



Mission Statement

The mission of the Maryland Board of Physicians is to assure quality health care in Maryland through the efficient licensure and effective discipline of health providers under its jurisdiction, by protecting and educating clients, customers and stakeholders and enforcing the Maryland Medical Practice Act.

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Seeking Physicians

The Board is currently seeking physicians in all specialties to perform preliminary reviews of complaints.

Would YOU be willing to occasionally review a case for the Board?

The Board receives numerous complaints regarding care provided by physicians and other allied health care practitioners. The complaint process consists of obtaining a response from the licensee regarding the allegations and obtaining medical records and any other material necessary to perform a preliminary investigation. The next step is to have the case reviewed by a physician (consultant) in the same specialty to make a recommendation to the Board: (1) whether the case should be opened for full investigation and formally peer reviewed; (2) whether the physician should be advised, by confidential letter regarding a certain issue; or

(3) whether the care was appropriate and the case can be simply closed. Once this review is completed, a panel of the Board reviews the material and the consultant's recommendation and makes a final determination regarding the disposition. A consultant is not required to testify and has immunity as well. The only requirement is that the consultant must submit a written report that includes a short synopsis of the complaint, the physician's response to the allegations, and the consultant's rationale regarding their opinion. The licensee in question would not have knowledge of the consultant review at any time.

A consultant receives 1 Continuing Medical Education (CME) Category 1 credit for each medical record reviewed, up to 10 CMEs per renewal cycle.

If you are interested in performing this valuable service for the Board, please contact Maureen Sammons, Intake Manager at 410-764-5979.



Board Welcomes New Public Member

The Board is pleased to announce the appointment of Edward J. Brody to serve as the public member of the Board. The public member is knowledgeable in risk management or quality assurance matters and is selected from a list submitted to the governor by the Maryland Hospital Association. The Board welcomes Mr. Brody and appreciates his willingness to devote his time and effort to serving on the Board.





Coming Soon



Maryland Prescription Drug Monitoring Program

Beginning in December 2013, the Maryland Department of Health and Mental Hygiene's (DHMH) Prescription Drug Monitoring Program (PDMP) will give healthcare providers a powerful new clinical tool for the identification and prevention of prescription drug-related substance use disorders. For the first time, providers will have real-time, electronic access to their patients' complete Maryland controlled substance prescription profile. Access to PDMP data will be provided at no-cost to physicians, physician assistants, nurse practitioners, pharmacists and others that prescribe or dispense controlled substances.

Created by State law in 2011, the PDMP requires drug dispensers to electronically report information for each controlled substance prescription dispensed to a patient in Maryland. Both in-state and non-resident pharmacies as well as healthcare practitioners that dispense controlled substances are required to report. Merely writing prescriptions is *not* required to be reported; only dispensing. The reporting requirement became effective on August 20, 2013.

PDMP data is securely stored and made available to providers only for the purpose of supporting patient care. DHMH has partnered with Chesapeake Regional Information System for our Patients (CRISP), the state-wide health information exchange (HIE), to facilitate quick and convenient access to PDMP data at the point-of-care. The CRISP HIE currently connects all 46 acute care hospitals in Maryland, allowing providers to query their patients' hospital admission, discharge and transfer records, labs and radiology reports and other clinical documents. The HIE's web-based query portal will now provide the prescription information reported to the PDMP right alongside the other clinical data currently available through CRISP, all in an easy-to-use display that can be configured by the user.

Physicians who want access to PDMP data will register with CRISP and watch a short training video. If you are a hospital-based physician, CRISP will confirm your affiliation with hospital administration. If you are a sole practitioner or in a group practice that has not previously worked with CRISP, your practice will need to sign the CRISP Participation Agreement which outlines the terms of system use. Physicians and other practitioners that are authorized to prescribe controlled substances will receive their own CRISP user accounts. Prescribers may also delegate access to licensed healthcare practitioners who are not themselves authorized to prescribe controlled substances, such as a registered nurse or a drug and alcohol abuse counselor.

