

IN THE MATTER OF
ROBYN M. STEIN, M.D.

Respondent

License Number: D54365

*** BEFORE THE**
*** MARYLAND STATE**
*** BOARD OF PHYSICIANS**
*** Case Number: 2219-0192A**

* * * * *

CONSENT ORDER

On February 20, 2020, Disciplinary Panel A (“Panel A”) of the Maryland State Board of Physicians (the “Board”) charged Robyn M. Stein, M.D. (the “Respondent”) with violating the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. §§ 14-101 *et seq.* (2014 Repl. Vol. & 2019 Supp.) The Respondent was charged with violating the following provisions of the Act:

Health Occ § 14-404:

(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:

...

(1) Fraudulently or deceptively obtains or attempts to obtain a license for the applicant or licensee or for another;

...

(3) Is guilty of:

(ii) Unprofessional conduct in the practice of medicine;

...

(21) Is disciplined by a licensing or disciplinary authority or convicted or disciplined by a court of any state or country or disciplined by any branch of the United States uniformed services or the Veterans’ Administration for an act that would be grounds for disciplinary action under this section;

...

(36) Willfully makes a false representation when seeking or making application for licensure or any other application related to the practice of medicine[.]

With respect to Health Occ. § 14-404(a)(21), the Respondent's acts would be grounds for disciplinary action under Health Occ. § 14-404(a) include:

- (3) Is guilty of: (ii) Unprofessional conduct in the practice of medicine;
- (27) Sells, prescribes, gives away, or administers drugs for illegal or illegitimate medical purposes;
- (40) Fails to keep adequate medical records as determined by appropriate peer review [.]

On May 13, 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 and Order.

FINDINGS OF FACT

Panel A finds the following:

Background

1. At all times relevant, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was initially licensed to practice on February 3, 1999, under license number D54365. The Respondent's license is presently active and expires on September 30, 2021.
2. The Respondent is also licensed to practice medicine in the State of Virginia.

3. The Respondent is a solo-practitioner operating out of an office in the State of Virginia where she provides psychiatric services.
4. On or about September 29, 2017, the Respondent completed an application for renewal of her license to practice medicine in the State of Maryland which was approved by the Board.
5. On or about April 26, 2019, the Board received notification from a mental health watchdog agency¹, that the Respondent had been reprimanded by the Virginia Board of Medicine (the “Virginia Board”) for her prescribing of controlled substances.
6. Based on the notification, the Board initiated an investigation of the Respondent.

II. Board Investigation

7. The Board’s investigation determined that on or about October 5, 2016, the Virginia Board interviewed the Respondent pursuant its investigation into her prescribing practices.
8. On or about January 10, 2019, the Virginia Board issued disciplinary charges against the Respondent. The Virginia Board also sent the Respondent notice that a Special Conference Committee of the Virginia Board would convene an informal conference to hear the matter on March 7, 2019, along with a Statement of Allegations.

¹ To ensure confidentiality and privacy, the names of individuals and entities involved in this case, other than the Respondent, are not disclosed in this document.

9. The Statement of Allegations notified the Respondent that: 1) between late 2014 and mid-2016, she prescribed approximately 2,244 dosage units of controlled dangerous substances (“CDS”) to an elderly family member (“Individual 1”) over a twenty-month period, outside of an emergency situation or isolated setting in which no other practitioner was available, and of which Individual 1’s treating physicians were unaware; 2) by her own admission the Respondent prescribed 60 dosage units of CDS to Individual 2 despite having no bona fide practitioner/patient relationship with Individual 2; and 3) the Respondent was unable to provide treatment records to the Virginia Board’s investigator pertaining to her treatment of Individual 1, but instead provided reconstructed notes stating that her original progress notes may have been lost to a water leak in her office.
10. The informal conference was held on March 7, 2019.
11. By Order dated March 14, 2019, the Virginia Board reprimanded the Respondent. In support of its Order, the Virginia Board found that on multiple occasions between late 2014 and mid-2016, the Respondent prescribed lorazepam² to Individual 1, an elderly family member who was under the medical care of multiple physicians. Such prescribing was outside of an emergency situation or isolated setting in which no other practitioner was available. The Virginia Board further found that Individual 1’s treating

