IN THE MATTER OF	*	BEFORE THE
HAROON I. HAMEED, M.D.	*	MARYLAND STATE BOARD
Respondent	*	OF PHYSICIANS
License Number: D63269	*	Board Case Number: 2221-0004

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

FINAL DECISION AND ORDER

On November 5, 2020, Disciplinary Panel B ("Panel B") of the Maryland State Board of Physicians (the "Board"), pursuant to Md. Code Ann., State Gov't § 10-226(c)(2), issued an Order for Summary Suspension of License to Practice Medicine against Haroon I. Hameed, M.D. (the "Respondent"). And, on November 6, 2020, Panel B issued Charges Under the Maryland Medical Practice Act ("charges") against the Respondent. Under the charges, the Respondent was charged with: unprofessional conduct in the practice of medicine, *see* Md. Code Ann., Health Occ. § 14-404(a)(3)(ii); professional, physical, or mental incompetence, Health Occ. § 14-404(a)(4); habitual intoxication, Health Occ. § 14-404(a)(7); addiction to or habitual abuse of any narcotic or controlled dangerous substance ("CDS"), Health Occ. § 14-404(a)(8); providing professional services while under the influence of alcohol or while abusing any narcotic or CDS or other drug, Health Occ. § 14-404(a)(9).

On November 19, 2020, after a post-deprivation hearing, Panel B continued the summary suspension of the Respondent's license.

On May 6, 7, 18, and 19, 2021, an evidentiary hearing was held before an Administrative Law Judge ("ALJ") of the Office of Administrative Hearings ("OAH") on the charges and on the Order for Summary Suspension. On July 29, 2021, the ALJ issued a Proposed Decision, finding that the Respondent: was guilty of unprofessional conduct in the practice of medicine; is addicted

to or habitually abused any narcotic or CDS; and provided professional services while under the influence of alcohol or while using any narcotic or CDS or other drug in excess of therapeutic amounts or without valid medical indication. The ALJ also found that the charges of professional, physical, or mental incompetence and habitual intoxication were not proven. Concerning the summary suspension, the ALJ found that it was properly issued but that the Respondent no longer posed a substantial likelihood of risk of serious harm to the public, safety, or welfare and, therefore, the summary suspension should be reversed. As a sanction for the charges, the ALJ proposed that the Respondent's license to practice medicine in Maryland be suspended until he is in treatment and has been abstinent for six months, and, based upon his condition and efforts to remedy his issues, that he be allowed to immediately petition the Board for the reinstatement of his suspended license.

The State filed exceptions to the ALJ's proposed decision, arguing that Board Disciplinary Panel A ("Panel A" or the "Panel") should conclude that the Respondent violated all of the charged grounds, thus Panel A should reject the ALJ's conclusions concerning professional, physical, or mental incompetence and habitual intoxication and that the ALJ erred by reversing the summary suspension. The Respondent did not file exceptions but did file an opposition to the State's exceptions.

On October 6, 2021, Panel A held a hearing on the exceptions in which both the State and the Respondent presented argument.

FINDINGS OF FACT

Panel A finds the following facts were proven by the preponderance of evidence:

1. The Respondent was initially licensed to practice medicine in the State of Maryland, on June 3, 2005, under license D63269, and his license has been renewed at every renewal period. The Respondent's most recent license states that it expires on September 30, 2022.

2. The Respondent is board-certified in physical medicine and rehabilitation. The Respondent has practiced medicine for a medical practice (the "Practice") in Maryland. The Practice provides pain management consultations for patients, prescriptions for pain medications, and surgical interventions to relieve pain.

3. The Practice provides treatment to approximately 25 to 30 patients each day at each of its offices in Maryland in which the Respondent generally was assigned.

4. On or about March 15, 2011, the Respondent was charged with driving while impaired by alcohol ("DWI") for which he later received probation before judgment ("PBJ").

5. The Respondent had a blood alcohol content level of 0.11 g/dL when the police stopped him for speeding at a rate of 77 mph in a posted 45 mph zone on March 15, 2011. The Respondent did not immediately report the PBJ for DWI to the Board.