Regularly querying prescription information can reveal previously unseen aberrant drug use behaviors that greatly increase patients' risk of dangerous drug interactions, addiction or overdose. DHMH and local health departments throughout Maryland are committed to supporting providers' ability to make appropriate referrals to substance use disorder assessment, treatment and recovery services. For more information about the PDMP and related resources, please see the links below:

CRISP PDMP Update webpage: <http://crisphhealth.org/CRISP-HIE-SERVICES/Prescription-Drug-Monitoring-Program-PDMP>
 Maryland PDMP website: <http://www.hidinc.com/mdpdmp>
 DHMH Alcohol and Drug Abuse Administration Treatment Locator: <http://adaa.dhmh.maryland.gov/SitePages/ADAA-ResourceDirectory.aspx>

Local Health Department Treatment Coordinators: http://adaa.dhmh.maryland.gov/Documents/content_documents/StatewideServices/TreatmentCoordinators.pdf

Submitted By: Michael Baier
 DHMH Alcohol and Drug Abuse Administration





What Do CLAS Standards Mean For Individuals

In April 2013, the U.S. Department of Health and Human Services, Office of Minority Health released the much anticipated “National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care”. The National CLAS Standards were originally released in 2000. The re-launched CLAS Standards signify progress in the state-of-the-art theory and practice of cultural competency guidelines for health organizations to address health care disparities and enhance health equity.

The overarching theme of the National CLAS Standards is to present a blueprint for health care organizations to “provide equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs”.

However, the National CLAS Standards hold significance not only for health care organizations, but also for individual licensed health care professionals in Maryland and around

How Can I Translate the National CLAS Standards to Address My Own Care and Service Delivery Practices?

A clear role for individual health care professionals in implementing the National CLAS Standards is to serve as an advocate for patients and clients within the health care organizations where you work. Both individual and collective advocacy for the health equity and cultural competency principles promoted by the CLAS Standards are necessary in order to adequately address disparities in health care.

Outlined below are several adapted CLAS Standards which provide suggestions for individual practitioners as they champion implementation of the Standards within their organizations.

Governance, Leadership, and Workforce:

- Using formal channels of communication within your organization, provide recommendations to your organization’s decision-makers about the following:
 - Implementation of organizational policies, practices, and resources to promote health equity and delivery of culturally and linguistically appropriate services to patients/clients; and,
 - Recruitment, promotion and support of a culturally and linguistically diverse workforce that reflects and is responsive to the communities being served by the organization.
- Be an active participant in cultural competency training opportunities offered within your organization, and actively seek out additional training opportunities sponsored by other organizations.

Communication and Language Assistance:

- Always use the assistance of trained medical interpreters (in-person or via a telephonic language assistance service) during encounters with patients/clients who have limited English proficiency or other communication needs. (*Refrain from using minors and untrained individuals as interpreters.*)

- Inform patients/clients that language assistance is provided to them at no cost.
- Ensure that signage and frequently used health education materials in your office, or station where you provide services, are easy to understand and available in the primary languages used in the surrounding community.

Engagement, Continuous Improvement, and Accountability:

- Stay informed about your organization’s CLAS-related goals and policies, offer suggestions for improving them, and be mindful of how to implement them during individual patient/client encounters.
- Be accountable for quality improvement efforts and recommend ways to incorporate CLAS-related measures into your organization’s continuous quality improvement activities.
- Inform all patients/clients about opportunities for them to contribute to your organization’s continuous quality improvement process through participation in community needs assessments, focus groups, and similar activities.
- Inquire and stay informed about community resources (formal and informal) that may be helpful as supports to patients/clients self-managing their care.

Other General Suggestions to Keep In Mind ...

- ▶ Regularly engage in personal reflection regarding one’s own biases, cultural values, beliefs and philosophies (both personal and professional) and how they may influence interactions with patients/clients and ultimately affect their response to the care management plan.
- ▶ Seek opportunities, both within your organization and in the community, to learn about the diverse cultural experiences of members of the community being served.
- ▶ Be cognizant of the provider-patient power imbalance and actively develop strategies to listen and communicate with patients/clients in a respectful manner that is non-shaming and non-judgmental.
- ▶ Consider patients/clients and their families as full partners in the decision-making process.
- ▶ As best as possible, tailor services and care delivery to the unique needs of your individual patients/clients.
- ▶ Offer assistance with completing forms, and assume that all patients/clients will have difficulty understanding health information—this is the universal precautions approach to health literacy.

Further information about the National CLAS Standards is available at the following Website: <https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>. The Website also hosts several online continuing education modules on cultural competency.

