

**MARYLAND BOARD OF PHYSICIANS
BOARD
OPEN MEETING MINUTES
4201 Patterson Avenue, Baltimore, MD
Room 100
September 27, 2023**

The Maryland Board of Physicians (the Board) met Wednesday, September 27, 2023 with the following members present:

Panel B

Harbhajan Ajrawat, Board Chair
Julie Caffrey, D.O.
Ingrid Connerney, Consumer Member
Tyler Cymet, D.O.
Vinu Ganti, M.D.
Carol E. Ritter, M.D.
Richard T. Scholz, M.D.
Maxine E. Turnipseed, Consumer Member
Scott J. Wiesenberger, M.D.

Panel A

Mark D. Olszyk, M.D.
Mark D. Baganz, M.D.
Jon S. Frank, Consumer Member
Alvin L. Helfenbein, Jr., Consumer Member
Ira Kornbluth, M.D.
Chika Logie, M.D.
Kevin Pereira, M.D.
Judith Singletary, Consumer Member
Ifeyinwa A. Stitt, M.D.

ABSENT: Natalie Orbach, PA-C; Martha Schaerr, Consumer Member; Marie-Alberte Boursiquot, M.D.

OFFICE OF ATTORNEY GENERAL STAFF PRESENT: Stacey Darin, Assistant Attorney General; Noreen Rubin, Assistant Attorney General; David Wagner, Assistant Attorney General

STAFF PRESENT: Christine Farrelly, Executive Director; Doreen Noppinger, Compliance Manager; Zach Spivey, Probation Supervisor; Rhonda Deanes, Lead Allied Health Analyst, Madeline Delgreco, Health Policy Analyst; Diane Duckett, AH PAs; Matthew Dudzic, Policy Manager; Michael EID, Compliance Analyst Associate; Julie Gaskins, Health Policy Paralegal; Margaret Ellis Jury, Allied Health, ND; Ally Jones, Compliance Analyst Associate; Jalon Shell, Compliance Analyst Associate; Philip Thomas, Licensure Analyst; Michael Tran, Health Policy Analyst; Chris Triplett, IT Manager; Brittany White, AH AT/Perfusionist/Polysom; Felicia Wright, Allied Health Manager

GUEST PRESENT VIA CONFERENCE CALL: Kara Cossis, Chair, Physician Assistant Advisory Committee (PAAC); Steve Wise, Health Lobbyist, Schwartz, Metz, Wise and Kauffman Law Firm

CALL TO ORDER

Dr. Ajrawat, Board Chair called the meeting to order at 9:00 a.m.

HOUSEKEEPING RULES - FYI for Board members

NEW BUSINESS

Physician Assistants Delegation Agreement Addendum for Advanced Duties

The Physician Assistant Advisory Committee (PAAC) determined that the physician assistants meet the criteria for advanced duties established in statute and regulations, and voted to recommend approval of the addendum to the Board.

On a motion made by Dr. Cymet, and seconded by Dr. Scholz, the Board voted to

unanimously **APPROVE** all addendum requests to perform the advanced duties in attachment 1.

Athletic Trainers Evaluation and Treatment Protocols for Approval

The Athletic Trainers Advisory Committee reviewed the Evaluation and Treatment Protocols, determined that the athletic trainers meet the criteria established in statute, and voted to recommend approval to the Board.

*On a motion made by Dr. Cymet, and seconded by Dr. Ganti, the Board voted to unanimously **APPROVE** the Athletic Trainers Evaluation and Treatment Protocols in attachment 2.*

Athletic Trainers Specialized Tasks for Evaluation and Treatment Protocols for Approval

Board staff presented the request from Yvette Rooks, M.D., and Shawn Hendi, ATC, for Mr. Hendi to perform the Sound Assisted Soft Tissue Mobilization (SASTM) for specialized tasks in the Educational Institution (Montgomery County Public Schools) or Professional Sports Organization Practice Setting. The Board requested further information concerning this task to bring to its next meeting.

