

IN THE MATTER OF  
ROBERT JAMES BALL, M.D.

Respondent

License Number: D54991

\* BEFORE THE  
\* MARYLAND STATE  
\* BOARD OF PHYSICIANS  
\* Case Number: 2220-0275B

\* \* \* \* \*

**CONSENT ORDER**

On May 10, 2022, Disciplinary Panel B (the “Panel” or “Panel B”) of the Maryland State Board of Physicians (the “Board”) charged **ROBERT JAMES BALL, M.D.** (the “Respondent”), License Number D54991, under the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. §§ 14-101 *et seq.* (2014 Repl. Vol. & 2020 Supp.).

Panel B charged the Respondent with violating the following provisions of the Act:

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

(a) *In general.* -- Subject to the hearing provisions of § 14-405 of this subtitle, 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:

...

(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; [and]

...

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

On June 22, 2022, Panel B was convened as a Disciplinary Committee for Case Resolution (“DCCR”) in this matter. Based on the negotiations occurring as a result of this DCCR, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law, Order, and Consent.

### **FINDINGS OF FACT**

Panel B finds the following:

#### **I. BACKGROUND**

1. At all times relevant to these charges, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was originally licensed to practice medicine in Maryland on July 1, 1990. His license is currently active and is scheduled to expire on September 30, 2022. The Respondent holds active medical licenses in the District of Columbia and Florida.

2. The Respondent was terminated from an outpatient treatment center in January 2019 for “unethical practices” by providing telemedicine to patients who reside in West Virginia without having a license to practice medicine in that State.

3. The Respondent provides addiction treatment services as an independent contractor at two separate health care facilities in Maryland. He does not have any hospital privileges.

4. The Respondent is no longer board certified in Family Medicine after his certification expired on December 31, 2016.

#### **II. THE COMPLAINT**

5. On or about March 30, 2020, the Board received an anonymous complaint (“Complaint 1”) alleging that the Respondent was engaging in unprofessional conduct and running a “pill mill.” Complaint 1 alleged that a pregnant patient received buprenorphine from the Respondent after providing a photograph of a urine drug screen and paying the Respondent cash via PayPal.

6. Additionally, on or about July 22, 2020, the Board received a second complaint (“Complaint 2”) dated July 21, 2020, from a pharmacy in West Virginia, alleging that the Respondent may not have been practicing in accordance with relevant

state and federal guidelines with regard to office-based Medication Assisted Treatment (“MAT”) for Opioid Use Disorder.

7. In Complaint 2, the pharmacy stated it will no longer fill “MAT prescriptions” written by the Respondent because his “treatment practices do not conform to best practices and may result in a heightened risk for patient safety and diversion.”

### **III. BOARD INVESTIGATION**

8. The Board opened an investigation into Complaint 1 and Complaint 2 (the “Complaints”). In furtherance of the investigation, the Board notified the Respondent of its investigation, provided the Respondent with the Complaints, directed him to submit a written response to the Complaints and issued a subpoena to him for a series of patient records. The Board also obtained a peer review of the Respondent’s practice and conducted an under-oath interview of the Respondent.

#### **Patient Records**

9. By letter dated August 26, 2020, the Board notified the Respondent that it had initiated an investigation of the Complaints, provided him a copy of the Complaints and directed him to provide a written response to the allegations raised in the Complaints. The Board also issued him a *subpoena duces tecum* for the medical records of thirteen (13) specific patients (Patients 1-13).<sup>1</sup>

10. On or about September 7, 2020, the Board received the medical records of Patients 1-13. The Respondent did not provide summaries of care as requested.

11. The Respondent provided written responses via emails dated September 15, 16, and 17, 2020.

#### **The Respondent’s Written Response**

12. In the Respondent’s written response to the Board, the Respondent stated: “This is all a defamation campaign.”

#### **The Respondent’s Interview**

13. On December 10, 2020, Board staff interviewed the Respondent under oath. When questioned about his prescribing practices for his patients, the Respondent stated, “it’s basically the same thing for everybody. The only variation, as I said, was the pace.

---

<sup>1</sup> For confidentiality reasons, the names of the patients will not be identified by name in this document. The Respondent may obtain the identity of the patients by contacting the Board.

Like at what point is the patient ready to go down and that's primary [*sic*] thing. We try to screen everybody for decreased [*sic*] dose every visit because it's a type of an anxiety [*sic*] when you lower their dose...The plan is the same for everybody. It's just a matter of pace, *et cetera*, and the co-morbidities and that sort of thing.”

