

IN THE MATTER OF  
TIFFANY A. MAPP, D.O.,  
Respondent

License Number: H78302

\* BEFORE THE  
\* MARYLAND STATE  
\* BOARD OF PHYSICIANS  
\* Case Number: 2223-0136A

\* \* \* \* \*

**CONSENT ORDER**

On December 6, 2024, Disciplinary Panel A (“Panel A”) of the Maryland State Board of Physicians (the “Board”) charged **TIFFANY A. MAPP, D.O.**, (“the Respondent”), License Number H78302, under the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. (“Health Occ.”) §§ 14-101 *et seq.* (2021 Repl. Vol. & 2023 Supp.). The Respondent was charged under the following provision of the Act:

**Health Occ. § 14-404. License denial, suspension, or revocation.**

- (a) Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:
  - (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[.]

On March 12, 2025, Panel A 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 A finds:

### **I. Background**

1. At all relevant times, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was initially licensed to practice on July 31, 2014, under license number H78302. The Respondent's license is presently active and expires on September 30, 2025.

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

3. From on or about March 4, 2016 to on or about June 13, 2023, the Respondent had obstetrics privileges at a healthcare facility (the "Facility")<sup>1</sup> in Prince George's County, Maryland.

### **II. Mandated 10-Day Report**

4. On or about March 16, 2023, the Board received a Mandated 10-Day Report<sup>2</sup> (the "Report") from the Facility, which alleged that the Respondent was suspended on March 13, 2023 for investigation of the clinical care of a patient.

### **III. Board Investigation**

5. Based on the March 16, 2023 Report, the Board initiated an investigation of the Respondent.

6. As part of its investigation, the Board issued *subpoenas duces tecum* to the Facility for the Respondent's Quality Assurance/Risk Management file (the "QA file") and for the medical records for three of the Respondent's patients. The Facility provided the Board with the requested documents on or about April 7, 2023 and January 18, 2024, respectively.

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<sup>1</sup> To ensure confidentiality and privacy, the names of individuals, patients and institutions involved in this case are not disclosed in this Order.

<sup>2</sup> See Md. Code Ann., Health Occ. § 14-413(a)(1)(i)-(iv) (describing Mandated 10-Day Reports generally).

7. By letter dated July 7, 2023, the Board provided the Respondent with a copy of the Report and requested that the Respondent provide a written response to the allegations contained in the Report.

8. By letter dated July 21, 2023, the Respondent provided her written response in which she stated the following in part:

- a. On March 29, 2022, the Respondent performed a tubal ligation<sup>3</sup> without the written consent of the patient (“Patient 1”), after which the Facility placed the Respondent on a performance improvement plan (“PIP”);
- b. On March 1, 2023, the Respondent treated a patient (“Patient 3”) who had a previous Cesarean section and desired a trial of labor. After receiving an epidural, Patient 3’s fetal heart tracing<sup>4</sup> transitioned from category one to category two, and she went from category two to category one “throughout the night.” At 8:00 p.m., the Respondent informed her colleague who would be performing the Cesarean section that Patient 3 needed to go to the operating room (“OR”).<sup>5</sup> The colleague asked if the Respondent could wait due to another procedure she needed to perform, and the Respondent said she could. The Respondent and her colleague took Patient 3 to the OR at 12:23 a.m.

9. On or about August 30, 2023, Board staff conducted an under-oath interview with the Chairman of the Department of Obstetrics and Gynecology at the Facility (“Physician A”). Physician A stated that he provided consultation for the Respondent for some of her high-risk, complicated patients.

10. Physician A stated that in March of 2022 the Respondent performed a tubal ligation on Patient 1 without Patient 1's consent, even though it was not an emergency procedure. According to Physician A, “there really was no immediate need or an emergent need to do the tubal ligation. In other words, it could have waited. It could have been done at a later date or a

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<sup>3</sup> Tubal ligation, also known as tubal sterilization, is a procedure in which the surgeon cuts and ties the fallopian tubes to permanently prevent pregnancy.

<sup>4</sup> Fetal heart tracing measures the heart rate and rhythm of a fetus.

<sup>5</sup> At this time, the Respondent’s privileges to perform Caesarian sections were suspended by the Facility.

later time once the patient had given consent.”

