

IN THE MATTER OF

\*

BEFORE THE

PREETI ROUT, M.D.

\*

MARYLAND STATE

Respondent

\*

BOARD OF PHYSICIANS

License Number: D72850

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Case Number: 2016-0990B

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CONSENT ORDER

On June 7, 2017, Disciplinary Panel B ("Panel B") of the Maryland State Board of Physicians (the "Board") charged Preeti Rout, M.D. (the "Respondent"), License Number D72850, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") §§ 14-101 *et seq.* (2014 Repl. Vol. and 2016 Supp.).

The pertinent provisions of the Act under Health Occ. § 14-404 provide the following:

(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:

...  
(3) Is guilty of:

...  
(ii) Unprofessional conduct in the practice of medicine;

(4) Is professionally, physically, or mentally incompetent;

...  
(33) Fails to cooperate with a lawful investigation conducted by the Board or a disciplinary panel[.]

The Act further provides:

**§ 14-402. Examination of licensed physician or other regulated health professional; Physician Rehabilitation Program**

(a) *In general.* In reviewing an application for licensure...or in investigating an allegation brought against a licensed

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physician...the Physician Rehabilitation Program may request the Board to direct, or the Board on its own initiative may direct the licensed physician...to submit to an appropriate examination.

- (b) *Implied consent to examination.* In return for the privilege given by the State for issuing a license...the licensed...individual is deemed to have:
  - (1) Consented to submit to an examination under this section, if requested by the Board in writing; and
  - (2) Waived any claim of privilege as to the testimony or examination reports
  
- (c) *Failure to submit to examination.* The unreasonable failure or refusal of the licensed...individual to submit to an examination is prima facie evidence of the licensed...individual's inability to practice medicine...competently, unless the Board finds that the failure or refusal was beyond the control of the licensed...individual[.]

On November 14, 2017, Panel B notified the Respondent of its intent to summarily suspend her license to practice medicine in the State of Maryland. Disciplinary Panel B took such action pursuant to its authority under the Administrative Procedure Act ("APA"), Md. Code Ann., State Gov't, § 10-226(c)(2)(i) (2014 Repl. Vol. & 2015 Supp.) concluding that the public health, safety or welfare imperatively required emergency action.

On November 29, 2017, the Respondent was given the opportunity to attend a pre-deprivation hearing before Panel B to show cause why her license should not be summarily suspended. The Respondent attended the hearing with her counsel on that date. The Respondent and the Administrative Prosecutor for the State presented oral arguments at the show cause hearing.

After considering the arguments at the hearing and the information in the investigative file, Panel B determined that it would impose a summary suspension of the

Respondent's license and issued a summary suspension order. The arguments submitted, when considered in the light of the investigative findings in the file, persuaded Panel B there exists a substantial risk of serious harm to the public health, safety or welfare in the Respondent's continued practice. Panel B, through its counsel, also advised the Respondent of this decision orally on the hearing date.

Subsequent to the issuance of an Order of Summary Suspension, the Respondent agreed to enter into the following Consent Order, consisting of Findings of Fact, Conclusions of Law, Order and Consent.

#### **FINDINGS OF FACT**

1. At all times relevant hereto, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was originally licensed to practice medicine in Maryland on August 1, 2011. The Respondent holds an active license in the District of Columbia and inactive licenses in Massachusetts and Virginia.
2. The Respondent is board-certified in internal medicine and nephrology.
3. The Respondent was not employed as a physician at the time the Board received a complaint regarding her.
4. On or about June 2, 2016, the Board received a complaint from an acquaintance of the Respondent's boyfriend regarding the Respondent's conduct at the boyfriend's house. The complainant expressed concern that the Respondent may be a risk to patients because of possible substance abuse.
5. Thereafter, the Board initiated an investigation. In furtherance of the Board's investigation, Board staff interviewed the complainant, former co-workers of the

Respondent and the Respondent. Board staff also obtained the Respondent's quality assurance/personnel files from the Respondent's most recent former employers.

