IN THE MATTER OF	*	**BEFORE THE**
BRUCE E. WENECK, M.D.	*	**MARYLAND STATE**
Respondent	*	**BOARD OF PHYSICIANS**
License Number: D22698	*	**Case Numbers: 2010-0068 2010-0982**

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CONSENT ORDER

PROCEDURAL BACKGROUND

On November 7, 2012, the Maryland State Board of Physicians (the "Board") charged Bruce E. Weneck, M.D. (the "Respondent") (D.O.B. 09/24/1952), License Number D22698, under the Maryland Medical Practice Act (the "Act"), Md. Health Occ. Code Ann. ("H.O.") §§ 14-101 *et seq.* (2009 Repl. Vol.) and the Code of Maryland Regulations ("COMAR") tit. 10, § 32.12 *et seq.*

The Board charged the Respondent with violating the following provisions of the Act under H.O. § 14-404, which provide:

> (a) Subject to the hearing provisions of § 14-405 of this subtitle, the Board, on the affirmative vote of a majority of the quorum, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:
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> (3) Is guilty of: (ii) unprofessional conduct in the practice of medicine;
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> (18) Practices medicine with an unauthorized person or aids an unauthorized person in the practice of medicine;
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> (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; [and/or]
>
> (40) Fails to keep adequate medical records as determined by appropriate peer review.

The Board also charged the Respondent with violating the following provisions of COMAR 10.32.12:

10.32.12.04 Scope of Delegation.

E. A physician may not delegate to an assistant acts which include but are not limited to:

(1) Conducting physical examinations;
(2) Administering any form of anesthetic agent or agent of conscious sedation other than topical anesthetics or small amounts of local anesthetics;
(3) Initiating independently any form of treatment, exclusive of cardiopulmonary resuscitation;
(4) Dispensing medications;
(5) Giving medical advice without the consult of a physician[.]

10.32.12.05 Prohibited Conduct.

B. A delegating physician, through either act or omission, facilitation, or otherwise enabling or forcing an assistant to practice beyond the scope of this chapter, may be subject to discipline for grounds within Health Occupations Article, § 14-404(a), Annotated Code of Maryland, including, but not limited to, practicing medicine with an unauthorized person or aiding an unauthorized person in the practice of medicine.

On January 2, 2013, a Case Resolution Conference was convened in this matter. Based on negotiations occurring as a result of this Case Resolution Conference, the Respondent agreed to enter into this Consent Order, consisting of Procedural Background, Findings of Fact, Conclusions of Law, Order, and Consent.

FINDINGS OF FACT

The Board finds the following:

BACKGROUND FINDINGS

1. At all times relevant hereto, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was initially licensed to practice medicine in Maryland on August 15, 1978, under License Number D22698. The Respondent's license is current through September 30, 2013.

2. The Respondent is board-certified in pediatrics and maintains a medical office named Partners in Pediatrics ("Partners"), located at 301 W. Memorial Boulevard, Hagerstown, Maryland 21740.

CURRENT COMPLAINTS/BOARD INVESTIGATION

3. The Board initiated an investigation of the Respondent after reviewing two complaints (Case Numbers 2010-0068 and 2010-0982) that involved his prescribing of Suboxone, a narcotic medication that is indicated for the maintenance treatment of opioid dependence.[1]

Case Number 2010-0068

4. The Board received a complaint from an anonymous complainant ("Complainant A) who alleged that the Respondent was prescribing Methadone and Suboxone to a pregnant patient and permitted an unauthorized staff person to see Suboxone patients and adjust dosages of the medications prescribed. The Board docketed this complaint under Case Number 2010-0068.

[1] Suboxone is a medication that contains the drugs buprenorphine and naloxone (naloxone is a narcotic antagonist). A related medication, Subutex, which is also used to treat opiate addiction, contains buprenorphine but does not contain naloxone.

Case Number 2010-0982

5. The Board received a second complaint from a physician ("Complainant B")[2] who expressed his/her concern that the Respondent was engaging in inappropriate prescribing of Suboxone to patients. The Board docketed this complaint under Case Number 2010-0982.

6. Complainant B stated that the Respondent was prescribing Suboxone to patients at double the dosage that the patients were previously being prescribed (*e.g.*, 32 mg versus 16 mg). Complainant B stated that the Respondent was prescribing Suboxone at a level that incentivized patients to travel significant distances to obtain more medication than they needed.