6. Between December 23, 2015, and January 2017, and then from October 2019 until May 20, 2020, the Respondent was prescribed opioid pain medication by pain management professionals in order to treat pain related to conditions that required hip replacement surgery.

7. In or about the Spring 2016, at the Practice, a medical assistant working with the Respondent reported to Nurse 1 that she believed that the Respondent was drunk because the room smelled of alcohol. Nurse 1 asked the Respondent if he had drunk alcohol that day. The Respondent denied drinking that day but stated that he did drink alcohol the night before. Nurse 1 called her manager, and the Respondent was cleared to continue working that day. The Respondent treated patients that day.

8. On an unspecified date in 2019, the Respondent obtained a prescription for the opioid oxycodone, a CDS, to help manage pain from his treating physician, who was also his supervisor (the "Supervisor") at the Practice. He later obtained additional prescriptions from physician assistants who worked the Practice.

9. On June 3, 2020, the Board received a complaint alleging that the Respondent had performed a radiofrequency ablation instead of a cervical facet block on a patient ("Patient A") on August 28, 2019.

10. The Respondent admits that he performed radiofrequency ablation instead of a cervical facet block on August 28, 2019.

11. On August 28, 2019, while Patient A was still sedated from the radiofrequency ablation procedure, the Respondent asked Nurse 2 to change the informed consent form to state that Patient A had consented to radiofrequency ablation rather than a cervical facet block, which is the procedure that Patient A had consented to. Nurse 2 told the Respondent that she would not change the consent form and that he should go speak to the patient and tell her what happened. After speaking with an executive officer of the Practice, the Respondent again asked Nurse 2 to change the informed consent form, and she refused. The Respondent changed the informed consent form by adding a slash and "RFA" to the form. The Respondent did not have the patient acknowledge the change by signing the form. The Respondent noted the error in the patient's medical record but did not fill out an incident report.

12. The Respondent reported that Patient A was satisfied with the treatment provided and the resulting pain relief from the radiofrequency ablation.

13. On September 23, 2019, the Respondent was admitted to a hospital (the "Hospital") for abdominal and chest pain that had lasted for the preceding two to three days. The attending

doctor at the Hospital opined that a possible cause of the Respondent's condition was his alcohol abuse. The Respondent reported alcohol use of three drinks per day five days a week. The attending doctor prescribed oxycodone for the Respondent.

14. On an unspecified date, the Supervisor prescribed Lunesta, a medication to assist with sleep, for the Respondent. Lunesta is a CDS.

15. The Respondent reported that, between at least October 2019 and May 2020, he had a nightly habit of consuming alcohol in conjunction with Lunesta and oxycodone to help him sleep.

16. Nurse 3 began working at the Practice in October 2019. Nurse 3 worked with the Respondent approximately two times a week. Occasionally, patients would complain to Nurse 3 about the speed with which the Respondent was performing their procedure.

17. On November 19, 2019, Nurse 2 observed the Respondent in his vehicle in the parking lot of a liquor store 30 minutes after he had left work for the day. On November 20, 2019, the Respondent showed up to his assigned Practice location after 12:00 p.m., looking disheveled and with bloodshot eyes. He stated that he had slept through his alarms. Staff at the Practice cancelled all the morning appointments, and the Respondent treated patients in the afternoon.

18. On the night of February 16, 2020, the Respondent took oxycodone and Lunesta and drank alcohol prior to going to bed.

19. On February 17, 2020, at approximately 9:43 a.m., the Respondent was in the procedure room to treat a patient and was swaying. A Procedure Care Technician at the Practice instructed him to stop swaying so that she would not be stabbed with a needle. The Respondent completed the procedure, an epidural steroid injection, and Procedure Care Technician informed another person who worked at the Practice that the Respondent should not perform any more

procedures that day. The Respondent was not able to work on the patient's chart. At approximately 9:50 a.m., Nurse 2 told the Respondent that she needed to speak with him privately. Nurse 2 cancelled around 30 appointments that had been scheduled for that day.