² Lorazepam is a benzodiazepine commonly used to treat anxiety and seizure disorders. It is classified as a Schedule IV controlled substance by the United States Drug Enforcement Agency.

endocrinologist, cardiologist, and former primary care provider were not aware that Individual 1 had been taking lorazepam, and lorazepam was not listed as a “home medication” during Individual 1’s four hospital admissions in 2016. The Virginia Board also found that one of the lorazepam prescriptions written by the Respondent, for 84 dosage units, was filled at a retail pharmacy on the same day that Individual 1 passed away at the hospital.

12. The Virginia Board found that in May 2016, the Respondent prescribed 60 dosage units of 10 mg oxycodone to Individual 2 for complaints of knee pain, although the Respondent did not have a bona fide practitioner/patient relationship with Individual 2.
13. The Virginia Board also found that during the course of their investigation, the Respondent was unable to produce treatment records, notes and timelines for Individual 1 and Individual 2. The Respondent was also unable to provide original treatment records for Patients A and B, stating that the original records had been damaged during a water leak in her office, and her notes were reconstructed based on her memory and retained text messages she had exchanged with the patients.
14. The Virginia Board concluded as a matter of law that the Respondent violated the following provisions of the Virginia Board’s disciplinary statutes and regulations:

Virginia Code § 54.1-2915. Unprofessional conduct; grounds for refusal or disciplinary action.

A. The Board may refuse to issue a certificate or license to any applicant; reprimand any person; place any person on probation for such time as it may designate; impose a monetary penalty or terms as it may designate on any person; suspend any license for a stated period of time or indefinitely; or revoke any license for any of the following acts of unprofessional conduct:

...

(3) Intentional or negligent conduct in the practice of any branch of the healing arts that causes or is likely to cause injury to a patient or patients;

...

(13) Conducting his practice in such a manner as to be a danger to the health and welfare of his patients or to the public;

...

(16) Performing any act likely to deceive, defraud, or harm the public;

...

(17) Violating any provision of statute or regulation, state or federal, relating to the manufacture, distribution, dispensing, or administration of drugs;

...

(18) Violating or cooperating with others in violating any of the provisions of Chapters 1 (§ 54.1-100 et seq.), 24 (§ 54.1-2400 et seq.) and this chapter or regulations of the Board[.]

Virginia Code § 54.1-3303. Prescriptions to be issued and drugs to be dispensed for medical or therapeutic purposes only.

A. A prescription for a controlled substance may be issued only by a practitioner of medicine, osteopathy, podiatry, dentistry or veterinary medicine who is authorized to prescribe controlled substances, or by a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed physician assistant pursuant to § 54.1-2952.1, or TPA-certified optometrist pursuant to Article 5 (§54.1-3222 et seq.) of Chapter 32[.]

