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On June 24, 2025, Disciplinary Panel B (“Panel B”) of the Maryland State Board of Physicians (the “Board”) charged **MATEO BETANCOURT, D.O.** (the “Respondent”), license number H0101595, under the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occupations (“Health Occ.”) §§ 14-101 *et seq.* (2021 Repl. Vol. & 2024 Supp.).

Panel B charged the Respondent with violating the following statutory and regulatory provisions:

Health Occ. § 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:

• • •

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

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

- (3) Is guilty of:
 - (i) Immoral conduct in the practice of medicine; [and]
 - (ii) Unprofessional conduct in the practice of medicine[.]

Panel B further charged the Respondent with violating the following provisions of the Act under Health Occ. § 1-212:

- (a) *Regulations* - Each health occupations board authorized to issue a license or certificate under this article shall adopt regulations that:
 - (1) Prohibit sexual misconduct; and
 - (2) Provide for the discipline of a licensee or certificate holder found to be guilty of sexual misconduct.
- (b) For the purposes of the regulations adopted in accordance with subsection (a) of this section, “sexual misconduct” shall be construed to include, at a minimum, behavior where a health care provider:
 - ...
 - (3) Has engaged in any sexual behavior that would be considered unethical or unprofessional according to the code of ethics, professional standards of conduct, or regulations of the appropriate health occupations board under this article.
- (c) Consequences of violations – Subject to the provisions of the law governing contested cases, if an applicant, licensee, or certificate

holder violates a regulation adopted under subsection (a) of this section a board may:

...

- (2) Reprimand the licensee or certificate holder;
- (3) Place the licensee or certificate holder on probation; or
- (4) Suspend or revoke the license or certificate.

The pertinent provisions of the Board's sexual misconduct regulations, COMAR 10.32.17 provide:

.01 Scope

This chapter prohibits sexual misconduct by health care practitioners.

.02 Definitions

...

B. Terms Defined.

- (1) "Health care practitioner" means an individual licensed under Health Occupations Article, Titles 14 and 15, Annotated Code of Maryland.

...

- (3) Sexual Contact.

(a) "Sexual contact" means the knowing touching directly or through clothing, where the circumstances surrounding the touching would be construed by a reasonable person to be motivated by the health care practitioner's own prurient interest or for sexual arousal or gratification.

(b) "Sexual contact" includes, but is not limited to:

...

- (v) Nonclinical touching of breasts, genitals, or any other sexualized body part.

.03 Sexual Misconduct

- A. Health care practitioners may not engage in sexual misconduct.
- B. Health Occupations Article, §§ 14-404(a)(3) [...] includes, but is not limited to, sexual misconduct.
- C. Sexual misconduct includes, but is not limited to:
 - ...
 - (6) Engaging in a dating, romantic, or sexual relationship which violates § D of this regulation or the code of ethics of the American Medical Association, American Osteopathic Association, American Psychiatric Association, or other professional code of ethics; [and]
 - (7) Participating in any form of sexual contact with a patient or key third party[.]
- D. A health care practitioner may not engage in sexual behavior with:
 - ...
 - (2) A key third party if the key third party's decisions directly affect the health and welfare of the patient or if the relationship could otherwise compromise the patient's care based on the following considerations, which include, but are not limited to:
 - (a) The nature of the patient's medical problem and the likely effect on patient care;
 - (b) The length of the professional relationship;

- (c) The degree of emotional dependence on the health care practitioner;
- (d) The importance of the clinical encounter to the key third party and the patient; and
- (e) Whether the health care practitioner-patient relationship can be terminated in keeping with ethics guidance and what implications doing so would have for the patient[.]

Other relevant State regulations include:

COMAR 10.32.02.16 Ethics.

The Board and the disciplinary panels may consider the Principles of Ethics of the American Medical Association, but these principles are not binding on the Board or the disciplinary panels.

The applicable provisions of the Principles of Ethics of the American Medical Association are as follows:

9.1.2 Romantic or Sexual Relationships with Key Third Parties

Patients are often accompanied by third parties who play an integral role in the patient-physician relationship, including, but not limited to, spouses or partners, parents, guardians, or surrogates. Sexual or romantic interactions between physicians and third parties such as these may detract from the goals of the patient-physician relationship, exploit the vulnerability of the third party, compromise the physician's ability to make objective judgments about the patient's health care, and ultimately be detrimental to the patient's well-being.

Third parties may be deeply involved in the clinical encounter and in medical decision making. The physician interacts and communicates with these individuals and often is in a position to offer them information, advice, and emotional support. The more deeply involved the individual is in the clinical encounter and in medical decision making, the stronger the argument against sexual or romantic contact between the physician and a key third party. Physicians should avoid sexual or romantic relations with

any individual whose decisions directly affect the health and welfare of the patient.

For these reasons, physicians should refrain from sexual or romantic interactions with key third parties when the interaction would exploit trust, knowledge, influence, or emotions derived from a professional relationship with the third party or could compromise the patient's care.

Before initiating a relationship with a key third party, physicians should take into account:

- (a) The nature of the patient's medical problem and the likely effect on patient care.
- (b) The length of the professional relationship.
- (c) The degree of the third party's emotional dependence on the physician.
- (d) The importance of the clinical encounter to the third party and the patient.
- (e) Whether the patient-physician relationship can be terminated in keeping with ethics guidance and what implications doing so would have for patient.

