

IN THE MATTER OF

JASON ATWOOD TATE, M.D.

Respondent

LICENSE NUMBER: D43643

\*

BEFORE THE

\*

MARYLAND STATE BOARD

\*

OF PHYSICIANS

\*

CASE NUMBER: 2224-0115 A

\*

\*

\*

\*

\*

\*

\*

\*

\*

\*

\*

\*

\*

### CONSENT ORDER

On October 9, 2024, Disciplinary Panel A ("Panel A") of the Maryland State Board of Physicians (the "Board") charged **JASON ATWOOD TATE, M.D.** (the "Respondent"), License Number D43643, under the Maryland Medical Practice Act (the "Act") Md. Code Ann., Health Occupations ("Health Occ.") §§ 14-101 *et seq.*

Panel A charged the Respondent with violating the following provision of the Act:

**§ 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:

(3) Is guilty of:

...

(ii) Unprofessional conduct in the practice of medicine[.]

In published opinions, the American Medical Association ("AMA") has identified that treating oneself or immediate family members with controlled substances is not appropriate except in emergencies or for short-term, minor problems.

### **AMA Code of Medical Ethics 1.2.1 - Treating Self or Family**

Treating oneself or a member of one's own family poses several challenges for physicians, including concerns about professional objectivity, patient autonomy, and informed consent. When the patient is an immediate family member, the physician's personal feelings may unduly influence his or her professional medical judgment. Or the physician may fail to probe sensitive areas when taking the medical history or to perform intimate parts of the physical examination. Physicians may feel obligated to provide care for family members despite feeling uncomfortable doing so. They may also be inclined to treat problems that are beyond their expertise or training. Similarly, patients may feel uncomfortable receiving care from a family member. A patient may be reluctant to disclose sensitive information or undergo an intimate examination when the physician is an immediate family member. This discomfort may particularly be the case when the patient is a minor child, who may not feel free to refuse care from a parent. In general, physicians should not treat themselves or members of their own families. However, it may be acceptable to do so in limited circumstances:

(a) In emergency settings or isolated settings where there is no other qualified physician available. In such situations, physicians should not hesitate to treat themselves or family members until another physician becomes available.

(b) For short-term, minor problems.

When treating self or family members, physicians have a further responsibility to:

(c) Document treatment or care provided and convey relevant information to the patient's primary care physician.

(d) Recognize that if tensions develop in the professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician.

(e) Avoid providing sensitive or intimate care especially for a minor patient who is uncomfortable being treated by a family member.

(f) Recognize that family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician.

**AMA Journal of Ethics, May 2012, Vol. 14, No. 5:396-97**  
**Opinion 8.19 - Self-Treatment or Treatment of**  
**Immediate Family Members**

Physicians generally should not treat themselves or members of their immediate families. Professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered. Physicians may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the physical examination. Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the physician is an immediate family member. This discomfort is particularly the case when the patient is a minor child, and sensitive or intimate care should especially be avoided for such patients. When treating themselves or immediate family members, physicians may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a physician's professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician. Concerns regarding patient autonomy and informed consent are also relevant when physicians attempt to treat members of their immediate family. Family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician. In particular, minor children will generally not feel free to refuse care from their parents. Likewise, physicians may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care. It would not always be inappropriate to undertake self-treatment or treatment of immediate family members. In emergency settings or isolated settings where there is no other qualified physician available, physicians should not hesitate to treat themselves or family members until another physician becomes available. In addition, while physicians should not serve as a primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems. Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members.

On December 4, 2024, 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:

1. At all relevant times, the Respondent was and is licensed to practice medicine in Maryland. The Respondent originally was licensed to practice medicine in Maryland on August 3, 1992 under license number D43643. The Respondent continuously has renewed his license, which expires on September 30, 2025.
2. The Respondent was board-certified in Family Medicine.
3. At all relevant times, the Respondent owned and operated a solo medical practice in Carroll County, Maryland.<sup>1</sup>

### **Referral from the Maryland Office of Controlled Substances Administration**

4. The Board initiated an investigation of the Respondent after receiving a referral, dated January 6, 2024, from the Maryland Office of Controlled Substances Administration (“OCSA”). In its referral, OCSA stated the Respondent “is being referred based on OCSA’s professional judgment for prescribing CDS medications to numerous family members in unusually large quantities.”

