IN THE MATTER OF

BARBARA A. BYERS, M.D.

Respondent

License Number: D74060

* BEFORE THE

* MARYLAND STATE

* BOARD OF PHYSICIANS

* Case Number: 2015-0916B

CONSENT ORDER

On or about April 17, 2015, the Maryland State Board of Physicians (the "Board") received an *Application Form for Reinstatement of Medical Licensure* (the "Reinstatement Application") from **BARBARA A. BYERS, M.D.**, License Number D74060 (the "Respondent"). Based on its ensuing investigation of the Reinstatement Application, the Board determined that it had grounds to charge the Respondent under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") §§ 14-101 *et seq.* (2014 Repl. Vol.).

Specifically, the Board determined that it had grounds to charge the Respondent with violating the following provision of the Act:

§ 14-601 Practicing without a license.

Except as otherwise provided in this title, a person may not practice, attempt to practice, or offer to practice medicine in this State unless licensed by the Board.

Prior to the issuance of charges, the Respondent agreed to enter into this public Consent Order consisting of Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

The Board makes the following Findings of Fact:

- 1. The Respondent was originally licensed to practice medicine in the State of Maryland on or about April 26, 2012, under License Number D74060.
- 2. The Respondent allowed her Maryland medical license to expire on September 30, 2014, without applying for a renewal with the Board.
- 3. On or about April 17, 2015, the Board received the Reinstatement Application from the Respondent. In her Reinstatement Application, the Respondent stated that she had "lost track of expiration date."
- 4. Based on her disclosure in the Reinstatement Application, the Board initiated an investigation of the Respondent.
- 5. By letter, dated July 10, 2015, a Board investigator asked the Respondent to provide a detailed explanation of her work activities in Maryland since October 1, 2014. In a written response, dated July 20, 2015, the Respondent stated "I recently received a letter from you office inquiring about my work activities between September 30, 2014 and June 22, 2015, the date on which my license was reinstated. I was seeing patients during that time and did not realize that my license had expired."
- 6. In the course of its investigation, the Board subpoenaed five patient medical records from the Respondent. A review of the medical records confirmed that the Respondent treated patients in Maryland between October 2014 and May 2015, the period time during which her Maryland medical license was expired.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent practiced medicine in State of Maryland between October 2014 and May 2015 without being licensed by the Board, in violation of Health Occ. § 14-601.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is, by a majority of the quorum of the Board considering this case:

ORDERED that within THIRTY (30) DAYS of the date of this Consent Order, the Respondent shall pay a fine in the amount of FIVE THOUSAND DOLLARS (\$5,000). The fine shall be made by bank certified check or money order, payable to the Maryland Board of Physicians, P.O. Box 37217, Baltimore, Maryland 21297; and it is further

ORDERED that the Respondent shall be responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; 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).

03 | 24 | 2016 Date

Christine A. Farrelly Executive Director

Maryland State Board of Physicians

CONSENT

I, Barbara A. Byers, M.D., acknowledge that I am represented by counsel and

have consulted with counsel before entering into 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 the

Board that might have followed 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 this Consent Order.

Date

Barbara A. Byers, M.D. The Respondent

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HEREBY CERTIFY that on this _____ day of ________, 2016, before me, a Notary Public of the foregoing State and City/County personally appear Barbara A. Byers, M.D., License Number D74060, 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 notary seal.

Notary Public

My commission expires: 12/26/2016