

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

Respondent

License Number: H78302

* BEFORE THE
* MARYLAND STATE
* BOARD OF PHYSICIANS
* Case Number: 2224-0178 A

* * * * *

CONSENT ORDER

On June 4, 2025, 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. & 2024 Supp.). The Respondent was charged under the following provision of the Act:

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

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

(3) Is guilty of:

...

(ii) Unprofessional conduct in the practice of medicine;

....

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

....

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

On August 13, 2025, Panel A was convened as a Disciplinary Committee for Case Resolution (“DCCR”) in this matter. Based on negotiations occurring as a result of this DCCR, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law, Order, and Consent.

FINDINGS OF FACT

Panel A finds:

I. BACKGROUND

1. At all times relevant hereto, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent initially became licensed to practice medicine in Maryland 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. Since on or about August 20, 2020, the Respondent has practiced obstetrics at her private medical office (the “Medical Office”)¹ in Prince George’s County, Maryland.

II. BOARD INVESTIGATION

4. On or about May 10, 2024, the Board received a complaint (the “Complaint”) from a physician (“Physician A”) at a hospital in Washington, D.C. (“Hospital A”), which alleged that at approximately 9:00 a.m. on May 10, 2024, the Respondent arrived at

¹ For confidentiality and privacy purposes, the names of individuals and health care facilities involved in this case are not disclosed in this Consent Order.

Hospital A via her personal car with one of her patients (“Patient 2”) and a newborn. Physician A alleged that the Respondent may have intentionally delivered Patient 2’s baby in her Medical Office earlier that day.

5. Based on the Complaint, the Board initiated an investigation into the Respondent. By letter dated October 4, 2024, the Board provided the Respondent with a copy of the Complaint and requested that the Respondent provide a written response to the allegations. With the letter, the Board enclosed *subpoenas duces tecum* for Patient 2’s medical and billing records and for a list of the Respondent’s obstetric patients from January 1, 2024 to October 4, 2024 with the patient name, date, and location of delivery.

6. On or about October 21, 2024, the Respondent provided the Board with her written response and the requested patient list, which revealed that six of the Respondent’s patients (“Patients 1 - 6”) delivered babies in the Medical Office since January 1, 2024, including Patient 2.

7. Pursuant to its investigation, the Board obtained the medical and billing records for the five other patients who delivered their babies in the Medical Office. The Board also obtained the medical records for Patient 2 from Hospital B. Additionally, Board staff conducted an under-oath interview of the Respondent on November 21, 2024.

III. THE RESPONDENT’S INTERVIEW

8. In her November 21, 2024 interview with Board staff, the Respondent stated in part:

- a. The Respondent keeps medications including Pitocin,² Cytotec,³ Vitamin K,⁴ Azithromycin,⁵ TXA,⁶ and Methergine⁷ in her Medical Office;
- b. The Respondent keeps approximately three emergency delivery trays⁸ in her Medical Office;
- c. The Respondent instructs her patients to call her if they are in labor, rather than go to the hospital;
- d. The Respondent stated that her patients “all know, and I tell them all the time, if you have any leakage of fluid, any vaginal bleeding, any contractions that are less than five minutes apart or you don’t feel the baby move, I’ll say, ‘what are you supposed to do? Call Dr. Mapp. So they call me.’” She continued, “[T]hey know if 3:00 in the morning and any of those things happen, they call me and I bring them to the office. I evaluate them. And then if they need to go to hospital [*sic*], I call the hospital and say hey, you know.”
- e. When delivering babies at her Medical Office, the Respondent’s contingency plan for fetal distress or an emergency Caesarean Section (“C-section”) is to call “9-1-1.”

IV. PEER REVIEW

9. Pursuant to its investigation, the Board referred the medical and billing records and other relevant documents to a peer review entity for review. Two peer

² Pitocin is a synthetic hormone that is commonly used to induce labor in pregnant women.

³ Cytotec is the brand name for misoprostol, which is a medication that can be used to induce labor or to manage postpartum bleeding.

⁴ Vitamin K is commonly given to newborns to help the blood clot.

⁵ Azithromycin eye drops are commonly given to newborns to prevent or treat eye infections.

⁶ TXA is tranexamic acid, which is a medication that can help control bleeding after childbirth.

⁷ Methergine is a medication that is commonly used to manage bleeding after childbirth.

⁸ An emergency delivery tray is a pre-packaged set of essential supplies needed to facilitate delivery.

reviewers, each board-certified in obstetrics and gynecology, separately reviewed the materials.