Peer Review Findings

7. After reviewing these complaints, the Board referred this matter to Permedion, Inc. ("Permedion") for a practice review. The physicians who were assigned to perform this review evaluated the charts of 15 patients who received Suboxone/Subutex treatment at Partners.

8. The Permedion reviewers concurred that in five cases, the Respondent violated the Act.

FINDINGS PERTAINING TO SUBOXONE PRESCRIBING

9. The Respondent violated the Act with respect to his prescribing practices as follows: failing to meet appropriate standards for the delivery of quality medical care, in violation of H.O. § 14-404(a)(22); and failing to keep adequate medical records, in violation of § 14-404(a)(40).

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[2] To ensure confidentiality, the names of all non-anonymous complainants, patients, employees and all other individuals referenced in this Consent Order will not be identified by name. The Respondent is aware of the identities of all individuals referenced herein.

10. Examples of the deficiencies in the Respondent's prescribing practices are set forth *infra*.

Patient A

11. Patient A, then a woman in her late 20s, initially sought treatment from the Respondent's practice in June 2009 for treatment for opiate abuse. Patient A reported a history of drug abuse, including periodic use of IV heroin, for five years; prior use of Methadone; and use of Suboxone for the prior year. She also reported being pregnant. Patient A's initial drug test was positive for opiates and benzodiazepines.

12. From 2009 to late 2010, Patient A was seen in the Respondent's practice by physicians other than the Respondent and was provided Suboxone or Subutex treatment. Those physicians typically prescribed Subutex at a dosage of 32 mg. During this period, Patient A tested positive for opiates and benzodiazepines on an intermittent basis. Patient A also reported not being pregnant at one point during this treatment period.

13. The Respondent saw Patient A in late 2010 and reduced her dosage of Suboxone from 32 mg to 24 mg without noting the reason for the change in his progress note.

14. Patient A then continued being seen by other physicians in the Respondent's practice. The Respondent saw Patient A in May 2011, at which time she stated that she was using a prescribed narcotic analgesic, Percocet, after undergoing hand surgery. The Respondent instructed Patient A that she could not use this medication any further and refilled her prescription for Suboxone. The Respondent

ordered a urine drug test that was positive for Suboxone but results for other drugs were not noted.

15. The Respondent saw Patient A in July 2011. Patient A informed the Respondent that she had relapsed in May. The Respondent refilled Patient A's medication and ordered follow-up. The Respondent then saw Patient A in August 2011, when she informed him that she was pregnant. The Respondent ordered a urine pregnancy test that was positive. The Respondent changed Patient A's prescription to Subutex and ordered follow-up.

16. The Respondent then saw Patient A on follow-up visits from September through November 2011. At each visit, the Respondent refilled Patient A's medications. At times, the Respondent prescribed Subutex at too-frequent intervals. For example, the Respondent prescribed a 30-day supply of Subutex on November 14, 2011, but then prescribed another 30-day supply on November 30, 2011.

17. In December 2011, the Respondent's practice received information that Patient B was selling the Subutex that she was receiving from the Respondent's office. The Respondent's office contacted Patient A and instructed her to come in for a pill count, which she refused to do. The Respondent's practice then discharged Patient A from the practice.

18. The Respondent failed to meet appropriate medical standards for the delivery of quality medical care with respect to Patient A by: (a) failing to address or recognize the high risk nature of this patient; (b) failing to institute strict monitoring procedures in view of her positive drug screens and other red flags for drug misuse,

abuse and diversion; (c) failing to address her positive drug tests for benzodiazepines; and (d) prescribing Subutex at inappropriate intervals.

Patient B

19. The Respondent began providing Suboxone treatment to Patient B, then a man in his early 40s, on July 29, 2008. Patient B reported a seven year history of narcotic pain pill dependency. The Respondent placed Patient B on a 16 mg dosage of Suboxone and on subsequent visits increased the dosage to 24 mg. The Respondent continued providing Suboxone therapy to Patient B into 2009.

20. During the course of receiving treatment from the Respondent, Patient B requested prescriptions for sedative hypnotics (Ambien) and benzodiazepines (Valium), purportedly to treat anxiety associated with travel/airline flights. The Respondent ordered Patient B to take one Valium per flight. Between October 2008 and June 2009, the Respondent prescribed approximately 125 pills of Valium 5 mg

21. In January 2009, Patient B notified the Respondent that he was moving to another state. From this point onward until June 2009, the Respondent's practice continued to prescribe Suboxone, Ambien and Valium to Patient B, despite having no face-to-face contact with him. During this period, Patient B received early refills for Suboxone, Ambien and Valium.