6. On December 6, 2016, Board staff interviewed the Respondent under oath. During the interview, the Respondent disclosed information that caused Board staff to request that she sign a waiver to permit the Board to obtain health-related medical records. The Respondent refused to sign the waiver.
7. The Board's investigation raised concerns regarding the Respondent's current ability to practice medicine in a safe and competent manner.<sup>1</sup> On January 9, 2017, the Board issued to the Respondent a subpoena to be re-interviewed by Board staff on January 27, 2017 at 12:00 p.m. In addition to the interview, Board staff intended to hand-deliver to the Respondent a letter directing her to appear at a toxicology screening facility immediately after the interview for a series of screening tests.
8. On January 27, 2017 at approximately 9:30 a.m., Board staff received a telephone call from the Respondent in which she questioned the need for a follow-up Board interview. The Respondent told Board staff that she "did not see the point in coming" and that she had felt "railroaded" during the first interview because she was alone while being interviewed by two Board staff members.
9. Throughout the January 27, 2017 telephone call, the Respondent repeatedly stated that she was not going to come to the interview later that day because she did not feel comfortable. Board staff advised the Respondent that if she chose

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<sup>1</sup>To maintain confidentiality, the specific investigatory findings are not identified herein.

not to appear for the interview, the Board may construe that as failure to cooperate with a lawful Board investigation.

10. At one point during the telephone call, the Respondent told Board staff that she had been out of town and did not receive the subpoena "until seven days ago." The Respondent requested the interview to be rescheduled.
11. A few minutes later, Board staff telephoned the Respondent to advise her that her request to reschedule the interview had been denied. The Respondent responded that she lives over an hour away and had "things to do today" and "other commitments." The Respondent stated that she would appear for the interview if her boyfriend could be present during the interview. Board staff denied the Respondent's request.
12. The Respondent failed to present herself at the Board on January 27, 2017.
13. On January 30, 2017, Board staff sent to the Respondent by next-day mail a letter directing her to appear at the toxicology screening facility for testing on February 1, 2017 at 1:00 p.m. The letter further informed the Respondent that pursuant to Health Occ. § 14-402(c), unreasonable refusal or failure to submit to the screening constitutes prima facie evidence of a licensed medical practitioner's inability to practice medicine, unless the Board finds that the failure or refusal was beyond control of the licensee.
14. On January 30, 2017, Board staff spoke to the Respondent by telephone and informed her that the Board had sent her correspondence that required her immediate attention. The Respondent stated that she would look for the letter and respond.

15. Board staff confirmed that the letter was delivered to the Respondent's home on the morning of January 31, 2017.
16. On January 31, 2017, at 8:24 p.m., the Respondent emailed Board staff that she had received the letter directing her to report for screening on February 1, 2017. The Respondent further stated that she was traveling and was unable to return to Baltimore by the next day.
17. On February 1, 2017, at 10:12 a.m., Board staff emailed the Respondent and notified her that failure appear for screening that day "could be construed as a violation of Health Occ. § 14-402 and 14-404(a)(4), is professionally, physically or mentally incompetent."
18. On February 1, 2017 at 10:34 a.m., the Respondent emailed Board staff to advise that she was "many hours away" in "a place where flights are not easily available so I cannot book one last minute."
19. The Respondent failed to appear on February 1, 2017 for toxicology screening.

#### **CONCLUSIONS OF LAW**

Based on the foregoing facts, Disciplinary Panel B concludes that the public health, safety or welfare imperatively require emergency action in this case, pursuant to Md. Code Ann., State Gov't § 10-226 (c)(2)(i) (2014 Repl. Vol. & 2016 Supp.). Panel B also concludes that the Respondent is guilty of unprofessional conduct in the practice of medicine; is professionally, physically, or mentally incompetent; is addicted to, or habitually abuses, any narcotic or controlled dangerous substance as defined in § 5-101 of the Criminal Law Article and failed to cooperate with a lawful investigation conducted

by the Board or a disciplinary panel, in violation of Md. Code Ann., Health Occ. II § 14-404(a)(3(ii), (4) and (33), respectively.

