received copies of nine prescriptions for CDS and prescription-only medications that the Respondent wrote for Family Member 1 on or about October 11, 2016; December 4, 2016; December 31, 2016; February 4, 2017; March 6, 2017; April 4, 2017; May 7, 2017; August 1, 2017; and October 20, 2017. The Board also received a copy of one prescription for CDS that the Respondent wrote for himself on or about October 11, 2016.

A. The Respondent's Interview

26. On or about April 27, 2022, Board staff conducted an under-oath interview of the Respondent.

27. The Respondent stated that he sent text messages on New Year's night to a family member ("Family Member 2") in which he discussed two patients and mentioned the patients by name. The Respondent told Board staff that it was "obviously not appropriate to even talk to your [Family Member 2] about a patient like this with -- by name[.]"

28. The Respondent admitted that he has prescribed medications to family members. He stated that he started prescribing a CDS medication to Family Member 1 about 10 years ago. The Respondent stated that he "thought [he'd] get [Family Member 1] started on that [medication] . . . [a]nd then over time it just became more of a habit." He stated that he prescribed medications, including CDS medications, to Family Member 1 for about eight years.

29. The Respondent stated that he has also prescribed medications, including CDS medications, to another family member ("Family Member 3").

30. The Respondent stated that he prescribed medications, including CDS medications, to himself for about six years. The Respondent stated that the last time he prescribed medication to himself was "maybe like a month ago." The Respondent stated that he does not maintain a medical record for himself.

B. Prescription Records

31. On or about May 12, 2022, the Board issued a *subpoena duces tecum* to a pharmacy where some of the Respondent's prescriptions for himself and for Family Member 1 were filled. The *subpoena* directed the custodian of records to produce "a computer generated printout for all non-controlled substances written by" the Respondent for the Respondent and Family Member 1.

32. The pharmacy records show that the Respondent wrote at least 17 prescriptions for prescription-only medications for Family Member 1 between March 2015 and July 2020.

33. The pharmacy records show that the Respondent wrote over 110 prescriptions for prescription-only medications for himself between 2015 and 2022.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, Panel A 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(3)(ii); failing to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care, in violation of Health Occ. § 14-404(a)(22); failing to cooperate with a lawful investigation conducted by the Board or a disciplinary panel, in violation of Health Occ. § 14-404(a)(33); and failing to keep adequate medical records as determined by appropriate peer review, in violation of Health Occ. § 14-404(a)(40).

ORDER

It is thus by 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 **SUSPENDED** for a period of **THIRTY (30) CALENDAR DAYS**; and it is further

ORDERED that during the suspension, the Respondent shall comply with the following terms and conditions of suspension:

- (1) During the suspension period, the Respondent shall not:
 - (a) practice medicine;
 - (b) take any actions after the effective date of this Order to hold himself or herself out to the public as a current provider of medical services;
 - (c) authorize, allow or condone the use of the Respondent's name or provider number by any health care practice or any other licensee or health care provider;
 - (d) function as a peer reviewer for the Board or for any hospital or other medical care facility in the state;
 - (e) prescribe or dispense medications; or
 - (f) perform any other act that requires an active medical license.
- (2) The Respondent shall establish and implement a procedure by which the Respondent's patients may obtain their medical records without undue burden and notify all patients of that procedure; and
- (3) 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 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;

(4) The Respondent shall provide the Panel with the name, pertinent professional background information of a supervisor to supervise the Respondent for the duration of the probationary period who is board certified. The supervisor whom the Respondent is offering for approval, and written notice to the Panel from the supervisor confirming his or her acceptance of the supervisory role of the Respondent and that there is no personal or professional relationship with the supervisor considering the following conditions:

(a) the Respondent's proposed supervisor, to the best of the Respondent's knowledge, should not be an individual who is currently under investigation, and who has not been disciplined by the Board within the past five years;

- (b) the Panel, in its discretion, may accept the proposed supervisor or request that the Respondent submit a name and professional background, and written notice of confirmation from a different supervisor;
- (c) the supervision begins after the Panel approves the proposed supervisor and after the suspension has been lifted;
- (d) the Respondent's suspension will not be terminated until a supervisor has been approved; and it is further

ORDERED that the Respondent may submit a written petition for termination of suspension. After determination that the Respondent has complied with the relevant terms of the Consent Order, the disciplinary panel may administratively terminate the Respondent's suspension through an order of the disciplinary panel. Upon termination, the Respondent is placed on **PROBATION** for a minimum period of **TWO YEARS**.⁶ During the probationary period the Respondent shall comply with the following probationary terms and conditions:

- (1) The Respondent shall remain enrolled in the Maryland Professional Rehabilitation Program (MPRP) as follows:
 - (a) the Respondent shall continue his Participant Rehabilitation Agreement and Participant Rehabilitation Plan with MPRP;
 - (b) 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;
 - (c) 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 release/consent;

⁶ If the Respondent's license expires during the period of probation, the probation and any conditions will be tolled.