Virginia Regulations Governing the Practice of Medicine

Part II. Standards of Professional Conduct

18 VAC 85-20-25. Treating and Prescribing for self or family.

- (A) Treating or prescribing shall be based on a bona fide practitioner-patient relationship, and prescribing shall meet the criteria set forth in § 54.1-3303 of the Code of Virginia;
 - (B) A practitioner shall not prescribe a controlled substance to himself or to a family member, other than Schedule VI as defined in § 54.1-3455 of the Code of Virginia, unless the prescribing occurs in an emergency situation or in isolated settings where there is no other qualified practitioner available to the patient, or it is for a single episode of an acute illness through one prescribed course of medication;
 - (C) When treating or prescribing for self or family, the practitioner shall maintain a patient record documenting compliance with statutory criteria for a bona fide practitioner-patient relationship.
15. In the March 14, 2019 Order, the Virginia Board reprimanded the Respondent and placed terms and conditions on her Virginia license which included: 1) that the Respondent complete board-approved continuing education courses in physician/patient boundaries as well as record-keeping; and 2) that the Respondent acquire a Virginia-licensed physician to act as a peer-monitor, who will submit quarterly reports to the Virginia Board for a period of not less than 18 months of active practice.
16. On or about August 12, 2019, Board staff spoke with a staff member at the Virginia Board of Medicine, who confirmed that the Respondent had responded to an investigator and been interviewed regarding this matter in October 2016, and therefore the Respondent “was aware that there was a complaint filed and an investigation underway by October 5, 2016.”

Maryland Renewal Application

17. On or about September 29, 2017, the Respondent completed an application for renewal of her license to practice medicine in the State of Maryland. On her

application, the Respondent answered “No” to all character and fitness questions, which included the following:

Question C (Since July 1, 2016)

Has any licensing or disciplinary board in any jurisdiction (including Maryland), a comparable body in the armed services or the Veteran's Administration, filed any complaints or charges against you or investigated you for any reason?

18. At the conclusion of the application, the Respondent certified that she personally reviewed all responses to the items in the application and that the information she provided was true and accurate to the best of her knowledge.
19. The Board reviewed the Respondent's responses on her 2017 renewal application and determined that she failed to disclose to the Board in her 2017 renewal application that the Virginia Board had investigated her and/or filed a complaint/charges against her in 2016.

CONCLUSIONS OF LAW

Based on the Findings of Fact, Disciplinary Panel A of the Board concludes as a matter of law that the Respondent: fraudulently or deceptively obtained or attempted to obtain a license, in violation of Health Occ. § 14-404(a)(1); is guilty of unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii); was disciplined by a licensing or disciplinary authority of any state for an act that would be grounds for disciplinary action under Health Occ. § 14-404, in violation of Health Occ. § 14-404(a)(21); and willfully made a false representation when seeking or making application for licensure, in violation of Health Occ. § 14-404(a)(36). The underlying

grounds for the violation of Health Occ. § 14-404(a)(21) are Health Occ. § 14-404(a)(3)(ii), is guilty of unprofessional conduct of medicine; Health Occ. § 14-404(a)(27), sells, prescribes, gives away, or administers drugs for illegal or illegitimate purposes; and Health Occ. § 14-404(a)(40), fails to keep adequate medical records as determined by appropriate peer review.

ORDER

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

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

ORDERED that the Respondent shall comply with the terms and conditions of the Order by the Virginia Board of Medicine, issued on March 14, 2019; and it is further

ORDERED that, within **six months**, the Respondent shall pay a civil fine of **\$500.00**. 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; 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).

07/13/2020
Date

Signature on File

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

CONSENT

I, Robyn M. Stein, 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.

July 3 2020
Date

Signature on File

Robyn M. Stein, M.D. _____

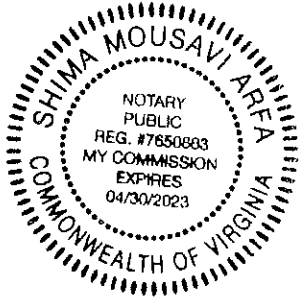
NOTARY


STATE OF: Virginia

CITY/COUNTY OF: Fairfax, Vienna

I HEREBY CERTIFY that on this 3rd day of July, 2020, before me, a Notary Public of the State and City/County aforesaid, personally appeared Robyn M. Stein, M.D. and made oath in due form of law that the foregoing Consent Order was her voluntary act and deed.

AS WITNESS, my hand and Notary Seal.