Additional training modules and resources also can be found in the Cultural Competency and Health Literacy Primer published in March 2013 by the Maryland Office of Minority Health and Health Disparities (MHHD) and the University of Maryland School of Public Health. The Primer and other resources can be accessed on the MHHD Website: <http://dhmh.maryland.gov/mhhd/SitePages/Home.aspx>

References:

McCann M., Carter-Pokras O., Braun B., Hussein C. Cultural Competency and Health Literacy Primer. Maryland Office of Minority Health and Health Disparities and the University of Maryland School of Public Health, March 2013. <http://dhmh.maryland.gov/mhhd/CCHLP>
[National Center for Cultural Competence, Georgetown University. Conceptual Frameworks/Models, Guiding Values and Principles. http://nccc.georgetown.edu/foundations/frameworks.html#ccdefinition](http://nccc.georgetown.edu/foundations/frameworks.html#ccdefinition)

U.S. Department of Health and Human Services, Office of Minority Health. National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. April 2013. <https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>

Submitted By: Monica McCann, MA, MPH
DHMH Office of Minority Health and Health Disparities



Dino J. Delaportas, M.D., License #: D26523 (Expired) Area of Practice: Internal Medicine and Infectious Disease (Bridgeport, WV) Termination of condition issued by the Final Decision and Order dated February 25, 2013. The Board determined that the physician has satisfied the condition of the Final Decision and Order.
Date of Action: August 21, 2013

Iris E. Dominy, M.D., License #: D30890 Area of Practice: OB/GYN (Potomac, MD) Summary Suspension Vacated with a condition. Licensee is prohibited from performing any procedures that require the licensee to administer sedation to patients. The Board determined that a substantial likelihood of a risk of serious harm to the public health, safety and welfare in the physician's continued practice does not exist with the exception of administering sedation.
Date of Action: August 29, 2013

Michael Freedman, M.D., License #: D52245 Area of Practice: Internal Medicine (Annapolis, MD) Suspension is terminated; Probation for a minimum of five (5) years with terms and conditions which include a prohibition on prescribing and dispensing any CDS to patients. The Board determined that the physician complied with the conditions of the suspension.
Date of Action: August 12, 2013

Joel S. Ganz, M.D., License #: D01544 Area of Practice: Child and Adolescent Psychiatry (Rockville, MD) Termination of probationary terms and conditions imposed by the Order of Reinstatement dated April 30, 2012. The physician has complied with the terms and conditions precedent.
Date of Action: August 8, 2013

David Hackney, M.D., Applicant Area of Practice: Psychiatry (Suitland, MD) Application for Licensure is denied. The Board determined that the physician is not of good moral character and fails to meet the qualifications for applicants, was disciplined by a licensing or disciplinary authority or convicted or disciplined by a court of any state and is guilty of unprofessional conduct in the practice of medicine.
Date of Action: August 28, 2013

Barry E. Kahan, M.D., License #: D65080 Area of Practice: Radiology (Richmond, VA) Reprimand. The Board took reciprocal action based upon the physician's disciplinary action taken by the Virginia Board of Medicine.
Date of Action: August 29, 2013

Suhayl S. Kalash, M.D., License #: D23768 Area of Practice: Urological Surgery (Cockeysville, MD) Termination of probationary terms and conditions imposed by the Order Staying Suspension/Order of Probation dated December 19, 2001 and its related Consent Order dated September 19, 2001. The probationary terms and conditions are satisfied.
Date of Action: August 23, 2013

Mark A. Kang, AT, License #: A00489 Area of Practice: Athletic Trainer (Silver Spring, MD) Administrative fine of \$500. The individual practiced athletic training without a license, in violation of the Medical Practice Act, Md. Code Ann., Health Occ. §14-5D-17.
Date of Action: August 20, 2013

Gregory J. Latham, M.D., License #: D67805 Area of Practice: General Practice (Seattle, WA) Termination of probationary terms and conditions imposed by the Consent Order dated June 2, 2008. The physician has complied with the terms and conditions precedent.
Date of Action: August 7, 2013

Richard Markham, M.D., License #: D19782 Area of Practice: Infectious Disease (Baltimore, MD) Termination of conditions imposed by the Consent Agreement dated May 3, 2013. The physician has complied with the conditions precedent.
Date of Action: August 23, 2013

Steven A. Pickert, M.D., License #: D15804 Area of Practice: Family Practice (Thurmont, MD) Permanent Letter of Surrender. The physician decided to permanently surrender his license due to his retirement from the practice of medicine.
Date of Action: August 28, 2013

Stephen Rockower, M.D., License #: D25185 Area of Practice: Orthopaedic Surgery (Rockville, MD) Termination of conditions imposed by the Consent Order dated March 18, 2013. The physician has complied with the conditions precedent.
Date of Action: August 21, 2013

William J. Roe, Jr., M.D., License #: D29579 Area of Practice: General and Bariatric Surgery (Baltimore, MD) Summary Suspension. The Board determined that the physician's conduct constituted a substantial likelihood of a risk of serious harm to the public health, safety and welfare.
Date of Action: August 14, 2013