*On a motion made by Ms. Turnipseed, and seconded by Dr. Wiesenberger, the Board voted 17 to 1 to **APPROVE** until the October 25, 2023 Board meeting regarding the Athletic Trainers Specialized Tasks for Evaluation and Treatment Protocols and Dr. Cymet abstaining.*

Allied Health Committee Appointment for Approval

Athletic Trainer Advisory Committee

- Theresa A. Lewis

*On a motion made by Dr. Ganti, and seconded by Ms. Turnipseed, the Board voted to unanimously **APPROVE** the appointment to the ATAC.*

Radiation Therapy, Radiography, Nuclear Medicine Technology, and Radiology Assistance Advisory Committee Appointment

- Anna D. Jeffers

*On a motion made by Dr. Ganti, and seconded by Dr. Cymet, the Board voted to unanimously **APPROVE** the appointment to the RAD Tech.*

APPROVAL OF MINUTES

- August 23, 2023

*On a motion made by Dr. Wiesenberger, and seconded by Dr. Cymet, the Board voted to unanimously **APPROVE** the full Board and Panel minutes.*

POLICY/LEGISLATION

Regulations

- Proposed Regulations - Continuing Medical Education

Mr. Tran requested Board approval to post proposed amendments to the Board's website for public comment. The Board approved the proposed amendments with the condition that a requested amendment be made.

*On a motion made by Dr. Pereira, and seconded by Dr. Cymet, the Board voted to unanimously **APPROVE** posting these proposed regulations to the Board's website for public review and comments after the modifications have been made.*

- Proposed Regulations - Genetic Counselors

Mr. Dudzic informed the Board that the proposed regulations for the licensing of genetic counselors were posted to the website to solicit public comments for two weeks, and had not received any comments. Mr. Dudzic explained one nonsubstantive corrective change to the regulations that had been identified by Board staff and counsel, and outlined the next steps in the regulations promulgation process.

*On a motion made by Dr. Cymet, and seconded by Dr. Ganti, the Board voted to unanimously **APPROVE** the amendments and to continue with the promulgation process.*

Policy

- Ex Vivo Lung Perfusion Overview – FYI

Mr. Dudzic provided the Board with a review of prior Board decisions regarding the practice of ex vivo lung perfusion and a study being performed by Lung Bioengineering. Mr. Dudzic explained that following a meeting in December 2021, the Board had requested that United Therapeutics and Lung Bioengineering provide the Board with periodic updates regarding the status of the ex vivo lung perfusion study. Pursuant to this, representatives of United Therapeutics would be appearing before the Board at their October Panel B meeting.

LEGISLATIVE UPDATE

Mr. Dudzic informed the Board of the recommendations on proposed Board legislation made by the Secretary, and outlined the next steps in the legislative approval process.

EXECUTIVE DIRECTOR'S REPORT

- Board Ranking – Public Citizen – FYI

On August 16, 2023, Public Citizen issued a new report: Ranking of Rate of State Medical Boards' Serious Disciplinary Actions: 2019-2021 (Report), which is based on information from the National Practitioner Data Bank (NPDB). Maryland is ranked 25th, with a rate of 0.89 of serious actions per 1,000 physicians.

Public Citizen concludes that “many, if not most, state medical boards are doing a dangerously lax job in enforcing their states’ medical practice acts.”

- FYI and For Discussion – MedChi Letter

MedChi sent a letter to the Board regarding Covid-19 and immunity from Board disciplinary actions. The Board discussed the letter and approved a response that it is aware of the entirety of the statute and the immunity afforded if a health care provider acts in good faith under a catastrophic health emergency.

- FYI and For Consideration: Application Question

There have been numerous studies and organizations, including the AMA, FSMB, and the Lorna

Breen Hero's Foundation, that are recommending that state licensure boards revise application questions to focus on "current" health conditions to encourage healthcare practitioners to seek treatment. Recommendations for the language used in the application question were discussed. The Chair requested that a few Board Members work with staff and bring back a recommendation with specific language. Dr. Ritter, Dr. Cymet, and Dr. Scholz will participate along with Stacey Darin, board counsel.