22. The Respondent failed to meet appropriate medical standards for the delivery of quality medical care with respect to Patient B by: (a) failing to monitor his medication usage or assess him for illicit drug use; (b) prescribing Suboxone, Ambien and Valium for at least six months over the telephone, in the absence of any direct

assessment, *i.e.*, without office visits; (c) prescribing an excessive amount of Valium; and (d) prescribing early refills for medications including Suboxone, Ambien and Valium.

Patient C

23. The Respondent began providing Subutex treatment to Patient C, then a man in his early 30s, in February 2009. Patient C reported a history of IV heroin addiction for three-to-four years. The Respondent noted that Patient C presented for a "Subutex maintenance check" and was currently on 3 ½ tablets of Subutex 8 mg. per day. Patient C reported that he was previously on Methadone, and had been taking Suboxone but developed depression, after which he was placed on Subutex. Patient C also reported that he had a history of attention deficit hyperactivity disorder ("ADHD"), for which he was taking Adderall 30 mg twice daily, bipolar mood disorder and mood swings. Patient C stated that he had been on other psychotropic medications including Lithium, Depakote and Celexa, which did not help him.

24. The Respondent placed Patient C on 30-day supplies of 3 ½ tablets of Subutex 8 mg per day, and Adderall 30 mg twice daily. The Respondent also prescribed Cogentin, an anti-dyskinetic, for 10 days. The Respondent ordered follow-up in 30 days. The Respondent did not perform an evaluation of Patient C to assess him for ADHD or obtain Patient C's prior medical records to confirm his diagnoses.

25. Patient C returned for follow-up on March 23, 2009. The Respondent refilled Patient C's Subutex and Adderall prescriptions. In addition, the Respondent added a second prescription for Adderall (5 mg, to be taken at noon). On this visit, Patient C reported taking 2 mg of Risperdal per day. The Respondent did not obtain a history as to why or under what circumstances Patient C was placed on Risperdal, a

mood stabilizer, which he did not report on his prior visit. Patient C underwent a drug urine screen on this visit.

26. Patient C's urine drug screen results came back negative the next day for amphetamines. The Respondent apparently did not order a screen for buprenorphine.

27. Patient C returned for follow-up on April 17, 2009. The Respondent refilled Patient C's Subutex prescription and gave him a prescription for Adderall, which he post-dated for May 17, 2009. The Respondent did not document in his progress note why he post-dated the prescription for Adderall.

28. Subsequent to this visit, a pharmacist contacted the Respondent and informed him that Patient C was receiving prescriptions from other physicians and was using multiple pharmacies. The pharmacist was apparently angry at the Respondent for what he considered to be inappropriate prescribing practices, going so far as to ask the Respondent if he had the appropriate training and whether he should "take this to another level." The Respondent instructed the pharmacist to destroy the Adderall prescription. The Respondent then discharged Patient C from the practice.

29. The Respondent failed to meet appropriate medical standards for the delivery of quality medical care with respect to Patient C by: (a) failing to perform an appropriate evaluation prior to placing him on high dosages of addictive medications, including buprenorphine and Adderall; (b) failing to perform an appropriate assessment and evaluation of Patient C, who reported depression after taking a different formulation of buprenorphine (Suboxone), prior to placing him on an opiate treatment regimen; (c) prescribing stimulant drugs to Patient C, who had an admitted addiction history, without first confirming his need for the medication or considering or documenting consideration

of the risks associated with this medication; (d) failing to obtain his prior medical records prior to placing him on buprenorphine and stimulant medications; (e) failing to address his negative screen for Adderall and continuing to prescribe this drug after he tested negative for it; (f) failing to take action after he tested negative for Adderall; (g) post-dating a prescription for Adderall; and (h) failing to address his report that he was taking an antipsychotic medication, or obtaining his prior medical records to confirm the patient's report.

Patient D

30. The Respondent began providing Suboxone treatment to Patient D, then a woman in her late 40s, on February 18, 2009. Patient D reported that she had been in a motor vehicle accident one week prior to her office visit. She reported using a variety of narcotic pain pills for the prior seven years, recently taking 12 pills per day. The Respondent started Patient D on Suboxone treatment on this visit.

31. Patient D returned for follow-up on February 19, 2009. The Respondent gave her a total of 32 mg of Suboxone and instructed her to return the next day.