Notary Public

My commission expires: 04/30/2023

BEFORE THE VIRGINIA BOARD OF MEDICINE

IN RE: ROBYN MARISSA STEIN, M.D.
License Number: 0101-048468
Case Number: 174284

ORDER

JURISDICTION AND PROCEDURAL HISTORY

Pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10), a Special Conference Committee of the Virginia Board of Medicine ("Board") held an informal conference on March 7, 2019, in Henrico County, Virginia, to inquire into evidence that Robyn Marissa Stein, M.D., may have violated certain laws and regulations governing the practice of medicine and surgery in the Commonwealth of Virginia.

Robyn Marissa Stein, M.D., appeared at this proceeding and was represented by Michael L. Goodman, Esquire, and Nora Ciancio, Esquire.

Upon consideration of the evidence, the Committee adopts the following Findings of Fact and Conclusions of Law and issues the Order contained herein.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Robyn Marissa Stein, M.D., was issued License Number 0101-048468 to practice medicine and surgery on August 25, 1992, which is scheduled to expire on January 31, 2020. At all times relevant to the findings contained herein, said license was current and active.

2. Dr. Stein violated Virginia Code §§ 54.1-2915(A)(13), (16), (17), and (18) and 54.1-3303(A), and 18 VAC 85-20-25(A), (B), and (C) of the Regulations Governing the Practice of Medicine in that, on multiple occasions between late 2014 and mid-2016, she prescribed lorazepam (C-IV) to Individual 1, an elderly family member who was under the care of multiple physicians. Such prescribing, which totaled approximately 2,244 dosage units over a 20-month period, was outside of an emergency situation or isolated setting in which no other practitioner was available. When interviewed

by the Board's investigator, Individual 1's treating endocrinologist, cardiologist, and former primary care provider were not aware that Individual 1 had been taking lorazepam, and lorazepam was not listed as a "home medication" during Individual 1's four hospital admissions in 2016. One of the lorazepam prescriptions written by Dr. Stein, for 84 dosage units, was filled at a retail pharmacy on the same day that Individual 1 passed away at the hospital around 5 a.m.

3. Dr. Stein admitted to the Committee that she prescribed medication to Individual 1. Dr. Stein stated that Individual 1 had been having nightly panic attacks and increased anxiety due to medical problems, and that she was resistant to seeing physicians and it was a struggle to get her to see any of her physicians. Dr. Stein claimed she believed there was an exception to the rules about prescribing to family members for this particular situation. Dr. Stein said she believed she had the ability to be objective and made a judgment call in treating Individual 1 as she would any other patient. Regarding the lorazepam that she picked up from the pharmacy on the date of Individual 1's death, Dr. Stein explained that she had called in the prescription before Individual 1 died, and that she picked it up for "sentimental" reasons, but claimed she turned it into the police some time later. The Committee did not find Dr. Stein's explanation about this prescription to be credible.

4. Dr. Stein reiterated to the Committee what she had told the Board's investigator during her interview, that Individual 1 did not take the full dose of lorazepam and the prescriptions were written PRN. However, the Committee noted that Virginia Prescription Monitoring Program records reflect that the lorazepam was filled consistently every three months at the full dose for more than a year. When the Committee questioned Dr. Stein about inconsistencies in her explanations about the prescribing to Individual 1, Dr. Stein stated that she had misspoken to the investigator about the quantity and dosing of the lorazepam, and she had been trying to emphasize that she was careful in her prescribing and that Individual 1 had taken her medication appropriately. The Committee was concerned that Dr. Stein could not readily explain why she doubled the dose of lorazepam from 3mg/day to 6mg/day while Individual 1 was hospitalized, after her treating providers had

recommended hospice care. Dr. Stein stated, “I didn’t know how much I would need; I was very upset.”

5. When asked by the Committee to explain why records from multiple hospital admissions during the final months of Individual 1’s life failed to include lorazepam on the list of home medications, Dr. Stein claimed she had informed Individual 1’s doctors about the lorazepam, but that the hospital records were incomplete and contained many inaccuracies.

