

IN THE MATTER OF

TERRI L. BLUME, PA-C

Respondent

License Number: C01535

*** BEFORE THE**

MARYLAND STATE

BOARD OF PHYSICIANS

*** Case Number: 2223-0060B**

* * * * *

CHARGES UNDER THE MARYLAND PHYSICIAN ASSISTANTS ACT

Disciplinary Panel B (“Panel B”) of the Maryland State Board of Physicians (the “Board”) hereby charges **TERRI L. BLUME, PA-C** (the “Respondent”), License Number C01535, under the Maryland Physician Assistants Act (the “Act”), Md. Code Ann., Health Occ. (“Health Occ.”) §§ 15-101 *et seq.* (2021 Repl. Vol.). The Respondent is charged under the following provisions of Health Occ. § 15-314:

(a) *Grounds for discipline* - Subject to the hearing provisions of § 15-315 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum, may reprimand any physician assistant, place any physician assistant on probation, or suspend or revoke a license if the physician assistant:

...

(3) Is guilty of:

...

(ii) Unprofessional conduct in the practice of medicine;

...

(41) Performs delegated medical acts beyond the scope of the delegation agreement filed with the Board or after notification from the Board that an advanced duty has been disapproved;

...

(45) Fails to comply with any State or federal law pertaining to the practice as a physician assistant.

ALLEGATIONS OF FACT¹

Panel B bases its charges on the following facts that the Board has cause to believe are true:

A. INTRODUCTION

1. Panel B issues these disciplinary charges after a Board investigation determined that the Respondent performed the advanced duty of refilling patients' intrathecal pain pumps² on at least 155 occasions without submitting a Delegation Agreement Addendum for Advanced Duties to the Board for its approval.

B. LICENSING INFORMATION

2. The Respondent was and is a physician assistant ("PA") licensed in the State of Maryland. She was initially licensed in Maryland on August 18, 1993. Her Maryland license is current and is scheduled to expire on June 30, 2023.

¹ The allegations set forth in this document are intended to provide the Respondent with notice of the Panel's action. They are not intended as, and do not necessarily represent, a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with these charges.

² An intrathecal pain pump is a small device surgically implanted beneath the skin that consists of a pump and a catheter that delivers medicine directly to the spinal cord and nerves. The catheter, which is connected to the pump, is placed in the intrathecal space around the spinal cord. A reservoir inside the pump holds the medicine.

C. 2021 CORE DUTIES AGREEMENT

3. On or about June 1, 2021, the Respondent began practicing as a PA at a pain management group medical practice (the “Practice”) with locations in Baltimore City, Baltimore County and Anne Arundel County, Maryland.³

4. On or about June 15, 2021, the Respondent submitted to the Board a “Physician Assistant/Primary Supervising Physician Delegation Agreement for Core Duties” application (“2021 Core Duties Agreement”).

5. Board regulations define “core duties” as “medical acts that are included in the standard curricula of accredited physician assistant education programs.” COMAR 10.32.03.02.B.(10).

6. The Respondent listed “Physician A”⁴ as her Primary Supervising Physician on her 2021 Core Duties Agreement. The Respondent also listed the Practice’s location in Baltimore City as her practice location.

7. The Respondent and Physician A attested on the 2021 Core Duties Agreement that it included only core duties to be delegated to the PA.

8. The Board approved the Respondent’s 2021 Core Duties Agreement on or about June 17, 2021.

9. In Section 3 of the Respondent’s 2021 Core Duties Agreement, it is noted:

³ The Practice also has several locations in Virginia.

⁴ To ensure confidentiality and privacy, the names of individuals, patients and institutions involved in this case are not disclosed in this document. The Respondent may obtain the identity of all individuals, patients, and institutions referenced in this document from the Administrative Prosecutor.

NOT PERMITTED ON THIS APPLICATION – “*Advanced duties*” are defined as medical acts that require additional training beyond the basic physician assistant education program required for licensure. (Examples include: Joint injections, Botox, stress tests)

TO APPLY FOR APPROVAL TO PERFORM ADVANCED DUTIES, YOU MUST HAVE AN APPROVED CORE DUTY DELEGATION AGREEMENT AND SUBMIT A DELEGATION AGREEMENT ADDENDUM. See the Board’s Website for more instructions. (Emphasis in original).

10. Regarding advanced duties, Health Occ. § 15-302(c) provides in pertinent part:

§ 15-302. Physician delegations to physician assistants; delegation agreements.

- (a) *In general.* - A physician may delegate medical acts to a physician assistant only after:
 - (1) A delegation agreement has been executed and filed with the Board; and
 - (2) Any advanced duties have been authorized as required under subsection (c) of this section.

...

- (c)(2)(i) In any setting that does not meet the requirements of paragraph (1) of this subsection,⁵ a primary supervising physician shall obtain the Board’s approval of a delegation agreement before the physician assistant performs the advanced duties.

11. Board regulations define “advanced duties” as “medical acts that require additional training beyond the basic physician assistant education program required for licensure.” COMAR 10.32.03.02.B.(2).

⁵ The requirements of Health Occ. § 15-302(c)(1)(i) – (iii) are not relevant to this case.

12. Board regulations state:

“[b]efore a physician may delegate medical acts and before a physician assistant may perform medical acts, the physician assistant and primary supervising physician shall file with the Board: (1) A delegation agreement on the Board-approved form[.]; B. The delegation agreement shall include the following information: . . . (6) The delegated medical acts which the physician assistant will perform, including: (a) Core duties; and (b) Any advanced duties[.]” COMAR 10.32.03.05.A(1); 10.32.03.05.B(6)(a) - (b).