- Board Member Delegation to Staff

At its September 27, 2023 meeting the Board delegated to staff the authority to close certain complaints without prior Board approval. See attachment 3.

*On a motion made by Dr. Wiesenberger, and seconded by Ms. Connerney, the Board voted to unanimously **APPROVE** the Delegation to Staff to close certain complaints without prior Board approval.*

- Board Member Designee to PDMP Advisory Council

PDMP Advisory Council is seeking a replacement for Dr. Olszyk, who served as the Board's designee for six years, but resigned due to other commitments in March of 2023. They are seeking an individual with clinical expertise who can actively participate in the meeting discussion and communicate information. The Chair appointed Dr. Cymet to be the Board's representative.

OTHER BUSINESS – FYI ONLY

- Physician Assistant Advisory Committee Open Meeting Minutes – August 2, 2023
- Genetic Counseling Advisory Committee Open Meeting Minutes – August 15, 2023

VOTE TO CLOSE SESSION

CLOSED SESSION: Pursuant to Maryland General Provisions Article §3-305(b)(7)(13), on a motion made by Dr. Wiesenberger, and seconded by Dr. Scholz, Panel B unanimously voted to close its meeting on September 27, 2023 at 10:20 a.m., in room 100, to comply with the statutory requirement under Health Occ. §1-401 that prevents public disclosure of medical review committee proceedings.

SUMMARY OF CLOSED SESSION:

The Panel consulted with counsel in its closed session pursuant to General Provisions §3-305(b)(7) to obtain legal advice and §3-305(b)(13) to review confidential licensure and investigative application information.

CONVENE TO CLOSE

Submitted by,

Harbhajan Ajrawat, M.D.
Board Chair



Board of Physicians

DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

TO: The Board
 FROM: Rhonda Deanes, Allied Health Lead Analyst
 DATE: September 27, 2023
 SUBJECT: Physician Assistant Delegation Agreement Addendums for Advanced Duties

This is to confirm that the Physician Assistant Advisory Committee (PAAC) has reviewed the attached delegation agreement addendums and is recommending the following actions.

The Committee determined that the following physician assistants meet the criteria for advanced duties established in Health Occupations Article, §15-302, COMAR 10.32.03.06 Delegation Agreements – Approval, COMAR 10.32.09 Delegation of Cosmetic Procedures, and other criteria established by the Board.

Previously Board Approved Procedures RECOMMENDED for APPROVAL:

Physician Assistant	Supervising Physician	Requested Procedure(s)	Practice Setting	Date of Approval of Core Duties DA
1. Deena Zacharia Babu, PA-C	Savyasachi Thakkar, M.D.	1. Joint Injections	Hospital Private Practice/ Other	Acknowledged Receipt on 10/17/2022
2. Brian J. Brooke, PA-C	Marc Graifer Dubin, M.D.	1. Tympanic (Intra Tympanic) Membrane Injections 2. Myringotomy	Private Practice/Other	Acknowledged Receipt on 03/02/2022
3. Lindsay T. Carrier, PA-C	Marc W. Hungerford, M.D.	1. Joint Injections and Aspiration (Knee and Shoulder)	Private Practice/Other	Acknowledged Receipt on 07/19/2022
4. Vanessa de Assis, PA-C	Alan O. Kusakabe, M.D.	1. Cystoscopy, with Immediate Available Supervision 2. Cystoscopy with Ureteral Catheter Insertion (Stenting), with Immediately Available Supervision	Hospital	Acknowledged Receipt on 06/21/2023
5. Megan Charlotte Donovan, PA-C	Donald R. Stranahan, Jr., M.D.	1. Skin Excisions 2. Excision and Repair of Malignant Lesions (Melanoma and Non-Melanoma Skin Cancers)	Private Practice/Other	Acknowledged receipt on 10/25/2022