#### **Peer Review**

14. In furtherance of its investigation, the Board submitted the medical records of Patients 1-13 for a peer review. Two peer reviewers, each board-certified in addiction medicine, independently reviewed the materials and submitted their reports to the Board.

15. In their reports, the two peer reviewers concurred that the Respondent failed to meet appropriate standards for the delivery of quality medical care and failed to keep adequate medical records for all thirteen (13) patients.

16. Specifically, the peer reviewers found that for all thirteen (13) patients, the Respondent failed to meet the standard of quality medical care regarding the management of patients with substance abuse disorders for reasons including but not limited to the following areas:

- (a) The Respondent failed to obtain adequate information at the patient's initial visit to establish a diagnosis of opioid addiction or the need for treatment with buprenorphine (Patients 1-9 and 11-13);
- (b) The Respondent did not appropriately perform and/or adequately document appropriate assessments (Patients 1-13);
  - (i) Most of the medical records include the same non-specific subjective assessment which are largely identical for all prior and subsequent visits.
  - (ii) The Respondent recorded so little information for each patient at each visit that Patient 7 is noted to have successfully impersonated Patient 10 and picked up a prescription while Patient 10 was incarcerated.
- (c) The Respondent failed to follow-up with each patient closely, regularly, and frequently to monitor the patients' response to, and compliance with, the medications prescribed (Patients 1-13);
- (d) The Respondent failed to properly evaluate each patient and continuously prescribed the same dose of medication to the patients

without justification or documentation of the treatment plan. (Patients 1-13) Examples include but are not limited to the following:

- (i) The Respondent continued to refill the same dose of buprenorphine 20 mg QD<sup>2</sup> to Patient 1 on subsequent visits after noting that the patient was not doing well on the prescribed dose and was, in fact, taking a higher dose of 24 mg QD; and
  - (ii) The Respondent consistently documented that Patient 9 could not tolerate Suboxone films; despite this the Respondent increased the prescribed dose of Suboxone to an unspecified amount between 8 and 32 MG QD with no documented justification for the dose increase.
- (e) The Respondent failed to appropriately address inconsistent urine toxicology screens with his patients. Examples include but are not limited to the following:
- (i) The Respondent noted a toxicology screen that was positive for oxycodone at Patient 1's initial visit but did not obtain any history regarding the patient's addictive disorder.
  - (ii) The Respondent noted a toxicology screen that was positive for buprenorphine and alcohol for Patient 2 but did not record or elicit any history or information regarding the patient's alcohol use, nor discussed appropriate intervention based on these positive findings. At subsequent visits, Patient 2's toxicology screens were negative for buprenorphine and positive for alcohol, however the Respondent failed to document or address these inconsistent findings with the patient.
  - (iii) The Respondent noted a toxicology screen that was positive for buprenorphine and oxycodone for Patient 3, but did not record or elicit any history or information regarding the patient's inconsistent toxicology results, nor discussed appropriate intervention based on these inconsistent findings. At subsequent visits, the toxicology screens for this patient were positive for oxycodone, but the Respondent again failed to document or address these inconsistent results with the patient.

---

<sup>2</sup> QD stands for once per day.

- (iv) The Respondent noted a toxicology screen for Patient 9 that was positive for amphetamines, but failed to document or address the positive finding with the patient.
- (v) The Respondent noted that Patient 12 had an initial drug screen that was positive for buprenorphine, methamphetamine and oxycodone. This patient is also noted to be pregnant, yet the Respondent failed to document or address these results with the patient other than noting that the patient denies using illicit drugs, which contradicts other notes that the patient uses “street” drugs.
- (f) The Respondent placed patients on buprenorphine but failed to document or provide instructions or discuss risks, benefits, side effects or a treatment plan. (Patients 1, 2, 5, 7, 8, 9, 11, 12, 13)
- (g) The Respondent provided buprenorphine treatment for several pregnant patients but failed to provide appropriate instruction or counseling regarding buprenorphine use during pregnancy. (Patients 5, 8, 12, 13)

17. The peer reviewers also independently concluded that the Respondent failed to keep adequate medical records for all thirteen (13) patients, finding that the Respondent’s medical records were consistently incomplete, lacked documentation, and noted the same non-specific subjective information from the patients and the same review of systems that had been noted on prior visits.