11. Physician A stated that the Respondent was placed on a PIP after this incident. One of the requirements of the PIP was that, if the Respondent had a patient that required a Cesarean section (“C-section”) after having two or more previous Cesarean sections, the Respondent had to do that C-section with a general obstetrician-gynecologist who had privileges to do C-sections for a year.

12. Physician A stated that on or about March 1, 2023, during a vaginal trial of labor<sup>6</sup> after a prior C-section, the Respondent continued administering Pitocin<sup>7</sup> to Patient 3, even though Patient 3 had non-reassuring fetal tracing<sup>8</sup> each time she was given Pitocin. When Patient 3's fetal tracing returned to normal, the Respondent restarted the Pitocin. Physician A stated that “[t]his was going on pretty much all day[,]” and he “saw this happening.” As Physician A was leaving the Facility for the day, he advised the Respondent that Patient 3 “probably needs a C-section.” Physician A said the concern was that the Respondent did not recognize that Patient 3 needed a C-section much earlier.

#### **A. Peer Review**

13. On or about March 6, 2024, the Board transmitted the Report, documents received from the Facility including the QA File, the Respondent's written response, the transcript of the Board's under-oath interview with Physician A, and three patient medical records to a peer review entity for peer review. Two peer reviewers, each board-certified in obstetrics and gynecology, separately reviewed the materials.

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<sup>6</sup> A “vaginal trial of labor” refers to a planned attempt by a patient who has previously had a C-section to deliver vaginally during her current pregnancy

<sup>7</sup> Pitocin is a synthetic hormone medication that is delivered to a patient intravenously to help induce labor.

<sup>8</sup> “Non-reassuring fetal tracing” refers to an abnormal fetal heart rate, which may indicate that the fetus is not receiving enough oxygen.

14. On or about June 18, 2024, the Board received one of the peer reviewers' completed reports, and on or about July 12, 2024, the Board received the other peer reviewers' completed report.

15. The peer reviewers concurred that the Respondent failed to meet appropriate standards for the delivery of quality medical care for two out of three patients (Patients 1p and 3). The peer reviewers cited the following reasons, among others, for their conclusion that the Respondent did not meet the standards for the delivery of quality medical care:

- a. With respect to Patient 1, the peer reviewers concurred that after a repeat C-section, the Respondent performed a tubal ligation without obtaining Patient 1's informed consent, even though Patient 1 was stable and not bleeding, and the tubal ligation was not life-saving or urgently needed.
- b. With respect to Patient 3, the peer reviewers concurred that the Respondent resumed Pitocin infusion during a trial of labor after C-section ("TOLAC") despite non-reassuring fetal status as per the Respondent's assessment. Even after the Respondent decided to proceed with a repeat C-section at 8:00 p.m., the baby was not delivered until 1:11 a.m.

#### **B. The Respondent's Response**

16. On or about July 12, 2024, the Board provided the Respondent with copies of the peer reviewers' reports and requested that she submit a Supplemental Response. On or about July 31, 2024, the Respondent provided the Board with her Supplemental Response.

#### **CONCLUSIONS OF LAW**

Based on the foregoing Findings of Fact, Panel A concludes as a matter of law that the Respondent is guilty of failing 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, in violation of Health Occ. § 14-404(a)(22).

## **ORDER**

It is thus by a majority of a quorum of Disciplinary Panel A of the Board hereby:

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

**ORDERED** that the Respondent shall **PERMANENTLY** cease from performing as the primary surgeon on any obstetrical related surgical procedure. Should the Respondent complete a residency in OB-GYN, she may petition the Board to terminate this restriction; and it is further

**ORDERED** that on every January 31<sup>st</sup> thereafter if the Respondent holds a Maryland medical license, the Respondent shall provide the Board with an affidavit verifying that she has not performed as the primary surgeon on any obstetrical related surgical procedure in the past year; and it is further

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

- (1) there is a presumption that the Respondent has violated the permanent condition; and
- (2) the alleged violation will be adjudicated pursuant to the procedures of a Show Cause Hearing.