Attachment 1

			<i>*Approve with the specification that "Skin Excisions" and "Excision and Repair of Malignant Lesions (Melanoma and Non-Melanoma Skin Cancers) be limited to 2.5 cm or less above the neck"</i>		
6.	Meghan E. Dunn, PA-C	Teresa K Muns, D.O.	1. Ultrasound Guided Internal Jugular Venous Catheter Insertion	Hospital	Approved on 11/28/2018
7.	Devon C. Fisk, PA-C	Teresa K. Muns, D.O.	1. Arthrocentesis	Hospital	Approved on 10/20/2021
8.	Tricia Ann Geiger, PA-C	Alvin Detterline, M.D.	1. Arthrocentesis 2. Dislocation Reduction 3. Fracture Reduction	Hospital	Approved on 02/10/2016
9.	Tricia Ann Geiger, PA-C	Alvin Detterline, M.D.	1. Aspiration and/or Injection of Joints and Bursae 2. Closed Reduction of Fractures and Dislocations	Ambulatory Surgical Facility	Approved on 02/10/2016
10.	Tricia Ann Geiger, PA-C	Alvin Detterline, M.D.	1. Aspiration and /or Injections of Joints/Bursae	Private Practice/Other	Approved on 02/10/2016
11.	Emily C. Genovese, PA-C	Marc W. Hungerford, M.D.	1. Joint Injection and Aspirations (Knee and Shoulder)	Private Practice/Other	Approved on 10/17/2018
12.	Daniel Gentry, PA-C	Alan O. Kusakabe, M.D.	1. Cystoscopy, with Immediately Available Supervision 2. Cystoscopy with Ureteral Catheter Insertion (Stenting), with Immediately Available Supervision	Hospital	Acknowledged on 06/21/2023
13.	Max A. Grayton, PA-C	John Antoniades, M.D.	1. Arthrocentesis 2. Fracture and Dislocations, Open and Closed Reduction of Major Injuries, including Skeletal Traction 3. Manipulation of Deformities of Musculo-Skeletal System 4. Osteomyelitis and Septic Arthritis, Drainage of	Hospital	Acknowledged on 09/27/2022
			<i>* Approve all of the above and inform Dr. Antoniades that History</i>		

Attachment 1

			<i>and Physical (Occult Blood), and Local Anesthesia are core duties and therefore do not require Board approval.</i>		
14.	Marie A. Lockard, PA-C	Marc W. Hungerford, M.D.	1. Joint Injection and Aspiration (Knee and Shoulder)	Private Practice/Other	Approved on 11/20/2019
15.	Mary M. Masterson, PA-C	Jonathan Lewis Hansen, M.D.	1. Arterial Line Insertion, maintenance and removal 2. Arthrocentesis 3. Central Line Insertion, maintenance and removal 4. Endotracheal Intubation 5. Focused Abdominal Sonogram in Trauma (FAST) 6. Lumbar Puncture 7. Paracentesis 8. Thoracentesis	Hospital	Acknowledged on 06/13/2023
16.	Mackenzie Moler, PA-C	Joseph Michaels, M.D.	1. Morpheus 8 (Radiofrequency Microneedling) 2. SkinPen (Microneedling – No Radiofrequency included) 3. Lumecca (Intense Pulsed Light – 515nm, 580nm) 4. Diolaze (Laser Hair Removal – 580nm Diode) 5. Injectable Neuromodulators (Botox, Dysport) 6. Injectable Cosmetic Fillers 7. SculpSure (Laser Lipolysis aka Radiofrequency Body Contour) 8. Intralesional Injections	Private Practice/Other	Acknowledged on 02/25/2023
17.	Andrea Muniak, PA-C	Teresa K. Muns, D.O.	1. Closed Reduction of Fracture and Dislocations	Hospital	Approved on 09/15/2021
18.	Stephanie M. Pervarnik, PA-C	Marc W. Hungerford, M.D.	1. Joint Injection and Aspiration (Knee and Shoulder)	Private Practice/Other	Approved on 05/23/2018
19.	Michael Swaben Popoko, PA-C	Teresa K. Muns, D.O.	1. Closed Reduction of Fractures and Dislocation	Hospital	Acknowledged on 07/05/2022
20.	Dennis Ramirez, PA-C	Alan O. Kusakabe, M.D.	1. Cystoscopy, with Immediately Available Supervision 2. Cystoscopy with Ureteral Catheter Insertion	Hospital	Acknowledged on 06/21/2023