10. On or about April 30, 2025, the Board received both of the peer reviewers' completed reports. The peer reviewers independently concurred that the Respondent failed to meet appropriate standards for the delivery of quality medical care for six out of six patients whose charts were reviewed ("Patients 1 - 6"). The peer reviewers cited the following reasons, among others, for their conclusion that the Respondent did not meet the standards for the delivery of quality medical care:

- a. The Respondent regularly plans for and performs obstetric deliveries in her outpatient Medical Office, even for patients with high-risk pregnancies (Patients 1 - 6);
- b. The Respondent actively augments patients to deliver in her outpatient Medical Office without plans for hospital admissions (Patients 1, 5);
- c. The Respondent fails to consistently advise patients to go to the nearest hospital when it is clinically indicated, even when there is time for the patient to do so before delivery (Patients 1 - 6);
- d. The Respondent fails to conduct fetal tracing, fetal monitoring, or maternal monitoring during the deliveries in her Medical Office (Patients 1 - 6);
- e. The Respondent fails to adequately monitor obstetric conditions during delivery at her Medical Office, including Group B streptococcus ("GBS"), anemia, and gestational diabetes (Patients 1, 2, and 6);
- f. The Respondent fails to counsel patients on the risks of delivering in the community setting (Patients 1 - 6).

11. The peer reviewers also independently concurred that the Respondent failed to maintain adequate medical records for six out of six patients. In support thereof, the peer reviewers cited the following reasons, among others:

- a. The Respondent maintains inconsistent clinical notes. For example, six months after delivery, the Respondent deleted documentation from Patient 1's clinical notes that the Respondent placed a Cook Catheter⁹ and administered misoprostol to Patient 1; however, the Respondent's invoice to Patient 1 has a charge for "instrumental cervical dilation" for \$245.00 (Patients 1, 5, 6);
- b. The Respondent fails to adequately document the monitoring of obstetric conditions during delivery at her Medical Office, including GBS, anemia, and gestational diabetes (Patients 1, 2, and 6);
- c. The Respondent fails to document fetal tracing, fetal monitoring, or labor progress (Patients 1 - 6);
- d. The Respondent fails to document maternal monitoring, despite between seven to 13 hours of "face-to-face" time with patients (Patients 1 - 6);
- e. The Respondent fails to document her communications with patients before they arrive at her Medical Office, even when they arrive outside of normal business hours at, for example, 2:30 a.m. or 4:45 a.m. (Patients 1 - 6);
- f. The Respondent fails to consistently document that she advises patients to go to the hospital and fails to document attempts to transfer patients to the hospital (Patients 1 - 6).

12. On or about April 30, 2025, the Board provided the peer reviewers' reports to the Respondent and gave her an opportunity to review and provide a Supplemental Response to the reports. The Respondent provided her Supplemental Response to the Board

⁹ A Cook catheter is a type of balloon catheter that is used for cervical ripening before labor induction.

on or about May 19, 2025 in which she stated in part, “I believe where I deter from most is that I have my patients to call me if they fell [*sic*] symptoms of labor.”

13. On or about May 21, 2025, one of the peer reviewers (“Peer Reviewer 2”) submitted an addendum (the “Addendum”) to her April 30, 2025 report to the Board. In the Addendum, Peer Reviewer 2 stated in part:

- a. Outpatient deliveries “carry elevated risks of perinatal death, neonatal seizures, and neurologic dysfunction[;]” however, “[t]here is no documented evidence of patient counseling regarding the increased risks[;]”
- b. The “records reveal an absence of recommended additional personnel during deliveries” to address potential complications, and “it remains unclear whether the clinical space is adequately equipped with neonatal resuscitative equipment[;]”
- c. The Respondent does not have a “formal transfer agreement” in place with a nearby hospital, which is “essential” for emergency protocol;
- d. It is unclear whether the Respondent maintains malpractice insurance coverage for obstetrical services, which is a fundamental requirement for the provision of this care in Maryland;
- e. The Respondent’s “clinical judgment and professional conduct present a demonstrable risk to the health, safety, and welfare of the public. Accordingly, a summary suspension of [the Respondent’s] license is recommended to mitigate any further risk to public safety.”

CONCLUSIONS OF LAW

Based on the foregoing findings of fact, Disciplinary Panel A concludes as a matter of law that the Respondent is guilty of unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii); failed 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 locations in this 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, on the affirmative vote of the quorum of Disciplinary Panel A of the Board, hereby:

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

ORDERED that the Respondent is **PERMANENTLY PROHIBITED** from delivering babies in an outpatient setting; and it is further

ORDERED that on every January 31st thereafter if the Respondent holds a Maryland medical license, the Respondent shall provide the Board with an affidavit verifying that the Respondent has not delivered any babies in an outpatient setting in the past year; and it is further

ORDERED that if the Respondent fails to provide the required annual verification of compliance with these conditions:

- (1) There is a presumption that the Respondent has violated this 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 Order for the Summary Suspension of License to Practice Medicine (“Order for Summary Suspension”) issued against the Respondent, on May 30,

2025, and affirmed on June 12, 2025, is terminated as moot based on the suspension ordered in this Consent Order; and it is further

ORDERED that the Probation and terms of probation in the Consent Order, Case Number 2223-0136A, are terminated as moot based on the terms of probation in this Consent Order, but the Reprimand, the **PERMANENT PROHIBITION** on performing as the primary surgeon on any obstetrical related surgical procedure, and the annual verification of compliance with the permanent prohibition shall remain in effect; and it is further