20. On February 17, 2020, prior to orthopedic surgery, the Respondent was observed by Practice staff as unable to bear weight and keep his balance while attempting to extract medication from a vial with a syringe.

21. Practice staff privately questioned the Respondent as to whether he was impaired. The Respondent stated he was in extreme pain and became emotional.

22. Practice staff recommended that the Respondent discontinue treatment of patients for the day.

23. The Respondent performed no further procedures on February 17, 2020. Practice staff reported the incident to human resources.

24. The Respondent's medical condition required surgical intervention on February 20, 2020, which surgery was successfully performed by a board-certified orthopedic surgeon.

25. On April 27, 2020, the Respondent was admitted to the Hospital at 2:09 p.m. complaining of shortness of breath that had lasted for about 12 hours. He exhibited slightly slurred speech and appeared mildly intoxicated by alcohol, and lab results tested positive for oxycodone. The Respondent reported that he had at least three alcoholic drinks prior to his admission. The treating physician informed the Respondent of the danger of mixing alcohol and oxycodone.

26. On May 5, 2020, the Respondent overslept and arrived at work ten to fifteen minutes late.

27. The Respondent stated that he ingested 10 mg of oxycodone and 1.5 mg of Lunesta sometime in the night before to aid with sleep and pain.

28. The medication was prescribed by a medical professional to treat the Respondent's documented insomnia.

29. The Respondent reported that he consumed one to two alcoholic beverages the night before between 10:00 p.m. and 11:00 p.m.

30. According to the Respondent, when he arrived at a Practice facility, in the morning of May 5, 2020, he was impaired by sleep deprivation, use of a sleep aid in excess of the prescribed dose, and use of a Schedule II narcotic pain medication prescribed to alleviate his chronic pain. The Respondent did not see any patients that day.

31. On May 5, 2020, the Respondent displayed the following signs of intoxication while at the Practice location:

- slurred speech,
- stumbling,
- bloodshot and glassy eyes,
- disheveled appearance,
- pants falling down to reveal three to four inches of boxer shorts,
- inability to recognize Nurse 3,
- inability to properly put on facemask,
- inability to plug into his computer charger without assistance,
- inability to locate his cell phone,
- lighting multiple cigarettes on the wrong end, and
- almost falling out of chair while attempting to sit.

Nurse 2 asked the Respondent about a patient's lab results, but the Respondent was not able to follow up with the patient or Nurse 2. Nurse 2 helped the Respondent turn his computer on and

once his computer was on, he could access patient records. The Respondent could not figure out how to check in a patient's chart on the electronic medical system. Because of the Respondent's intoxication, all patients had to be rescheduled and no work was conducted that day.

32. On May 7, 2020, the Supervisor reviewed the company's policies and procedures manual with the Respondent, including those provisions related to the use of prescribed drugs. The Supervisor recommended that the Respondent discontinue the use of Schedule II and III substances.

33. Procedure records obtained by the Board from the Practice between February 2019 and June 2020 show that, when not out on medical leave, on average, Respondent would see more than 20 patients for procedures each day, three days per week. In the year leading up to his February 2020 surgery, Respondent performed close to approximately 3,000 patient procedures.

34. Between May and November 2020, the Respondent reported that he continued to drink at least two beers four to five times a week just before bed to help with sleep.

35. On May 10, 2020, the Respondent informed the Supervisor that he had discontinued all prescription pain medication except tramadol. The Respondent continued to drink alcohol.

36. On May 11, 2020, the Respondent resumed treating patients at the Practice with additional staff oversight.

37. On May 20, 2020, the Respondent saw a Practice physician assistant and stated that he took his last dose of oxycodone on May 14, 2020.

38. On an unspecified date in June or July 2020, a Practice Procedure Care Tech observed the Respondent in the office, and he had glassy eyes that were a little red and seemed "out of it." She did not report it to anyone else after a colleague instructed her not to.

39. In or around September 2020, the Respondent stopped taking tramadol.

40. Following an expected and protracted period of convalescence and rehabilitation following surgical intervention, the Respondent has fully recovered from his hip condition.