Attachment 1

			(Stenting), with Immediately Available Supervision		
21.	Brittany Dashiell Sones, PA-C	Marc W. Hungerford, M.D.	1. Administer Joint Injections 2. Joint Aspirations 3. Closed Reduction of Dislocations 4. Closed Reduction of Fractures	Hospital	Approved on 12/20/2017
22.	Brittany Dashiell Sones, PA-C	Marc W. Hungerford, M.D.	1. Joint Injection and Aspiration (Knee and Shoulder)	Private Practice/Other	Approved on 12/20/2017
23.	Brian Cleve Temple, PA-C	Sriram Padmanabhan,	1. Stress Testing (Pharmacologic and Exercise)	Hospital	Acknowledged on 02/25/2023
24.	Morgan K. Tuomey, PA-C	Marc W. Hungerford, M.D.	1. Joint Injection and Aspiration (Knee and Shoulder)	Private Practice/Other	Approved on 06/23/2021
25.	Amanda L. Ulan, PA-C	Harpal Khanuja, M.D.	1. Skeletal Traction Pin Placement	Hospital	Approved on 09/15/2021



Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Damean W.E. Freas, D.O., Chair

TO: The Board
FROM: Board Staff
DATE: September 27, 2023
SUBJECT: Evaluation and Treatment Protocols

This is to confirm that Board Staff has reviewed the attached Evaluation and Treatment Protocols and determined that the following athletic trainers meet the criteria for Evaluation and Treatment Protocols established in Health Occupations Article, §14-5D-11 Supervision; Evaluation and Treatment Protocols and COMAR 10.32.08.06 Evaluation and Treatment Protocols.


Specialized tasks are not included in these protocols. Board staff is therefore recommending approval of the Evaluation and Treatment Protocols for the following athletic trainers:

Attachments: Evaluation and Treatment Protocols for the following athletic trainers:

Athletic Trainer	Supervising Physician
Janna Adams, ATC	Wiemi A. Douoguih, M.D.
Brenna M. Allen, ATC	Wiemi A. Douoguih, M.D.
Samantha J. Antosiewicz, ATC	Wiemi A. Douoguih, M.D.
Steven A. Argueta Portillo, ATC	Ralph F. Henn III, M.D.
Robin Christina Bachkosky, ATC	Peter N. Ove, M.D.
Janae M. Battle, ATC	Christopher S. Raffo, M.D.
Caitlin B. Clark, ATC	Milford Merchant, M.D.
Nichole Marie Crouch, ATC	Frederick T. Lohr, M.D.
Abigail Marie Dennis, ATC	Samuel O. Matz, M.D.
Tucker D. Devilbiss, ATC	David E. Tuel, M.D.
Julian D. Douglas, ATC	Jeffrey V. Mayer M.D.
Emily Nicole Dudley, ATC	Samuel O. Matz, M.D.
Dahlia A. Dyson, ATC	Wiemi A. Douoguih, M.D.
Penny W. Foland, ATC	Taylor J. Wiley, M.D.
Marie D. Freudenthal, ATC	Geoffrey N. Sanyi, D.O.
Meghan Teresa Gray, ATC	Geoffrey N. Sanyi, D.O.
Nathaniel V. Grimm, ATC	Wiemi A. Douoguih, M.D.
Allison O. Hammond, ATC	Kyle Yost, M.D.
Shawn Joseph Hendi, ATC	Wiemi A. Douoguih, M.D.
Siqi Hong, ATC	Frederick T. Lohr, M.D.
Daryl Erika Jenkins, ATC	Erica P. Gaertner, M.D.
Karida C. Jordan, ATC	Samuel Sanders, M.D.
Mark C. Kang, ATC	Christopher S. Raffo, M.D.
Amanda Elizabeth Kusiak, ATC	Louis E. Kovacs, M.D.
Avigayil Nicole Bailey Levy, ATC	Benjamin M. Petre, M.D.
Jade H. Lewis, ATC	David E. Tuel, M.D.