32. Patient D returned for follow-up on February 20, 2009. The Respondent placed her on a 30-day supply of 24 mg of Suboxone per day, with instructions to return in 30 days.

33. Patient D did not return for follow-up until June 15, 2009, however. On this visit, Patient D reported taking Suboxone 24 mg per day and Soma, a muscle relaxant, as needed for pain. The Respondent gave Patient D a prescription for 24 mg of Suboxone for 90 days (*i.e.*, 270 pills), as opposed to a prescription for a one month supply with two refills. The Respondent also gave Patient D a prescription for 0.5 mg

Klonopin, a benzodiazepine (30 pills, as needed). The Respondent advised Patient D to return for follow-up in 90 days. In the note for this date, the Respondent did not address what occurred during the prior four month period or whether Patient D was taking her medications or was using illicit drugs.

34. Patient D returned for follow-up on September 16, 2009. On this visit, Patient D underwent a urine drug screen that was positive for Suboxone. Test results for other drugs were negative. Patient D reported significant domestic discord in her life. The Respondent gave Patient D a prescription for 24 mg of Suboxone for 90 days (*i.e.*, 270 pills in one prescription, as opposed to a one month supply with two refills). The Respondent renewed Patient D's Klonopin prescription for 30 pills with two refills. The Respondent instructed Patient D to return for follow-up in 90 days. The Respondent ordered a urine drug screen for Patient D, which was positive for Suboxone. Testing for other drugs was sent out and came back negative on September 17, 2009. This drug screen did not test for methadone or oxycodone, two very common drugs of abuse.

35. The Respondent discharged Patient D from his practice by letter, dated November 3, 2009, after he received information from Patient D's insurance company that she had been getting multiple narcotic prescriptions from other physicians since June 2009. The report stated that Patient D did not fill her June 15, 2009, prescriptions for Suboxone and Klonopin until September 16, 2009.

36. The Respondent failed to meet appropriate medical standards for the delivery of quality medical care with respect to Patient D by: (a) failing to appropriately evaluate or assess her addiction status; (b) failing to appropriately manage her

addiction treatment; (c) failing to order appropriate testing to monitor her drug use; (d) prescribing an inappropriate amount of Suboxone on visits, dated June 15, 2009 and September 16, 2009, in view of the fact that she was not an established patient; (e) failing to assess or document assessing her response to treatment or use of medications during the interval between her induction in February 2009 and her June 15, 2009, visit; (f) failing to order appropriate drug screens, *i.e.*, those that also test for typically abused drugs (*e.g.*, methadone and oxycodone); and (g) failing to address or document addressing her negative urine drug testing for benzodiazepines after being prescribed Klonopin.

Patient E

37. The Respondent began providing Suboxone treatment to Patient E, then a man in his early 50s, on February 19, 2009. Patient E has a familial relationship with Patient D, above. Patient E reported a prior medical history that included back surgery, hip replacement and herniated disks, which caused him to become addicted to pain pills Patient E reported taking Percocet, a narcotic analgesic, for at least seven years, and also reported taking other narcotic analgesics such as Lortab and Lorcet (formulations of hydrocodone). Patient E stated that he typically took "12+" pills a day. Patient E stated that he had not taken any opiates for two days prior to the visit.

38. On this date, the Respondent determined that Patient E was in moderate opioid withdrawal and gave him a dose of 16 mg of Suboxone and instructed him to return for further evaluation in 24 hours.

39. Patient E returned for follow-up on February 20, 2009. The Respondent prescribed a 30-day supply of 24 mg Suboxone and instructed to return for follow-up in 30 days.

40. Patient E next returned for follow-up on May 27, 2009, more than three months after his initial evaluation and induction. The Respondent administered a urine drug screen that was positive for Suboxone. Patient E requested and was given a 90-day supply of Suboxone due to needing to use a mail order pharmacy through his insurance. The Respondent's note for this date does not discuss what Patient E was doing for the previous three months or how he was continuing to take Suboxone when he was only given a 30-day supply of it some three months earlier, on February 20, 2009.

41. Patient E then returned to the Respondent's office where he was seen by other physicians. The Respondent saw Patient E on December 2, 2009, at which point the Respondent arranged to decrease Patient E's Suboxone intake, pursuant to Patient E's request. Patient E underwent a urine drug screen that was positive for Suboxone; the urine was sent out for testing for illicit drugs.