### **ORDER**

It is, on the affirmative vote of a majority of the quorum of Disciplinary Panel B, hereby

**ORDERED** that the Respondent is **SUSPENDED** until such time as she demonstrates to the Panel's satisfaction that she is competent to practice medicine; and it is further

### **ORDERED**

1. Within 10 days, the Respondent shall enroll in the Maryland Professional Rehabilitation Program ("MPRP"). The Respondent shall enter into a Participant Rehabilitation Agreement and Participant Rehabilitation Plan with MPRP. The Respondent shall fully and timely cooperate and comply with all of 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 into with MPRP and shall fully participate and comply with all therapy, treatment, evaluations, and toxicology screening as directed by MPRP;
2. The Respondent shall sign and update the written release/consent forms requested or required by the Board and MPRP. The Respondent shall sign the release/consent forms to authorize MPRP to make verbal and written disclosures to the Board, including disclosure of any and all MPRP records and files possessed by MPRP. 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 (including all of the Respondent's current therapists and treatment providers) verbal and written information concerning the Respondent and to ensure that MPRP is authorized to receive the medical records of the Respondent, including, but not limited to, mental health and drug or alcohol treatment records;
3. The Respondent shall be responsible for assuring that any treatment provider(s) submit written reports to the MPRP and to the Board at least once every three (3) months regarding her attendance, progress, payment of fees, and recommendations as to the continuation, frequency, and/or termination of treatment. The Respondent shall sign any consent forms required to authorize Disciplinary Panel B and the MPRP to receive written reports from her treating mental health and health professionals or any treatment providers.

**AND IT IS FURTHER ORDERED** that if and when the MPRP determines that the Respondent is safe to practice medicine and if the Respondent has complied with the conditions above, the Respondent may petition the Reinstatement Inquiry Panel to lift the suspension of the Respondent's license. Upon reinstatement, Disciplinary Panel B may impose conditions on the Respondent's return to practice, and it is further

**ORDERED** that if the Respondent allegedly fails to comply with any term or condition of probation or this Consent Order, including a failure to comply with any term or condition of the MPRP Rehabilitation Agreement and Rehabilitation Plan, the Respondent shall be given notice and an opportunity for a hearing. If 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. If there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before the Board or Panel B; and it is further

**ORDERED** that, after the appropriate hearing, if the Board or a disciplinary panel determines that the Respondent has failed to comply with any term or condition of probation or this Consent Order, the Board or a disciplinary panel may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend or revoke the Respondent's license to practice medicine in Maryland. The Board or a disciplinary panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine upon the Respondent; and it is further

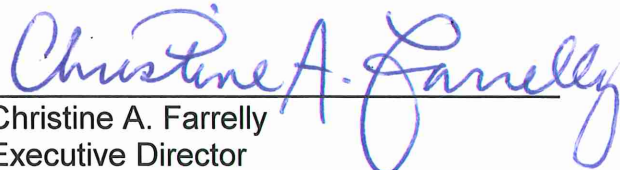
**ORDERED** that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

**ORDERED** that the Respondent shall comply with the Maryland Medical Practice Act, Md. Code Ann., Health Occ. II §§ 14-101—14-702, and all laws and regulations governing the practice of medicine in Maryland; and it is further

**ORDERED** that, unless stated otherwise in the order, any time period prescribed in this order begins when the Consent Order goes into effect. The Consent Order goes into effect upon the signature of the Board's Executive Director, who signs on behalf of Panel B; and it is further.

**ORDERED** that this Consent Order is a public document pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2014).

12/26/2017  
Date

  
Christine A. Farrelly  
Executive Director  
Maryland State Board of Physicians



**CONSENT**

I, Preeti Rout, M.D., acknowledge that I was represented by counsel before entering this Consent Order. By this Consent and for the purpose of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.

I acknowledge the validity of this Consent Order as if entered into 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 own behalf, and to all other substantive and procedural protections provided by the law. I agree to forego my opportunity to challenge these allegations. I acknowledge the legal authority and jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I affirm that I am waiving my right to appeal any adverse ruling of a disciplinary panel of the Board that I might have filed after any such hearing.

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

12.12.17  
Date

Preeti Rout  
Preeti Rout, M.D.  
Respondent

NOTARY

West Virginia  
STATE OF ~~MARYLAND~~  
CITY/COUNTY OF Monongalia

I HEREBY CERTIFY that on this 12 day of December 2017, before me, a Notary Public of the foregoing State and City/County, personally appeared Preeti Rout, M.D. 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.

Tiffany D. Bee  
Notary Public

My commission expires: 11-25-2019