41. Beginning in August 2020, the Respondent has made extensive efforts to address the conditions and concerns at issue in this matter.

EXCEPTIONS

In the OAH proposed decision, concerning the charges, the ALJ concluded that the Respondent: was guilty of unprofessional conduct in the practice of medicine, *see* Health Occ. § 14-404(a)(3)(ii); is addicted to, or habitually abuses, any narcotic or CDS, *see* Health Occ. § 14-404(a)(8); provided professional services while under the influence of alcohol or while using any narcotic or CDS that is in excess of therapeutic amounts or without valid medical indication, *see* Health Occ. § 14-404(a)(9). The ALJ recommended dismissal of two charged grounds: (1) that the Respondent is professionally, physically, or mentally incompetent, Health Occ. § 14-404(a)(4); and that the Respondent habitually is intoxicated, Health Occ. § 14-404(a)(7). As a sanction, the ALJ recommended that the Respondent's medical license be suspended until the Respondent is in treatment and has been abstinent for six months.

Concerning the summary suspension, the ALJ concluded that the Board did not violate the emergency suspension provisions of the Administrative Procedure Act, State Gov't § 10-226(c)(2)(i), or the Board's regulations, COMAR 10.32.02.08B(7). The ALJ, however, also found that the Respondent's actions do not pose a substantial likelihood of risk of serious harm to the public health, safety, or welfare, and recommended that the summary suspension be reversed.

The Respondent did not take exception to the ALJ's proposed decision, while the State took exception to three findings of the ALJ. The State took exception to the ALJ's conclusions that the Respondent was not professionally, physically, or mentally incompetent and that the

Respondent is not habitually intoxicated. The State also took exception to the ALJ's recommendation that the summary suspension order be reversed.

a. Is the Respondent professionally, physically, or mentally incompetent?

The State contends that the ALJ erred by concluding that the Respondent is not professionally, physically, or mentally incompetent. The State argues, essentially, that the Respondent was physically incompetent when he was intoxicated, which, the State maintains, was often. The Panel, however, is not convinced that the incompetency ground, Health Occ. § 14-404(a)(4), was intended to apply when a physician's intoxication occurs while practicing, or attempting to practice, medicine on only a couple of occasions. Of course, if a physician practices, or attempts to practice, medicine while intoxicated, the physician implicates other disciplinary grounds, such as Health Occ. § 14-404(a)(3)(ii) (unprofessional conduct in the practice of medicine) and § 14-404(a)(9) (providing professional services while under the influence of alcohol or while using a CDS is excess of therapeutic amounts or without valid medical indication). Thus, while the Respondent's intoxication when working subjects him to discipline by a Board panel, it did not render him incompetent for purposes of discipline under Health Occ. § 14-404(a)(4). The State's exception concerning Health Occ. § 14-404(a)(4) is denied.

b. Is the Respondent habitually intoxicated?

The State contends that the ALJ erred by concluding that the Respondent was not habitually intoxicated. *See* Health Occ. § 14-404(a)(7). The Panel agrees with the State and accepts the State's exception.

The Respondent was drinking alcohol until November 2020, when his license was summarily suspended. Certainly, consuming alcohol is not the same thing as being intoxicated, but, nonetheless, the charge of habitual intoxication was proven in this case. The significance of

the Respondent drinking alcohol until November 2020 is that the Respondent continued to drink after he was charged and pled guilty to driving while impaired by alcohol; after the Spring of 2016, when a nurse with whom he worked reported that she believed he was drunk at work (to which the Respondent replied that he had been drinking alcohol the night before); after September 2019, which was when he was admitted to a hospital for a medical condition of which the treating physician opined were probably associated with alcohol use (the Respondent reported at the time that he was drinking three alcoholic drinks per day five days a week); after February 2020, when he was intoxicated at work, resulting in approximately 30 patients' appointments being cancelled; after April 2020, when he was admitted to a hospital appearing mildly intoxicated by alcohol (the Respondent said that he had at least three drinks before going to the hospital); after May 5, 2020, when he was again intoxicated at work and all his patient visits had to be rescheduled; and then from May 2020 until November 2020 (when his license was summarily suspended), he reported a nightly habit of consuming alcohol in conjunction with Lunesta and oxycodone (reporting drinking at least two beers four to five times a week during this period).