**AND IT IS FURTHER ORDERED** that the Respondent is placed on **PROBATION** for a minimum of **ONE YEAR**<sup>9</sup> During probation, the Respondent shall comply with the following terms and conditions of probation:

(1) Within **SIX (6) MONTHS**, the Respondent is required to take and successfully complete a course in **ethics and medical recordkeeping** The following terms apply:

- (a) it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the course before the course is begun;
- (b) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the course;
- (c) the course may not be used to fulfill the continuing medical education credits required for license renewal;
- (d) the Respondent is responsible for the cost of the course.

(2) The Respondent shall be subject to supervision by a disciplinary panel-approved supervisor who is board-certified in Obstetrics and Gynecology as follows:

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<sup>9</sup> If the Respondent's license expires during the period of probation, the probation and any conditions will be tolled.

- (a) within **30 CALENDAR DAYS** of the effective date of this Consent Order, the Respondent shall provide the disciplinary panel with the name, pertinent professional background information of the supervisor whom the Respondent is offering for approval, and written notice to the disciplinary 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 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 disciplinary 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;
- (e) the supervision begins after the disciplinary panel approves the proposed supervisor;
- (f) the disciplinary panel will provide the supervisor with a copy of this Consent Order and any other documents the disciplinary panel deems relevant;
- (g) the Respondent shall grant the supervisor access to patient records selected by the supervisor from a list of all patients, 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:
  - (1) reviews the records of ten (10) patients each month, such patient records to be chosen by the supervisor and not the Respondent;
  - (2) meets in-person with the Respondent at least once each month and discuss in-person with the Respondent the care the Respondent has provided for these specific patients;
  - (3) be available to the Respondent for consultations on any patient;
  - (4) maintains the confidentiality of all medical records and patient information;
  - (5) 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
  - (6) 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;
- (k) if the disciplinary 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 or her practice, the disciplinary panel may find a violation of probation after a hearing.

**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. The Executive Director signs the

Consent Order on behalf of the disciplinary panel which has imposed the terms and conditions of this Consent Order; and it is further

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

**ORDERED** that, after the Respondent has complied with all terms and conditions of probation and the minimum period of probation imposed by the Consent Order has passed, the Respondent may submit to the Board a written petition for termination of probation. After consideration of the petition, the probation may be terminated through an order of the disciplinary panel. The Respondent may be required to appear before the disciplinary panel to discuss his or her petition for termination. The disciplinary panel may grant the petition to terminate the probation, through an order of the disciplinary panel, if the Respondent has complied with all probationary terms and conditions and there are no pending complaints relating to the charges; and it is further

**ORDERED** that, 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 Respondent is responsible for all costs incurred in fulfilling 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).

8/29/25  
Date

***Signature on file***

Ellen Douglas Smith, Deputy Director  
Maryland State Board of Physicians

## CONSENT

I, Tiffany A. Mapp, D.O., acknowledge that I have consulted with counsel before signing this document. By this Consent, I agree to be bound by this Consent Order and all its terms and conditions and understand that the disciplinary panel will not entertain any request for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 *et seq.* concerning the pending charges. I waive this right and have elected to sign this Consent Order instead.

I acknowledge the validity and enforceability of this Consent Order as if entered after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of the disciplinary panel to initiate these proceedings and to issue and enforce this Consent Order.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Order as a resolution of the charges. I waive any right to contest the Findings of Fact and Conclusions of Law and Order set out in the Consent Order. I waive all rights to appeal this Consent Order.

I sign this Consent Order, without reservation, and fully understand the language and meaning of its terms.

*Signature on file*

8/26/2025

Date

Tiffany A. Mapp, D.O.

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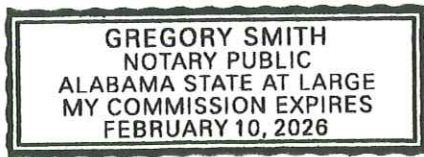
**NOTARY**

STATE OF Alabama

CITY/COUNTY OF Jefferson

I HEREBY CERTIFY that on this 26<sup>th</sup> day of August, 2025,  
before me, a Notary Public of the State and County aforesaid, personally appeared Tiffany A. Mapp,  
D.O., and gave oath in due form of law that the foregoing Consent Order was her voluntary act and  
deed.

AS WITNESS, my hand and Notary Seal.



*Gregory Smith*  
Notary Public

My Commission Expires: February 10, 2026