ORDERED that the Respondent's license to practice medicine in Maryland is **SUSPENDED**¹⁰ for a minimum period of **THREE (3) MONTHS**¹¹ from the effective date of this Consent Order and until a supervisor board certified in Family Practice with current experience in Obstetrics practice is approved by the disciplinary panel as follows:

1. Within **FORTY-FIVE (45) DAYS** from 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;

¹⁰ During the suspension period, the Respondent shall not:

- (a) practice medicine;
- (b) take any actions after the effective date of this Order to hold herself out to the public as a current provider of medical services;
- (c) authorize, allow or condone the use of the Respondent's name or provider number by any health care practice or any other licensee or health care provider;
- (d) function as a peer reviewer for the Board or for any hospital or other medical care facility in the state;
- (e) prescribe or dispense medications; or
- (f) perform any other act that requires an active medical license.

¹¹ If the Respondent's license expires during the period of the suspension, the suspension and any conditions of suspension, will be tolled.

2. The Respondent's proposed supervisor, to the best of the Respondent's knowledge, shall not be an individual who is currently under investigation, and shall not have been disciplined by the Board within the past five years;
3. 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;
4. The supervision begins after the disciplinary panel approves the proposed supervisor, and after the disciplinary panel has agreed to terminate the suspension;
5. The disciplinary panel will provide the supervisor with a copy of this Consent Order and any other documents the disciplinary panel deems relevant; and it is further

ORDERED that after the minimum period of suspension has passed and after receiving the Panel's approval of a supervisor, the Respondent may submit to the Board a written petition for termination of suspension. Following a determination that the Respondent has fully and satisfactorily complied with the terms of the suspension, the disciplinary panel may administratively terminate the Respondent's suspension through an order of the disciplinary panel; and it is further

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

ORDERED that a violation of suspension constitutes a violation of the Consent

Order; and it is further

ORDERED that upon termination of the suspension, the Respondent is placed on probation for a minimum period of **THREE (3) YEARS**.¹² During the probationary period, the Respondent shall comply with the following probationary terms and conditions:

(1) Within **SIX (6) MONTHS** of the effective date of this Consent Order, the Respondent is required to take and successfully complete courses 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 courses before the courses have begun;
- (b) the Respondent must provide documentation to the disciplinary 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;
- (d) the Respondent is responsible for the cost of the courses.

(2) The Respondent shall be subject to supervision for the entire duration of probation by the supervisor approved by the disciplinary panel who is board-certified in Family Practice with current experience in Obstetrics practice as follows:

- (a) The Respondent shall grant the supervisor access to patient records selected by the supervisor, which shall, to the extent practicable, focus on the care and treatment at issue in the Respondent's charges;
- (b) If the supervisor ceases to provide supervision for any reason, the Respondent shall immediately notify the Board and shall not practice medicine beyond the 30th day after the supervisor has ceased to provide supervision and until the Respondent has submitted the name and

¹² If the Respondent's license expires during the period of probation, the probation and any conditions of probation, will be tolled.

professional background, and written notice of confirmation, from a proposed replacement supervisor to the disciplinary panel;

(c) It shall be the Respondent's responsibility to ensure that the supervisor:

(i) Reviews the records of **ten (10) patients** each month, such patient records shall include up to ten obstetrics cases with the remainder in other areas of her practice to be chosen by the supervisor and not the Respondent;¹³

(ii) Meets in-person with the Respondent at least once each month and discusses in-person 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 **four (4) quarterly reports ANNUALLY** during the three-year probationary period, for a **total of twelve (12) 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;

(d) The Respondent shall follow any recommendations of the supervisor;

(e) 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 her practice, the disciplinary panel may find a violation of probation after a hearing.

¹³ For example, if Respondent treats four patients during the time-period in obstetrics, those four would be reviewed along with six other randomly selected patients. If Respondent treats no patients in obstetrics, all ten would be randomly selected by the supervisor. If more than ten patients are treated in obstetrics, the review shall include a random selection from those obstetrics patients.

(3) Within **TWO (2) YEARS** of the effective date of this Consent Order, the Respondent shall pay a civil fine of **SEVENTY-FIVE HUNDRED DOLLARS (\$7,500.00)**. 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 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; and it is further

ORDERED that this Consent Order shall not be amended or modified, and future requests for modification will not be considered by the Board or a disciplinary panel; 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 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 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, suspend the Respondent's license 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)(2021 Repl. Vol.) and Gen. Prov. § 4-333(b)(6)(2019 Repl. Vol.)

Signature on file

9/2/2025
Date

Ellen Douglas Smith
Deputy Director

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. 11

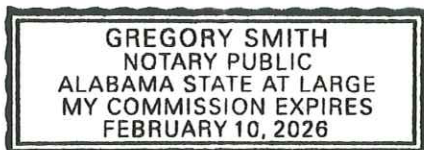
NOTARY

STATE OF Alabama

CITY / COUNTY OF Jefferson

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

AS WITNESSETH my hand and notarial seal.



[Signature]

Notary Public

My Commission expires: February 10, 2026