Athletic Trainer	Supervising Physician
Veronica Judith Lincoln, ATC	Robert A. Waltz, M.D.
Travis Arthur McCormack, ATC	Wiemi A. Douoguih, M.D.
Christopher Richard Miller, ATC	Geoffrey N. Sanyi, D.O.
Matthew Mitzman, ATC	Ralph F. Henn III, M.D.
Hannah Marie Narcross, ATC	Anthony T. Velott, M.D.
Samantha Caitlin Paizs, ATC	Korin B. Hudson Fabian, M.D.
Gina Rose Palermo, ATC	Craig H. Bennett, M.D.
Gina Rose Palermo, ATC	Erica P. Gaertner, M.D.
Sydney G. Perlowski, ATC	Vikram S. Sodhi, M.D.
Tiffany Patrice Perry, ATC	Wiemi A. Douoguih, M.D.
Patricia Emily Runser, ATC	Wiemi A. Douoguih, M.D.
Hailey N. Rust, ATC	Daniel E. Redziniak, M.D.
Victoria Simonetti, ATC	Wiemi A. Douoguih, M.D.
Gina Marie Tolomei, ATC	Anthony T. Velott, M.D.
Tyler Norman Tunnell, ATC	Wiemi A. Douoguih, M.D.
Jodi R. Webb, ATC	Christopher S. Raffo, M.D.
Meghan A. Webster, ATC	Wiemi A. Douoguih, M.D.
Meghan Marie Weeks, ATC	Vikram S. Sodhi, M.D.

FOCUS SHEET

TO: Board Members
 FROM: Christine A. Farrelly, Executive Director 
 DATE: September 27, 2023
 RE: Board Member Delegation to Staff

Question: Will the Board delegate to staff the authority to close certain complaints without prior Board approval?

Delegation by the Board and Disciplinary Panels:

The Board has delegated many disciplinary-related processes to Board staff, which is permitted by the statute, such as Criminal History Record Checks (CHRCs), CME audits, Reciprocal Disciplinary Action Consent Orders, etc. All delegated processes have distinct parameters that staff must follow.

Background:

In September of 2012, the Board approved the use of a chart that contains “Cases for Closure Based on Credibility and/or Jurisdiction”. The Board approved this process with the goal of shortening the time that each case remains open, saving staff resources, streamlining the preliminary investigation process, and reducing the reading required for panel members.

These cases differ from cases for closure and closure with an advisory letter. Closure for credibility and/or jurisdiction cases are complaints that contain insufficient information, dismissal from a practice, policy issues, insurance coverage, etc. Please see the detailed list with examples below.

Current Process:

Currently, the “Cases for Closure Based on Credibility and/or Jurisdiction” are included in a chart at the beginning of the IRP Agenda and are presented for a consensus vote for closure.

Since 2012, hundreds of cases have been closed in a block via the chart. In eleven (11) years, the Panels have not once requested that staff conduct additional investigation on a case included in the charts. A redacted chart is attached.

All cases on the charts have been reviewed by the Board's Medical Consultant, who has confirmed that the Board has no jurisdiction or the case lacks credibility or there is not sufficient information to proceed with an investigation. The Respondent and Complainant are not notified in writing that the complaint has been closed until after a consensus vote at IRP.

Managing for Results (MFRs)

MFRs is a Statewide system wherein State Agencies are assigned performance-related goals and measures. The Board has performance measures related to licensure and discipline. Certain data, including investigative days cases remain open during preliminary investigations, is collected and reported by the Board to the Department of Budget Management (DBM). The

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Department of Legislative Services (DLS) then uses this information during the budget process to evaluate the performance of the Board.

Proposed Process of FYI Only: Cases for Closure Based on Certain Criteria:

The cases on the chart will be placed at the end of the IRP Agenda as an FYI, rather than requiring a vote, so that the Board can further reduce the time that each case remains open.