- (d) 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;
- (e) 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;
- (2) the Respondent is prohibited from prescribing and dispensing **controlled dangerous substance medications** until after the Respondent has successfully completed the courses described in probation condition (3) and has a supervisor approved by the Panel as described in probation condition (4). The prohibition on prescribing and dispensing may be administratively terminated through an Order of the Panel upon the Respondent's proof of successful completion of the courses and after the Panel has approved the Respondent's proposed supervisor. The following conditions also apply:
- (a) the Respondent shall not delegate to any physician assistant the prescribing of controlled dangerous substances;
- (b) the Respondent is prohibited from certifying patients for the medical use of cannabis;
- (c) the 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;
- (d) the Respondent agrees that the CDS Registration issued by the Office of Controlled Substances Administration will be restricted to the same categories of CDS medications as limited by this Consent Order; and
- (3) Within **SIX (6) MONTHS**, the Respondent is required to take and successfully complete two courses, (1) a course in prescribing of controlled dangerous substances that deals, at least in part, with prescribing of stimulants

such as Adderall and Vyvanse; and (2) professional ethics. The following terms apply:

- (a) it is the Respondent's responsibility to locate, enroll in and obtain the Panel's approval of the courses before the courses are begun;
 - (b) the Respondent must provide documentation to the Panel that the Respondent has successfully completed the courses;
 - (c) the courses 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 courses; and
- (4) the Respondent shall be subject to supervision for a minimum of **TWO YEARS** (eight quarterly reports)⁷ by a disciplinary panel approved supervisor who is board certified. The Supervisor shall be approved during the suspension period. The following terms apply to the supervision:
- (a) the Panel will provide the supervisor with a copy of this Consent Order and any other documents the Panel deems relevant;
 - (b) the Respondent shall grant the supervisor access to patient records selected by the supervisor, which shall, to the extent practicable, focus on the type of treatment at issue in the Respondent's charges;
 - (c) if the supervisor for any reason ceases to provide supervision, the Respondent shall immediately notify the Board and shall not practice medicine beyond the 30th day after the supervisor has ceased to provide supervision and until the Respondent has submitted the name and professional background, and written notice of confirmation, from a proposed replacement supervisor to the disciplinary panel;
 - (d) it shall be the Respondent's responsibility to ensure that the supervisor:
 - (i) reviews the records of 10 patients each month, such patient records

⁷ If the Respondent is not practicing medicine, the supervision shall begin when the Respondent resumes the practice of medicine and the disciplinary panel has approved the proposed supervisor. The Respondent shall submit the name of a proposed supervisor within 30 days of resuming the practice of medicine and shall be subject to supervision by a disciplinary panel approved supervisor upon the return to the practice of medicine. If the Respondent ceases to practice medicine during the probationary period, condition (4) will be tolled and resume upon his return the practice of medicine.

to be chosen by the supervisor and not the Respondent;

- (ii) meets in-person or virtually with the Respondent at least once each month and discuss in-person or virtually with the Respondent the care the Respondent has provided for these specific patients;
 - (iii) be available to the Respondent for consultations on any patient;
 - (iv) maintains the confidentiality of all medical records and patient information;
 - (v) provides the Board with quarterly reports which detail the quality of the Respondent's practice, any deficiencies, concerns, or needed improvements, as well as any measures that have been taken to improve patient care; and
 - (vi) immediately reports to the Board any indication that the Respondent may pose a substantial risk to patients;
- (e) the Respondent shall follow any recommendations of the supervisor; and
- (f) if the panel, upon consideration of the supervisory reports and the Respondent's response, if any, has a reasonable basis to believe that the Respondent is not meeting the standard of quality care or failing to keep adequate medical records in his practice, the Panel may find a violation of probation after a hearing;
- (5) Within **SIX (6) MONTHS**, the Respondent shall pay a civil fine of \$10,000. 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 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 minimum period of probation imposed by the Consent Order has passed, and after the Respondent's supervisor has submitted to the Board eight quarterly reports that are satisfactory to the Panel, 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 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 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* Md. Code Ann., Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

11/30/2022
Date

Signature On File

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

CONSENT

I, Diego Escobosa, 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

11/29/2022
Date

Diego Escobosa, M.D.

NOTARY

STATE OF

Maryland

CITY/COUNTY OF

Baltimore

I HEREBY CERTIFY that on this

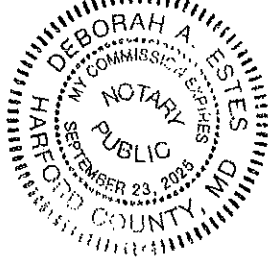
29th

day of

November

²
2021, before me, a Notary Public of the State and County aforesaid, personally appeared
Diego Escobosa, 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.



Deborah A. Estes

Notary Public

My Commission Expires:

9/23/2025