42. Patient E returned to the Respondent's office for follow-up and was seen by other physicians in March and June 2010. In March 2010, Patient E underwent urine drug screening that was positive for Suboxone and marijuana. In March 2010, Patient E was given a prescription for an unclear amount of Suboxone (either 90 pills or a 90-day supply). In June 2010, another physician from the Respondent's practice saw Patient E, who reported that he had decreased his intake of Suboxone to 2 ½ pills per day.

43. Patient E returned for follow-up on July 28, 2010, and was seen by another physician in the Respondent's practice. Patient E underwent a urine drug screen that was positive for marijuana.

44. Patient E returned to the Respondent's office where he was seen at about two month intervals by either the Respondent or other physicians from his office. On these visits, the physicians adjusted Patient E's medications and gave him refills. Patient E underwent intermittent urine testing that was positive for Suboxone and marijuana. During this time, Patient E continued to attempt to wean himself off of Suboxone, without success. Patient E was last seen on December 28, 2011.

45. Patient E was discharged from treatment in March 2012.

46. The Respondent failed to meet appropriate medical standards for the delivery of quality medical care with respect to Patient E by: (a) during the period prior to June 2010, prescribing an inappropriate dosage of Suboxone, without first establishing him with the practice and compiling sufficient evidence that he was taking his medications in an appropriate manner and not continuing to abuse opioid drugs; (b) on the first visit after induction (June 15, 2009), failing to determine and documenting determining his progress from induction, his absence from the practice and his positive test results for Suboxone, despite being prescribed a 30-day supply of Suboxone in February 2009; and (c) failing to order appropriate testing to monitor his use of illicit drugs.

47. The Respondent stopped accepting new Suboxone patients voluntarily in October 2010. He continued treating existing Suboxone patients until November 2012, when he notified his remaining Suboxone patients in writing that they would need to

make a transition to new physicians by February 1, 2013, in order to continue being treated with Suboxone.

FINDINGS PERTAINING TO AIDING THE UNAUTHORIZED PRACTICE OF MEDICINE/AIDING AN UNAUTHORIZED PERSON IN THE PRACTICE OF MEDICINE

48. The Board also investigated Complainant A's allegation that the Respondent permitted an unauthorized staff person ("Employee A") to see Suboxone patients and adjust dosages of the medications prescribed.

49. The Board's investigation determined that Employee A, who was not a physician or was otherwise authorized to practice medicine, practiced, attempted to practice, and/or offered to practice medicine without a license at Partners; and represented himself/herself to the public that he/she was authorized to practice medicine.

50. The Board's investigation determined that Employee A ran/managed the Suboxone program at Partners. Employee A was involved in the assessment and treatment of patients who underwent Suboxone therapy at Partners. Employee A: counseled Suboxone patients; established Suboxone treatment plans for patients; performed physical examinations; wrote prescriptions; made decisions on providing or not providing Suboxone and other medications; developed Suboxone treatment plans; selected dosing of Suboxone and made adjustments to such dosing; assessed patients in opiate withdrawal; provided medical advice to Suboxone patients; dismissed certain Suboxone patients from the practice; and signed physicians' names to prescription blanks at times.

51. Employee A also wrote other prescriptions or called in prescriptions in the Respondent's name without getting appropriate authorization from the Respondent.

52. The Respondent violated the Act as follows: is guilty of unprofessional conduct in the practice of medicine, in violation of H.O. § 14-404(a)(3)(ii); and practicing medicine with an unauthorized person or aiding an unauthorized person in the practice of medicine, in violation of H.O. § 14-404(a)(18).

53. In addition, the Respondent violated the following Board regulations: COMAR 10.32.12.04 and 10.32.12.05. The Respondent permitted Employee A to perform non-delegable tasks, such as assessing and treating patients who received Suboxone treatment at Partners; counseling patients; performing physical examinations; writing prescriptions; developing Suboxone treatment plans; selecting the dosage of Suboxone and other medication and making adjustments to such dosing; assessing patients in opiate withdrawal; providing medical advice to Suboxone patients; dismissing certain Suboxone patients from the practice; and in some instances, signing physicians' names to prescription blanks.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent: Is guilty of unprofessional conduct in the practice of medicine, in violation of H.O. § 14-404(a)(3)(ii); Practices medicine with an unauthorized person or aids an unauthorized person in the practice of medicine, in violation of H.O. § 14-404(a)(18); 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, in violation of H.O. § 14-404(a)(22), and Fails to keep adequate medical records as determined by appropriate peer review, in violation of H.O. § 14-404(a)(40). Based on the foregoing

Findings of Fact, the Board concludes as a matter of law that the Respondent impermissibly delegated acts to a non-licensed assistant, in violation of COMAR 10.32.12.04 and 05.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, it is this 23rd day of January, 2013, on the affirmative vote of a majority of the quorum of the Board considering this case:

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

ORDERED that the Respondent is placed on **PROBATION** for a period of **THREE (3) YEARS,** to commence on the date the Board executes this Consent Order, and continuing until the Respondent successfully complies with the following terms and conditions:

1. The Respondent shall discharge all Suboxone/Subutex patients and shall permanently cease providing Suboxone/Subutex therapy to patients, effective February 1, 2013.