Staff estimates that this will eliminate approximately 1,500 investigative days per year. The 1,500 investigative days eliminated was calculated by multiplying the number of cases on the charts (approximately 50 per year) times 30 days, which is the average days a case remains open awaiting the designated Panel meeting. Depending on the Panel assignment, the case could remain open for a longer or shorter period of time.

All cases will be reviewed by the Board's Medical Consultant, who will confirm that the Board has no jurisdiction or the case lacks credibility or sufficient information to proceed with an investigation. The Respondent and Complainant will be notified in writing that the complaint has been closed. Board members always have the ability to re-open a matter if they believe that it warrants further review.

Please note that if this process is approved, all cases will continue to be provided to the Disciplinary Panels each month, but will be closed prior to the Panel meeting. The proposed process will not remove the discretion of the panel members.

Examples of Cases:

Although not entirely inclusive, the following are the types of complaints that are generally included in the spreadsheet:

- The complaint is not specific enough. For example, the complaint states that Dr. B. is a drug addict filed by Anonymous. The Board cannot investigate without the full name of the physician.
- The practitioner is not regulated by the Board. For example, a complaint is filed against the "Dr." at an urgent care center. Once records are received, the "Dr." turns out to be a Nurse Practitioner.
- The staff person is an employee of an entity and not the physician. For example, a complaint is received about a medical assistant, and the complaint alleges that Dr. B. is the supervisor. Once a written response from the respondent and employment records are obtained, it is determined that the medical assistant is an employee of the hospital.
- The complaint is filed against an entity. For example, a complaint is filed against a hospital.

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- The care provided occurred in another State. For example, a complaint against Dr. B. alleges a standard of care violation. Once a written response from the respondent and medical records are obtained, it is determined that the care was provided in Dr. B.'s office in DC.
- The care provided occurred after the statute of limitations. For example, a complaint is submitted that involves care from 2013, and the complainant states that they have been thinking of filing the complaint since 2014. Because the statute of limitations for a standard of care violation is six years after the day when the complainant discovered the facts that form the basis of a complaint, the Board cannot investigate.
- The practitioner's license is expired. For example, a complaint is received on October 15, 2023, that alleges unprofessional conduct by Dr. B. on September 1, 2023. Staff check Dr. B.'s status; his license has expired, so the Board no longer has jurisdiction.
- The allegation did not occur in the practice of the profession. For example, the Board receives a complaint that Dr. B. has been convicted of assault on his daughter, who suffered a broken arm. The Board does not have jurisdiction if the conviction is not related to the practice of medicine and the conduct is not a crime of moral turpitude.
- There is no physician-patient relationship. For example, a complaint is received that a physician at an insurance company denied insurance coverage for a procedure. No physician-patient relationship is established, and the patient can still have the procedure without insurance coverage. Another example is an IME where the complainant does not agree with the IME results. No physician-patient relationship is established, and the physician is providing an opinion.
- The complainant has a significant pattern and history of making unsubstantiated allegations. For example, the complainant has filed ten complaints against Dr. B., all with unsubstantiated or non-jurisdictional issues. The Board's Medical Consultant reviews the complaint and determines that no allegations could or should be investigated because the Board does not have authority.

Board staff is requesting that the Board delegate to staff the authority to close certain complaints without prior Board approval under the parameters outlined above.