William J. Roe, Jr., M.D., License #: D29579 Area of Practice: General and Bariatric Surgery (Baltimore, MD) Summary Suspension Affirmed. The Board determined that there exists a substantial likelihood of a risk of serious harm to the public health, safety and welfare in the physician's continued practice.
Date of Action: August 29, 2013

Michael S. Rudman, M.D., License #: D17106 Area of Practice: Family Practice (Hagerstown, MD) Board's Final Opinion and Order of June 15, 2012 is reversed and the charges of immoral and unprofessional conduct issued on August 31, 2010, are dismissed. The Circuit Court for Frederick County reversed the Board's Final Order and dismissed the charges.
Date of Action: August 28, 2013

Vincent J. Vaghi, M.D., License #: D27925 Area of Practice: Pediatrics (Rockville, MD) Reprimand with terms and conditions. The Board found that the physician engaged in unprofessional conduct in the practice of medicine.
Date of Action: August 28, 2013

For The Month of September 2013

John R. Durocher, M.D., License #: D13205 Area of Practice: Internal Medicine (Rock Hall, MD) Termination of probation ordered on June 23, 2011; the physician may not prescribe any Schedule II, III, or IV CDS, except in a hospice setting, and this is a permanent prohibition. The physician has successfully completed the terms of the suspension and of the probation imposed on June 23, 2011.
Date of Action: September 27, 2013

Elizabeth Ellison, M.D., License #: D48269 (expired) Area of Practice: Psychiatry (Albany, OR) Application for Reinstatement of Licensure is denied. The Board denied the physician's application based upon the lack of good moral character, the physician was disciplined by a licensing or disciplinary authority and was subject to investigation or disciplinary action by a licensing or disciplinary authority for an act that would be grounds for action as unprofessional conduct in the practice of medicine.
Date of Action: September 25, 2013

Mark A. Kang, AT, License #: A00489 Area of Practice: Athletic Trainer (Silver Spring, MD) Termination of conditions imposed by Consent Agreement dated August 20, 2013. The individual has complied with the conditions precedent.
Date of Action: September 18, 2013



Fahim N. Kashif, P.A., License #: C03457
 Area of Practice: Physician Assistant (Hurlock, MD) Suspension. The Board found that the physician is delinquent in child support and the law mandates suspension of his license.
 Date of Action: September 3, 2013

Leila I. Kump, M.D., License #: D67770
 Area of Practice: Unspecified (Gaithersburg, MD) Suspension for a minimum one year and until the requirements are met. The Board found that the physician fraudulently or deceptively obtained or attempted to obtain a license, is guilty of unprofessional conduct in the practice of medicine, willfully made or filed a false report or record in the practice of medicine, was disciplined by a licensing or disciplinary authority for an act that would be grounds for disciplinary action under this section and willfully made a false representation when seeking or making application for licensure or any other application related to the practice of medicine.
 Date of Action: September 20, 2013

David V. Martini, M.D., License #: D59096 Area of Practice: Otolaryngology (Elkton, MD) Reprimand; Fine of \$5000 payable within ten days; Physician can only perform a cosmetic surgical procedure in an office or a facility accredited or certified to participate in the Medicare program. The Board found that the physician failed to meet the standard of care and performed a cosmetic surgical procedure in an office or a facility not accredited or certified to participate in the Medicare program.
 Date of Action: September 12, 2013

Caryl G. Mussenden, M.D., License #: D19555 Area of Practice: OB/GYN (Lanham/Seabrook, MD) Reprimand; physician's surgical practice shall be permanently limited to the following: (1) limited dilation and curettage, endometrial ablation and hysteroscopy may only be performed in a surgical center that is licensed under Md. Code Ann., Health Gen. 19-3B-01 et seq; (2) physician's practice shall not include liposuction; and, (3) the physician shall not use IV or IM conscious sedation or general anesthesia for any office-based gynecological procedures. The Board found that the physician failed to meet the standard of care.
 Date of Action: September 25, 2013

Richard B. Perry, M.D., License #: D09573 Area of Practice: Internal Medicine (Chevy Chase, MD) Termination of terms and conditions imposed by the Consent Order dated February 22, 2013. The physician has complied with the conditions precedent.
 Date of Action: September 9, 2013

Gary J. Sprouse, M.D., License #: D32036
 Area of Practice: Internal Medicine (Chester, MD) Suspension is terminated; Probation for a minimum of three (3) years with terms and conditions. The Board determined that the physician complied with the conditions of the suspension. Probation for a minimum of three (3) years with terms and conditions.
 Date of Action: September 10, 2013