13. Neither the Respondent nor Physician A jointly filed a Delegation Agreement Addendum for Advanced Duties with the Board to obtain approval for advanced duties.

D. THE COMPLAINT

14. The Board initiated an investigation of the Respondent after reviewing a complaint (the “Complaint”) from one of Physician A’s patients (the “Patient”), which was received by the Board on or about September 21, 2022. The Patient reported that, during an appointment at the Practice for an intrathecal pain pump refill on or about August 15, 2022, the Respondent told the Patient that Physician A “is gone, he sold his interest in the practice [and] left.”

15. The Patient reported that the Respondent attempted to refill the intrathecal pain pump, but the Respondent “was unable to find the part to refill [the] pump[,]” and “[s]he bent the needle in the attempt.”

16. The Patient ended the appointment and made another appointment with a different medical professional.

E. BOARD INVESTIGATION

17. On or about October 17, 2022, the Board obtained the Patient's medical records from the Practice pursuant to its investigation. The Board reviewed the medical records, which revealed that the Patient had been going to the Practice for management of her intrathecal pain pump and other health conditions since approximately March 2020. From March 2020 until July 2022, Physician A refilled the Patient's intrathecal pain pump.

18. On or about August 15, 2022, the Patient saw the Respondent at the Practice for a refill of her intrathecal pain pump. In the office note for the visit, the Respondent wrote that the Patient was "here for pump refills." The Respondent wrote, "Unsuccessful attempt to enter pump access port. Patient wanted me to stop." The office note was signed only by the Respondent.

19. On or about November 18, 2022, the Board issued a *subpoena duces tecum* to the Practice, which directed it to transmit to the Board within 10 business days "a copy of the complete unredacted personnel/human resources file of" the Respondent and "a listing of any and all patients treated by [the Respondent] for injecting/filling intrathecal pain pump[s] . . . from June 17, 2021 to the present[.]"

20. The Respondent's personnel/human resources file from the Practice revealed that the Respondent began her employment at the Practice as a PA on or about June 1, 2021.

21. The Practice's listing of any and all patients treated by the Respondent for injecting and/or filling intrathecal pain pumps from June 17, 2021 to the present revealed

that the Respondent treated patients for injecting or refilling their intrathecal pain pumps on approximately 155 occasions between June 2021 and December 2022.

F. THE RESPONDENT'S RESPONSE

22. By letter dated December 7, 2022, the Board informed the Respondent of the Complaint and provided her with an opportunity to respond. On or about December 20, 2022, the Respondent, through counsel, provided her written response. In her response, the Respondent's counsel stated:

As part of her practice at [the Practice], [the Respondent] manages patients who have intrathecal pain pumps. Refilling, reprogramming and placing appropriate orders related to intrathecal pain pumps is something that [the Respondent] has done throughout the course of her practice as a physician assistant in a neurological and pain management practice setting—even prior to her employment at [the Practice]. . . . Once [the Respondent] began working at [the Practice], managing patients with intrathecal pain pumps became a more frequent portion of her practice than it had been in the past.

G. GROUNDS FOR DISCIPLINE

23. The Respondent's conduct, as described above, constitutes in whole or in part, unprofessional conduct in the practice of medicine, performing delegated medical acts beyond the scope of the delegation agreement filed with the Board, and failure to comply with any State or federal law pertaining to the practice as a physician assistant, in violation of Health Occ. §§ 15-314(a)(3)(ii), (41) and (45), respectively.

NOTICE OF POSSIBLE SANCTIONS

If, after a hearing, a Disciplinary Panel of the Board finds that there are grounds for action under Health Occ. Health Occ. §§ 15-314(a)(3)(ii), (41) and/or (45), it may impose disciplinary sanctions against the Respondent's license in accordance with the Board's

regulations under 10.32.02.09 and 10.32.02.10, including revocation, suspension, or reprimand and may place the Respondent on probation. The panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine upon the Respondent.

**NOTICE OF DISCIPLINARY COMMITTEE FOR CASE RESOLUTION
CONFERENCE, PREHEARING CONFERENCE AND HEARING**

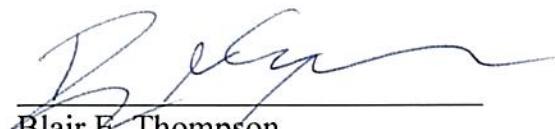
A conference before Disciplinary Panel B, sitting as the Disciplinary Committee for Case Resolution (“DCCR”) in this matter, is scheduled for **Wednesday, June 28, 2023, at 9:00 a.m.**, at the Board’s office, 4201 Patterson Avenue, Baltimore, Maryland 21215. The nature and purpose of the DCCR is described in the attached letter to the Respondent. The Respondent must confirm in writing her intention to attend the DCCR. The Respondent should send written confirmation of her intention to participate in the DCCR to:

Christine A. Farrelly
Executive Director
Maryland State Board of Physicians
4201 Patterson Avenue
Fourth Floor
Baltimore, Maryland 21215

If the case cannot be resolved at the DCCR, a pre-hearing conference and a hearing in this matter will be scheduled at the Office of Administrative Hearings, 11101 Gilroy Road, Hunt Valley, Maryland 21031. The hearing will be conducted in accordance with Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov’t § 10-201 et seq. (2021 Repl. Vol.).

ANTHONY G. BROWN
Attorney General

4/13/2023
Date



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