FOR CLOSURE BASED ON CREDIBILITY AND JURISDICTION
PANEL

	RESPONDENT	CASE #	ALLEGATION	RECOMMENDATION
1.	MD (gyn)	202-0489	(3ii) that the Respondent was not present for patient's appointment and staff charged patient \$40 for the annual exam	CLOSE – The Respondent was not involved. Standard of care and billing was met by the NP.
2.	MD (surgery)	202-0518	(3ii) that the Respondent was in a personal crisis mode during IME appointment	CLOSE – This complaint was only opened given the complainant's suggestion that the Respondent was distracted by his own crisis. This is denied by the Respondent and we have no means of corroborating it.
3.	MD (vascular neurology)	202-0465	(22) that the Respondent ordered an IV for patient moments before discharge resulting in pain for 21 days and was abused and neglected during hospital stay	CLOSE –The Respondent was not involved.
4.	DO (internal medicine)	202-0497	(22) that the Respondent failed to appropriately treat patient in distress	CLOSE –The complaint is vague. An RN describes the mother as mentally ill and the son as calm and cooperative. The mother apparently does not give the son his medications as prescribed.
5.	MD (internal medicine)	202-0488	(3ii) that the Respondent charged patient for more medical services that were not asked for	CLOSE –We have had complaints similar to this which have been closed (patient only wanted a COVID test). Patients have options of doing home tests which were/are readily available or getting tested through the county if they wish to avoid a medical visit and charge.
6.	MD (internal medicine)	202-0787	(3ii) that the Respondent exploded during office visit when patient mentioned rechecking her blood pressure	CLOSE – It is evident that the complainant and the Respondent did not have a good working doctor patient relationship during this first visit. The patient was

				appropriately discharged and was not billed. Unable to judge professionalism.
7.	MD (internal medicine)	202-0792	(22) that the Respondent referred patient to vascular surgeon for unnecessary surgery	CLOSE – The Respondent was not involved in the decision to place a catheter which was indicated and appropriate.
8.	MD (internal medicine)	202-0343	(3ii) that the Respondent's wife violated patient's privacy rights and made inappropriate comments to patient	CLOSE – A patient may be discharged from a practice for any reason. The patient was provided with notice and her medical records.
9.	MD (dermatology)	202-0428	(3ii) that the Respondent totally disregarded patient's health and welfare by not seeing patient in over 97+ days who is experiencing scalp lesion and numerous skin irritations	CLOSE – The complaint does not involve the Respondent. The patient's frustration that it took a week to get a prescription called in is understandable but it was over the holidays with staff out and it was not critical. His expectation is that the office will follow-up and reschedule him rather than his having to call in as directed.
10.	MD (plastic surgery)	202-0444	(3ii)(43) as President, allowed elective cosmetic surgery on patients with no running water	CLOSE – There was only one case done during the water main break and there was available water for handwashing as well as a hand sterilizer. Any wash out of a surgical field would not have used tap water.
11.	MD (internal medicine)	202-0438	(22) that the Respondent has failed to provide long-term nursing home patient with proper care	CLOSE –The complaint is filed by someone who is incarcerated. The Respondent is not the patient's provider.
12.	MD (neurology)	202-0605	(3ii) that the Respondent canceled patient's appointment based on a review of patient's file	CLOSE – The Respondent, after review of the patient's records, felt that the patient was not best served by seeing a vascular neurologist.
13.	MD (dermatology)	202-0553	(3ii) that the Respondent failed to notify patient of biopsy results	CLOSE –It is evident that the patient and Respondent are playing phone tag, frustrating both of them.

14.	MD (internal medicine)	202-0527	(3ii) that the Respondent and his staff verbally assaulted patient and Respondent shoved patient causing patient to hurt her injured foot	CLOSE – The Respondent was not involved.
15.	MD (otolaryngology)	202-0556	(3ii) that the Respondent's staff will not allow patient to schedule appointment	CLOSE – The Respondent was not directly involved and the patient now has an appointment.
16.	MD (anesthesiology)	202-0534	(23) that the Respondent did not provide services at the level billed	CLOSE – This is a billing complaint. It is legal to offer a self-pay patient a lower rate than what an insurer might be billed.
17.	PA	2023-0530	(3ii) that the Respondent unfairly and abruptly discharged patient from practice	CLOSE – Standards for discharge were followed. Dr. Wong (the PSP) discharged the patient.
18.	MD (internal medicine)	202-0532	(22) that the Respondent would not honor patient's request (regarding prune juice, coffee and another antibiotic) and prematurely discharged patient	CLOSE – The Respondent does not appear to have been involved in the care of this patient and the standard of care is met.