6. Dr. Stein stated to the Committee that she viewed prescribing lorazepam to Individual 1 as a medical issue, and that she would not have provided psychotherapy to Individual 1. She claimed that prescribing to family members was not as strictly forbidden at the time of her psychiatric residency as it is today, but that the rules have tightened over the years. The Committee was concerned about Dr. Stein’s lack of knowledge of longstanding rules regarding treating and prescribing to family members.

7. Dr. Stein explained to the Committee that her father had received poor medical care that she believed led to his death in the hospital approximately 20 years prior to Individual 1 becoming ill, so she had heightened concerns about the medical system and worried it would also fail Individual 1. The Committee was concerned about Dr. Stein’s lack of understanding as to how providing medical care to Individual 1 over an extended time period violated proper physician/patient boundaries.

8. Dr. Stein violated Virginia Code §§ 54.1-2915(A)(13), (16), and (17) and 54.1-3303(A) in that, by her own admission made to the Board’s investigator, in May 2016 she prescribed 60 dosage units of 10mg oxycodone to Individual 2 for complaints of knee pain, although Dr. Stein did not have a bona fide practitioner/patient relationship with Individual 2.

9. Dr. Stein claimed she misspoke to the investigator by failing to describe Individual 2 as one of her patients -- rather than merely describing her as the mother of Patients A and B -- and that she had meant to say she was not seeing Individual 2 on an “ongoing basis” at the time of the prescription, but in fact she had known her for a long time as a psychiatric patient. Dr. Stein told the

Committee that she had seen Individual 2 for family therapy previously, and had been in touch with her regarding Patients A and B, but she was not actively providing psychiatric treatment to Individual 2 when she wrote the oxycodone prescription. When asked by the Committee how she came to write the prescription, Dr. Stein explained that Individual 2 had come to visit Individual 1 while Dr. Stein was at the hospital with Individual 1, and while there they began talking about her knee and the pain. Dr. Stein claimed that prior to writing the prescription she examined Individual 2's knee and called Individual 2's primary care provider to ensure they were aware of the knee issue and to check on any other medication Individual 2 was taking; however, she did not speak with Individual 2's doctor prior to writing the prescription. The Committee noted that Dr. Stein contradicted herself in that at one point she stated that she knew Individual 2 was not abusing oxycodone because she had not taken it previously, but at another point Dr. Stein stated that she determined the dose of the oxycodone prescription based on what Individual 2 had been prescribed by her own doctor in the past. The Committee did not find Dr. Stein's explanations regarding the oxycodone prescription and her interactions with Individual 2 to be credible. Further, the Committee was concerned about Dr. Stein's insistence that it had not been inappropriate for a psychiatrist to prescribe oxycodone under such circumstances because she had experience with family practice and pain management during medical school rotations.

10. Dr. Stein violated Virginia Code § 54.1-2915(A)(3) and (18) and 18 VAC 85-20-26(C) of the Regulations Governing the Practice of Medicine in that, when requested by the Board's investigator in November 2016 to provide treatment records for Individual 1 (the family member to whom she prescribed lorazepam) and Patients A and B, Dr. Stein was unable to do so. Dr. Stein did provide reconstructed notes for Patients A and B, but stated regarding her original progress notes that she had "no idea what has or hasn't survived" a water leak in her office in which "All the contents were water logged and packed up to make room for repairs or packed to dry and ended up dispersed in several different locations including another state."

11. The Committee was concerned that although Dr. Stein provided the investigator with detailed “reconstructed” treatment notes for Patients A and B (which Dr. Stein stated that she recreated based on her memory and retained text messages she had exchanged with the teenaged Patients A and B), the notes were incomplete in that they only covered the time period in which she had prescribed Schedule II and IV medications to these patients. Additionally, Dr. Stein did not provide a treatment summary or notes regarding her claimed prior treatment of Individual 2. When asked by the Committee to discuss the timeline of her treatment of Patients A and B and Individual 2, and how she came to know the family, Dr. Stein was unable to clearly explain the history of their treatment with her. The Committee did not find Dr. Stein’s explanations regarding the reconstruction of the treatment notes for Patients A and B to be credible.