### **CONCLUSIONS OF LAW**

Based on the Findings of Fact, Panel B concludes as a matter of law that the Respondent: failed to meet the 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 the State, in violation of Health Occ. § 14-404(a)(22) and failed 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 Panel B of the Board, hereby:

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

**ORDERED** that the Respondent is placed on **PROBATION** for a minimum of **TWO YEARS**.<sup>3</sup> During probation, the Respondent shall comply with the following terms and conditions of probation:

1. The Respondent is prohibited from prescribing and dispensing opioids and Buprenorphine until after the Respondent has successfully completed the courses described in probation condition two (2) and has a supervisor approved by the Panel as described in probation condition three (3). 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 opioids and Buprenorphine;

(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 or opioid medications as limited by this Consent Order; and

(e) The prohibition on prescribing and dispensing goes into effect in **THIRTY CALENDAR DAYS** after the effective date of this Consent Order in order to facilitate the transition of patients to other providers as needed; and

2. Within **SIX MONTHS**, the Respondent is required to take and successfully complete courses in: (a) **prescribing opioids and Buprenorphine** and (b) **medical documentation**. The following terms apply:

---

<sup>3</sup> If the Respondent's license expires during the period of probation, the probation and any conditions will be tolled.

(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

3. After successful completion of the courses, the Respondent shall be subject to supervision for a minimum of **ONE YEAR** (four quarterly reports)<sup>4</sup> by a disciplinary panel-approved supervisor who is board-certified. The following terms apply:

(a) within **30 CALENDAR DAYS** after the completion of the courses described in condition 2, the Respondent shall provide the Panel with the name, pertinent professional background information of 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;

(b) 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;

(c) if the Respondent fails to provide a proposed supervisor's name within 30 calendar days from the effective date of the order, the Respondent's license shall be automatically suspended from the 31<sup>st</sup> day until the Respondent provides the name and background of a supervisor;

(d) 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;

---

<sup>4</sup> 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.



- (e) the supervision begins after the Panel approves the proposed supervisor;
- (f) the Panel will provide the supervisor with a copy of this Consent Order and any other documents the Panel deems relevant;
- (g) 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;
- (h) if the supervisor for any reason ceases to provide supervision, the Respondent shall immediately notify the Board and shall not practice medicine beyond the 30<sup>th</sup> 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;
- (i) it shall be the Respondent's responsibility to ensure that the supervisor:
- i. reviews the records of 10 patients each month, such patient records to be chosen by the supervisor and not the Respondent;
  - ii. meets in-person or virtually<sup>5</sup> 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;
- (j) the Respondent shall follow any recommendations of the supervisor; and
- (k) 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; and it is further

---

<sup>5</sup> The meeting may take place virtually during a state of emergency.

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

**ORDERED** that a violation of probation constitutes a violation of the Consent Order;

**ORDERED** that, after the Respondent has complied with all terms and conditions or probation, after the minimum period of probation imposed by the Consent Order has passed, and after the Respondent's supervisor has submitted to the Board four 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 Respondent's probation may be administratively terminated through an order of the 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 or her designee signs the Consent Order on behalf of the disciplinary panel which has imposed the terms and conditions of this Consent Order; and it is further

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

07/21/2022  
Date

## *Signature On File*

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

### CONSENT

I, Robert James Ball, M.D., am aware of my right to consult with and be represented by counsel in considering this Consent Order and in any proceedings that would otherwise result from the charges currently pending. I have chosen to proceed without counsel, and I acknowledge that the decision to proceed without counsel is freely and voluntarily made.

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

7-12-22  
Date

Robert James Ball, M.D.  
Respondent

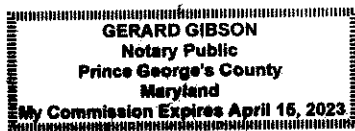
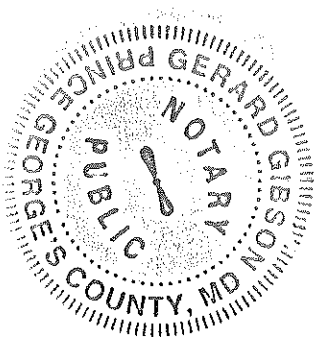
### NOTARY

STATE OF Maryland

CITY/COUNTY OF Prince Georges

I HEREBY CERTIFY that on this 12<sup>th</sup> day of July, 2022, before me, a Notary Public of the foregoing State and City/County, did personally appear Robert James Ball, M.D., and made oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

AS WITNESSTH my hand and seal.



[Signature]  
Notary Public

My commission expires: 04/15/2023