---

<sup>1</sup> 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.

### **Board Investigation**

5. In its investigation, the Board in part subpoenaed and received medical and pharmacy records for 13 patients of the Respondent. The Respondent provided summaries of care for each patient. Board staff also interviewed the Respondent, and received a written response from him to the OCSA referral. The Board also retained an expert physician to opine on whether the Respondent engaged in unprofessional conduct in the practice of medicine.

6. In his written response, the Respondent admitted to prescribing controlled substances to immediate family members. The Respondent stated it “has been my understanding according to OCSA that while it may be ‘inadvisable’ to prescribe any narcotic containing medications (in the absence of extenuating circumstances) to immediate family members, it was not deemed ‘illegal.’” The Respondent’s rationale in part for prescribing controlled substances to immediate family members was the lack of other health care providers in the area and that “there was never a doubt in my mind that I would be the one to provide for their medical care.”

7. In his interview, the Respondent confirmed that since becoming a licensed physician, he always has provided medical care to immediate family members, including himself. This medical care includes prescribing and dispensing Schedule II, III, IV and V controlled substances to himself and immediate family members.

8. The Board also retained a physician who is board-certified in addiction medicine (the “Expert”) to opine whether the Respondent engaged in unprofessional

conduct in the practice of medicine by prescribing to himself and immediate family members in non-emergent situations. To that end, the Board transmitted to the Expert 13 patient charts, the Respondent's summaries of care for these patients, and records from the Maryland Prescription Drug Monitoring Program.

9. The Expert opined that "nine of the thirteen records indicate that the Respondent prescribed a controlled substance to one of his immediate family members." The Expert concluded that "the DEA and FDA are responsible for classifying controlled substances, and regardless of their relative risks, all controlled substances should be treated with the same level of scrutiny when prescribing. Therefore, prescribing controlled substances to oneself or immediate family members violates the AMA Code of Ethics and constitutes unprofessional conduct."

### **CONCLUSIONS OF LAW**

Based on the foregoing Findings of Fact, Disciplinary Panel A concludes as a matter of law that the Respondent's conduct, as described above, constitutes a violation of the following provisions of the Act under Health Occ. § 14-404(a): (3)(a)(ii) Unprofessional conduct in the practice of medicine.

### **ORDER**

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

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

**ORDERED** that the Respondent is **PERMANENTLY** prohibited from prescribing and dispensing controlled substances to himself and family members; and it is further

**ORDERED** that the Respondent is placed on **PROBATION** for a minimum of **SIX (6) MONTHS**. 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 courses in medical ethics and prescribing of controlled substances. 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) Within **SIX (6) MONTHS**, the Respondent shall pay a civil fine of **\$5,000 (FIVE THOUSAND DOLLARS)**. 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, 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 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 a violation of probation constitutes a violation of the Consent Order; 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 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).

03/21/2025  
Date

***Signature On File***

Christine A. Farrelly  
Executive Director  
Maryland State Board of Physicians

## CONSENT

I, Jason Atwood Tate, M.D., assert that I am aware of my right to consult with and be represented by counsel in considering this Consent Order and in any proceedings that would otherwise result from the charges currently pending. I have chosen to proceed without counsel and I acknowledge that the decision to proceed without counsel is freely and voluntarily made.

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***

3.18.2025  
Date

Jason Atwood Tate, M.D.

**NOTARY**

STATE OF MD  
CITY/COUNTY OF Carroll

I HEREBY CERTIFY that on this 18 day of March 2025, before me, a Notary Public of the foregoing State and City/County, Jason Atwood Tate, M.D. 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.

[Signature]

Notary Public

My commission expires: 3/26/25