The ALJ found that "the State has proven that the Respondent was intoxicated on three occasions: (1) March 15, 2011 (DUI incident); (2) April 27, 2020 (ER visit); and (3) May 5, 2020 (workplace incident). [The ALJ] conclude[d] that the three incidents of intoxication over the course of more than nine years is not sufficient to sustain the Board's charge that the Respondent is habitually intoxicated." The Panel does not accept this analysis.

First, the Panel does not accept the ALJ's finding that the Respondent was not intoxicated at work on February 17, 2020. The ALJ found that his swaying, crookedness walking, and stumbling that day could have been caused by hip problems he was having. The ALJ did acknowledge that the Respondent admitted to taking CDS and consuming alcohol the night before.

The ALJ noted that this alone does not establish that he was intoxicated. The Panel agrees that taking CDS and drinking alcohol does not automatically result in a finding intoxication, but one nurse who saw him that day testified that she believed that he was intoxicated that day at work.

Second, Nurse 2, who saw him that day, said, "he came stumbling down the hallway drunk," he "couldn't keep his eyes open," and he was "slurring his words." She further testified that he was "reeking of alcohol." The ALJ, however, did "not give any weight to this statement; instead, [the ALJ gave] greater weight to her written incident report because it was made closer in time to when the incident occurred[,]" and if he was truly "'reeking of alcohol,' this fact would have been reported" in her written incident report. Her written incident report said, however, that she told the Respondent that day that she could "smell alcohol on [his] breath." The ALJ's description of the nurse's written incident report should not have been a basis for rejecting the nurse's testimony. And still another nurse told Nurse 2 that the Respondent was "not right," and that "he's on something." After one procedure, the Respondent was told he could not continue working, and the remaining patient appointments were cancelled.

Third, and most significantly, putting aside for now his conduct at work on February 17, 2020, the ALJ relied too heavily on the Respondent's statements regarding his alcohol intake. Based upon his extensive alcohol use, taking place over at least nine years, it is implausible that he was only intoxicated on only three occasions during those nine years and that those three occasions only happened to occur when reported by a police officer, a physician at an ER, and the people who worked with him. The ALJ only found occasions of intoxication when there was extensively documented, dispositive proof of his intoxication. The Panel instead infers from the overwhelming evidence of his profound abuse of alcohol over at least nine years that he violated Health Occ. § 14-404(a)(7) based upon his habitual intoxication. In addition to the four specific

occasions when his intoxication was witnessed by people who documented the intoxication, the evidence shows circumstantially, and the Panel infers, that there were many more occasions that he was intoxicated. The ALJ unreasonably demanded the most exacting evidence for proof of intoxication when the preponderance of the evidence decisively demonstrated intoxication on a much larger scale than three isolated incidents. A finding of habitual intoxication was proven by a preponderance of evidence.

c. Should the order of summary suspension be reversed?

The ALJ concluded that the Board panel did not violate the laws and regulations governing summary suspensions by issuing the order of summary suspension of the Respondent's medical license on November 5, 2020. The ALJ, nonetheless, reversed the panel's order of summary suspension upon finding that, as of the dates of the evidentiary hearing before the Office of Administrative Hearings, the Respondent did not present a substantial likelihood of risk of serious harm to public health, safety, or welfare.

The State filed exceptions to the ALJ's reversal of the order of summary suspension, arguing that the issue before the ALJ was whether the summary suspension was properly issued when it was issued on November 5, 2020, and not whether the summary suspension should remain in effect based upon the Respondent's condition at the time of the evidentiary hearing before the ALJ.

The Respondent argues that ALJ correctly determined that the summary suspension order should not be continued as of the date of evidentiary hearing before the ALJ.[1] In any event, the Respondent filed with the Board a Petition to Reinstate his license.