2. Within **one (1) year** of the date the Board executes this Consent Order, the Respondent shall pay a civil fine in the amount of $15,000.00, by certified check or money order, payable to the Maryland Board of Physicians, P.O. Box 37217, Baltimore, Maryland 21297.

3. Within **six (6) months** of the date the Board executes this Consent Order, the Respondent shall successfully complete Board-approved courses in medical recordkeeping. The Respondent shall enroll in the required course(s) within **three (3) months** of the date the Board executes this Consent Order. The Respondent shall

submit written documentation to the Board regarding the particular courses he proposes to fulfill this condition. The Board reserves the right to require the Respondent to provide further information regarding the course(s) he proposes, and further reserves the right to reject his proposed courses and require submission of alternative proposals. The Board will approve a course only if it deems the curriculum and the duration of the course adequate to satisfy its concerns. The Respondent shall be responsible for submitting written documentation to the Board of his successful completion of the course(s). The Respondent understands and agrees that he may not use this coursework to fulfill any requirements mandated for licensure renewal. The Respondent shall be solely responsible for furnishing the Board with adequate written verification that he completed the course(s) according to the terms set forth herein.

4. The Board reserves the right to conduct a peer review by an appropriate peer review entity, or a chart review by a Board designee, to be determined at the discretion of the Board.

7. The Respondent shall practice according to the Maryland Medical Practice Act and in accordance with all applicable laws, statutes, and regulations pertaining to the practice of medicine.

AND IT IS FURTHER ORDERED that after the conclusion of the entire **three (3) year** period of **PROBATION,** the Respondent may file a written petition for termination of his probationary status without further conditions or restrictions, but only if he has satisfactorily complied with all conditions of this Consent Order, including all terms and conditions of probation, and including the expiration of the **three (3) year** period of

probation, and if there are no pending complaints regarding him before the Board involving the same issues; and it is further

ORDERED that if the Respondent violates any of the terms or conditions of probation or this Consent Order, the Board, after notice, opportunity for a hearing and determination of violation, may impose any other disciplinary sanctions it deems appropriate, including but not limited to, revocation or suspension, said violation being proven by a preponderance of the evidence; and it is further

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

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

ORDERED that the Consent Order is considered a **PUBLIC DOCUMENT** pursuant to Md. State Gov't. Code Ann. § 10-611 *et seq.* (2009 Repl. Vol. and 2012 Supp.).

Carole J. Catalfo
Executive Director
Maryland State Board of Physicians

CONSENT

I, Bruce E. Weneck, M.D., acknowledge that I have had the opportunity to consult with counsel before signing this document. By this Consent, I agree and accept to be bound by this Consent Order and its conditions and restrictions. I waive any rights I may have had to contest the Findings of Fact and Conclusions of Law.

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 as provided by law. I acknowledge the legal authority and the jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I also affirm that I am waiving my right to appeal any adverse ruling of the Board that might have followed any such hearing.

I sign this Consent Order after having had an opportunity to consult with counsel, without reservation, and I fully understand and comprehend the language, meaning and terms of this Consent Order. I voluntarily sign this Order, and understand its meaning and effect.

Bruce E Weneck MD

_____
Date

_____
Bruce E. Weneck, M.D.
Respondent

Read and approved by:

_____
Sigrid C. Haines, Esquire
Counsel for Dr. Weneck

NOTARY

STATE OF Maryland

CITY/COUNTY OF: Hagerstown/Washington

I HEREBY CERTIFY that on this 3rd day of January, 2013, before me, a Notary Public of the State and County aforesaid, personally appeared Bruce E. Weneck, M.D., and gave oath in due form of law that the foregoing Consent Order was his voluntary act and deed.

AS WITNESS, my hand and Notary Seal.

Denise Kline Holman
Notary Public

My commission expires: 1/13/2013