12. Dr. Stein stated that she kept current with medical advancements through reading and continuing education courses, but said that she is not a member of any professional organizations for physicians. Dr. Stein explained that after completing her residency, she held a few locum tenens positions but primarily saw patients as a solo psychiatrist from an office in her home, and had always worked an “irregular schedule,” rarely treating more than one or two patients a year. Dr. Stein said that she has not treated patients since Individual 1 passed away in 2016, but noted that she often accompanies friends to medical appointments and speaks with her friends about their medical issues. The Committee was concerned that Dr. Stein lacked insight regarding the limited nature of her recent clinical experience, and that she lacked connections to the broader medical community.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Medicine hereby ORDERS as follows:

1. Robyn Marissa Steyn, M.D., is REPRIMANDED.
2. The license of Robyn Marissa Steyn, M.D., is subject to the following TERMS and CONDITIONS:

a. Within thirty (30) days from entry of this Order, Dr. Stein shall provide the Board with a written statement certifying that she has read and will comply with: (i) the laws governing the practice of medicine and other healing arts (Title 54.1, Chapter 29 of the Virginia Code); (ii) the Drug Laws for Practitioners; and (iii) the Regulations Governing the Practice of Medicine, Osteopathy, Podiatry, and Chiropractic (18 VAC 85-20-10 *et seq.*).

b. Within six months of entry of this Order, Dr. Stein shall provide written proof satisfactory to the Board of successful completion of 15 hours of Board-approved continuing education in physician/patient boundaries. Such course(s) shall be approved in advance of registration by the Executive Director of the Board. Requests for approval must be received within 15 business days prior to the course date. All continuing education hours shall be completed through face-to-face, interactive sessions (i.e., no home study, journal, or Internet courses). Continuing education obtained through compliance with this term shall not be used toward licensure renewal.

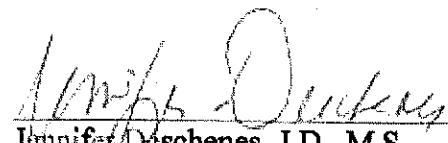
c. Within six months of entry of this Order, Dr. Stein shall provide written proof satisfactory to the Board of successful completion of 15 hours of Board-approved continuing education in medical record-keeping. Such course(s) shall be approved in advance of registration by the Executive Director of the Board. Requests for approval must be received within 15 business days prior to the course date. All continuing education hours shall be completed through face-to-face, interactive sessions (i.e., no home study, journal, or Internet courses). Continuing education obtained through compliance with this term shall not be used toward licensure renewal.

d. Dr. Stein shall not practice medicine until such time as she submits to the Board, and the Board approves, the name and curriculum vitae of a Virginia-licensed physician who has agreed to serve as a peer monitor for her practice by reviewing patient medical records and discussing treatment plans. Upon approval by the Board of the proposed peer monitor, Dr. Stein may return to practice, but at that time she shall ensure that the peer monitor submits quarterly reports to the Board for a period of no less than 18 months of active practice by Dr. Stein.

4. Upon receipt of evidence that Dr. Stein has complied with the foregoing terms of this Order, the Executive Director is authorized to close this matter, or refer it to a special conference committee for review.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD



Jennifer Deschenes, J.D., M.S.
Deputy Executive Director, Discipline
Virginia Board of Medicine

ENTERED: 3/14/2019

NOTICE OF RIGHT TO APPEAL

Pursuant to Virginia Code § 54.1-2400(10), Dr. Stein may, not later than 5:00 p.m., on April 17, 2019, notify William L. Harp, M.D., Executive Director, Board of Medicine, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233, in writing that she desires a formal administrative hearing before the Board. Upon the filing with the Executive Director of a request for the hearing, this Order shall be vacated. This Order shall become final on April 17, 2019, unless a request for a formal administrative hearing is received as described above.