[1] The Respondent also contends that the ALJ erred by finding that, when the summary suspension was initially imposed, the summary suspension was justified.

The Panel grants the State's exception. The issue before the ALJ on the summary suspension was whether the summary suspension was imperatively required when it was issued, *see Board of Physician Quality Assurance v. Mullan,* 381 Md. 157, 171-73 (2004), not whether the summary suspension should remain in effect based the Respondent's condition at the time of the evidentiary hearing.

The information, however, that the ALJ mostly relied upon to reverse the summary suspension was relevant to the sanction imposed for the Respondent's violation of the § 14-404(a) disciplinary grounds.

Pertaining to the order for summary suspension, issued on November 5, 2020, the Panel concludes that the summary suspension of the Respondent's license was imperatively required in order to protect the health, safety, and welfare of the public, and is affirmed. Panel A, however, terminates the order for summary suspension, because the Panel has determined the appropriate sanction for the Respondent's violation of § 14-404(a)(3)(ii), (7), (8), and (9) of the Health Occupations Article.

CONCLUSIONS OF LAW

Panel A concludes that the Respondent: was guilty of unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii); is habitually intoxicated, in violation of Health Occ. § 14-404(a)(7); is addicted to, or habitually abuses, any narcotic or CDS as defined in § 5-101 of the Criminal Law Article, in violation of Health Occ. § 14-404(a)(8); and provided professional services while under the influence of alcohol or while using any narcotic or CDS, as defined in § 5-101 of the Criminal law Article, or other drug that is in excess of therapeutic amounts or without valid medical indication, in violation of Health Occ. § 14-404(a)(9).

Panel A dismisses the charge that the Respondent is professionally, physically, or mentally incompetent, Health Occ. § 14-404(a)(4).

Further, Panel A concludes that the summary suspension of the Respondent's license was imperatively required to protect the health, safety, and welfare of the public. *See* State Gov't § 10-226(c)(2); COMAR 10.32.02.08. Panel A concludes that, because of the suspension imposed by this Order pursuant to the charges, the summary suspension of the Respondent's license is terminated as moot.

SANCTION

The ALJ recommended that the Respondent's license should be suspended until he is in treatment and has been abstinent for six months. The ALJ further provided that the Respondent should be given the opportunity to petition the Board for reinstatement immediately after the final decision is issued.

The Panel is impressed with the extensive efforts the Respondent has made to address its concerns, but without independent confirmation of the Respondent's fitness to practice medicine, the Panel finds that a suspension and enrollment in the Maryland Professional Rehabilitation Program ("MPRP") are necessary to ensure to the Panel that the Respondent is ready to return to the practice of medicine in Maryland. At this point, considering the fact that the Respondent's conduct at issue is fairly recent and the Respondent did not take the significant steps to address the conduct until his license was summarily suspended, the Panel maintains significant concerns concerning the Respondent's fitness to practice which should be assessed by MPRP. Therefore, the Panel is ordering that the Respondent enroll in MPRP for evaluation and treatment. The suspension will be terminated if the Panel determines that a suspension is no longer necessary, which will be after MPRP finds it is safe for the Respondent to return to practice. The Panel is not

imposing a minimum period of suspension. Upon the termination of the suspension, the Respondent will be placed on probation for a minimum period of three years, and the Respondent will remain enrolled in MPRP.

ORDER

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

ORDERED that the Respondent Haroon I. Hameed, M.D., is **REPRIMANDED**; and it is further

ORDERED that the Order of Summary Suspension pertaining to the Respondent, issued on November 5, 2020, pursuant to State Gov't § 10-226(c)(2), is affirmed but **TERMINATED** as moot based upon the disposition of the November 6, 2020 charges, which is set forth in this Final Decision and Order; and it is further

ORDERED that the Respondent's Petition to Reinstate License is denied; and it is further

ORDERED that, pursuant to Health Occ. § 14-404(a)(3)(ii), (7), (8), (9), the Respondent's license to practice medicine is **SUSPENDED.**[2] During the suspension, the Respondent shall not:

(1) practice medicine;
(2) take any actions to hold himself out to the public as a current provider of medical services;
(3) 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;
(4) function as a peer reviewer for the Board or for any hospital or other medical care facility in the State;
(5) prescribe or dispense medications; or
(6) perform any other act that requires an active medical license; and it is further

ORDERED that, during the suspension, the Respondent shall enroll in the Maryland Professional Rehabilitation Program as follows:

[2] If the Respondent's license expires while he is on suspension, the suspension and suspension conditions will be tolled.