On August 27, 2025, 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:

Background

1. The Respondent obtained his license to practice medicine in the State of

Maryland on August 28, 2024, under license number H0101595. His license is active through September 30, 2026.

2. The Respondent also has a medical license in Virginia which expired on August 22, 2024. Additionally, the Respondent previously held a physician-in-training permit in Texas which expired on July 31, 2020.

3. At all times relevant hereto, the Respondent practiced as a pediatrician at a healthcare facility¹ located in Virginia.

2024 Action Taken by the Virginia Board of Medicine

4. On or about December 11, 2024, the Virginia Board of Medicine (the “Virginia Board”) issued an Order (the “Virginia Order”) indefinitely suspending the Respondent’s license to practice medicine in Virginia for a period of not less than 24 months from the date of the Order.

5. In the Virginia Order, the Virginia Board found that the Respondent had “engaged in sexual contact with Individual A, the mother of three minors who were patients of Dr. Betancourt, and such contact was the result of the exploitation of trust, knowledge or influence derived from the professional relationship or the contact was likely to have an adverse effect on patient care.” The Virginia Board also found that the Respondent “knowingly made false statements regarding his encounters with Individual A and his treatment of Patient B, [one of Individual A’s minor children.]”

¹ For confidentiality and privacy purposes, the names of individuals and health care facilities involved in this case are not disclosed in this document. The Respondent may obtain the names of all individuals and health care facilities referenced in this document by contacting the administrative prosecutor.

6. The Virginia Board concluded that the Respondent's actions constituted violations of Virginia Code § 54.1-2915(A)(3), (12), (13), (16), (18), and (19) and Title 18 of the Virginia Administrative Code, Section 85-20-100(D) of the Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic.

Board Investigation

7. On or about December 23, 2024, the Board informed the Respondent that it had received information about the suspension of the Respondent's Virginia medical license.

8. As part of its investigation into this matter, the Board obtained the Virginia Order which included, in part, the following factual findings:

- a. The Respondent and Individual A discussed Patient B through email correspondence from the Respondent's personal email address.
- b. The Respondent met with Individual A for breakfast at which time they discussed Individual A's personal life, including her previous romantic relationships. At the conclusion of the meal, they embraced and kissed after deciding to meet again. Patient B was under the Respondent's care at this time.
- c. On a separate occasion, the Respondent met with Individual A at a bar where they had drinks and food. After the meal, the Respondent engaged in sexual intercourse with Individual A in his vehicle. Patient B remained under the Respondent's care at this time.

- d. The Respondent met with Individual A at a hotel on at least three instances where they engaged in sexual intercourse. Patient B was still under the Respondent's care during those times.
- e. The Respondent also communicated with Individual A through text messages that included casual conversation and multiple attempts to meet up. The content of the messages ultimately evolved into "sexting" and/or discussions about meeting up for sex. Patient B was under the Respondent's care during the time of these communications.

9. According to the Virginia Order, the Respondent reported the following statements to an Army investigator and/or a Department of Health Professions investigator that the Virginia Board determined were false:

- a) that he did not have sexual engagements with Individual A,
- b) that conversations with Individual A did not discuss anything sexual in nature,
- c) that he never met with Individual A outside of the appointments for her child, and
- d) that Patient B was no longer under his care when his relationship with Individual A turned physical.

CONCLUSIONS OF LAW

Based upon the foregoing Findings of Fact, Disciplinary Panel B concludes that the Virginia Board's disciplinary action against the Respondent, as set forth in its 2024

Order, constitutes, in whole or in part, a violation of Health Occ. § 14-404(a)(21), i.e., being disciplined for an act or acts that would be grounds for discipline under Health Occ. § 14-404, and Health Occ. § 1-212, and/or COMAR 10.32.17 and/or COMAR 10.32.02.16. With respect to Health Occ. § 14-404(a)(21), acts that are grounds for discipline under Health Occ. § 14-404 include engaging in immoral and/or unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(i) and (ii).

ORDER

It is, thus, by Disciplinary Panel B, hereby:

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

ORDERED that the Respondent's license to practice medicine in the State of Maryland is **SUSPENDED** until such time as the Respondent's license is restored/reinstated by the Virginia Board; and it is further

ORDERED that the Respondent shall remain in compliance with the terms and conditions of the December 11, 2024 Virginia Board Consent Order; and it is further

ORDERED that the Maryland Consent Order shall remain in effect until the termination of the Virginia Board Order, at which time the Respondent shall notify the Maryland Board of the termination of the Virginia Board 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; 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 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 Md. Code Ann., Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

09/25/2025
Date

Signature on file

Christine A. Farrelly
Executive Director
Maryland State Board of Physicians

CONSENT

I, Mateo Betancourt, 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

9/15/25
Date

Mateo Betancourt, D.O.,

NOTARY

STATE OF Maryland

CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 15th day of

September 2025, before me, a Notary Public of the foregoing State and City/County, Mateo Betancourt, D.O., personally appeared 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 notarial seal.

Deborah A. Estes

Notary Public

My commission expires: 9/23/25