(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 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 to MPRP. 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 verbal and written information concerning the Respondent and to ensure that MPRP is authorized to receive the health care records of the Respondent. The Respondent shall not withdraw his release/consent; and

(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 Order; and it is further

ORDERED that a violation of suspension constitutes a violation of this Order; and it is further

ORDERED that, after a disciplinary panel finds that the Respondent is safe to practice medicine, which may be found after MPRP has notified the Board that MPRP has determined that it is safe for the Respondent to return to the practice of medicine, and if the Respondent has complied with the terms and conditions of suspension, the suspension will be terminated through an order of the disciplinary panel; and it is further

ORDERED that, upon the termination of the suspension imposed by this Final Decision and Order, the Respondent will be placed on **PROBATION** for a minimum period of **THREE**

YEARS.[3] During probation, the Respondent shall comply with the following terms and conditions of probation:

1. The Respondent shall remain enrolled in the Maryland Professional Rehabilitation Program as follows:

(a) 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;

(b) 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 to MPRP. The Respondent shall not withdraw his release/consent;

(c) 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 verbal and written information concerning the Respondent and to ensure that MPRP is authorized to receive the health care records of the Respondent. The Respondent shall not withdraw his release/consent; and

(d) 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 Order; it is further

ORDERED that, after the Respondent has complied with all terms and conditions of probation and the minimum period of probation imposed by the Order has passed, the Respondent may submit to the Board a written petition for termination of probation. After consideration of the petition, the probation may be terminated through an order of the disciplinary panel. The Respondent may be required to appear before the disciplinary panel to discuss his petition for termination. The disciplinary panel will grant the petition to terminate the probation, through an order of the disciplinary panel, if the Respondent has complied with all probationary terms and

[3] If the Respondent's license expires while the Respondent is on probation, the probationary period, and any probationary conditions, will be tolled.

conditions and there are no pending complaints with the Board related to the Respondent's conduct in the practice of medicine; and it is further

ORDERED that the Final Decision and Order goes into effect upon the signature of the Executive Director of the Board, which constitutes the filing of the Final Decision and Order. The Executive Director signs the Final Decision and Order on behalf of Board Disciplinary Panel A; and it is further

ORDERED that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Order; and it is further

ORDERED that, if the Respondent allegedly fails to comply with any term or condition imposed by this Order, the Respondent shall be given notice and an opportunity for a hearing. If a 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 a 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 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 Final Decision and Order is a public document. *See* Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

Signature on File

11/01/2021
Date

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

NOTICE OF RIGHT TO APPEAL

Pursuant to § 14-408(a) of the Health Occupations Article, the Respondent has the right to seek judicial review of this Final Decision and Order. Any petition for judicial review must be filed within 30 days from the date this Final Decision and Order was sent to the Respondent. The Final Decision and Order was sent on the date of the cover letter accompanying the Final Decision and Order. The petition for judicial review must be made as directed in the Maryland Administrative Procedure Act, Md. Code Ann., State Gov't § 10-222, and Maryland Rules 7-201 *et seq.*

If the Respondent petitions for judicial review of this Final Decision and Order, the Board is a party and should be served with the court's process. In addition, the Respondent should send a copy of the petition for judicial review to the Board's counsel, David Wagner, Assistant Attorney General, Office of the Attorney General, 300 W. Preston Street, Suite 302, Baltimore, Maryland 21201. The administrative prosecutor is not involved in the circuit court process and does not need to be served or copied on pleadings filed in circuit court.