For The Month of October 2013

Harold Alexander, M.D., License #: D22219 Area of Practice: OB/GYN (Forestville, MD) Cease and Desist from performing any surgical abortions and from administering and prescribing any Controlled Dangerous Substances, including but not limited to sedation. The Board determined there is a preponderance of evidence for grounds for discipline and a risk to the health, safety and welfare of patients.
 Date of Action: October 25, 2013

Erik A. Dahl, M.D., License #: D65698
 Area of Practice: Physical Medicine and Rehabilitation (Chevy Chase, MD) Termination of probationary terms and conditions imposed by the Consent Order dated March 1, 2012. The physician has complied with the terms and conditions precedent.
 Date of Action: October 3, 2013

John S. Dalton, II, M.D, License #: D30542 Area of Practice: Internal Medicine (Catonsville, MD) Termination of Suspension and Probation imposed by the Final Decision and Order dated June 28, 2010. The physician has complied with the conditions of probation.
 Date of Action: October 4, 2013

Thuan D. Dang, M.D., License #: D59975
 Area of Practice: General Surgery (Berlin, MD) Termination of probation ordered in the August 22, 2012 Consent Order. The physician remains permanently prohibited from performing carotid endarterectomy procedures. The physician has complied with the conditions of probation.
 Date of Action: October 4, 2013

Iris E. Dominy, M.D., License #: D30890
 Area of Practice: OB/GYN (Potomac, MD) Reprimand; Probation until successful completion of the terms and conditions. The licensee shall maintain Advanced Cardiac Life Support ("ACLS") certification as provided by the American Heart Association and shall provide the Board with verification of such ACLS certification. The Board found the physician is guilty of unprofessional conduct in the practice of medicine and failed to meet the standard of care.
 Date of Action: October 23, 2013

Farida Dataee Faridi, MRT, License #: R00912 Area of Practice: Radiation Technology (Baltimore, MD) Termination of probationary terms and conditions imposed by the Consent Order dated October 27, 2011. The health care practitioner has complied with the terms and conditions precedent.
 Date of Action: October 3, 2013

John Flagg, AT, License #: A00487 Area of Practice: Athletic Trainer (White Plains, MD) Termination of conditions imposed by the Consent Agreement dated June 28, 2013. The licensee has complied with the conditions precedent.
 Date of Action: October 8, 2013

Martin W. Gallagher, Jr., M.D., License #: D31880 Area of Practice: Internal Medicine (Hagerstown, MD) Probation for a minimum of one (1) year with terms and conditions. Immediately and Permanently Cease from engaging in any and all pain management practice and shall not treat any patients for chronic pain. Licensee shall not prescribe Controlled Dangerous Substances during the probationary period, with the following exceptions: (a) may prescribe such substances for a maximum of three days to patients in emergency situations only, (b) may prescribe Suboxone or Subutex to his addiction patients, as long as the prescription is an integral part of an addictions treatment process that meets the standard of care. The Board found that the physician failed to meet the standard of care and failed to keep adequate medical records.
 Date of Action: October 8, 2013

Brian K. Golightly, RCP, License #: L00601 Area of Practice: Respiratory Care (Baltimore, MD) Summary Suspension of August 9, 2012 is terminated. Revocation. The Board found that the practitioner is guilty of unprofessional conduct in the practice of respiratory care, is professionally incompetent, is addicted to controlled dangerous substances and failed to cooperate with an investigation conducted by the Board.
 Date of Action: October 28, 2013

Mahsin Habib, M.D., License #: D66549
 Area of Practice: Internal Medicine (Ashburn, VA) Reprimand. The Board took reciprocal action based upon the physician's disciplinary action taken by the Virginia Board of Medicine.
 Date of Action: October 23, 2013





Alfredo J. Herrera, M.D., License #: D17863 Area of Practice: Pediatrics (Catonsville, MD) Probation is terminated; Permanent condition of prior approval from the Board on his medical practice settings and may not practice medicine as a solo practitioner. The Board determined that the physician made reasonable efforts to complete the terms of the probation.
Date of Action: October 23, 2013

Desmond F. Johnson, M.D., License #: D27909 Area of Practice: Internal Medicine (Laurel, MD) Suspension is terminated; Probation for a minimum of one year with terms and conditions. Permanent prohibition from practicing chronic pain management and prescribing controlled dangerous substances, Schedules I, II, III or IV. The Board determined that the physician complied with the conditions of the suspension.
Date of Action: October 10, 2013

Earnest Joiner, R.T., License #: R03315 Area of Practice: Radiography (Accokeek, MD) Suspension. The Board found that the healthcare practitioner is delinquent in child support and the law mandates suspension of his license. Date of Action: October 21, 2013

Fahim Kashif, P.A., License #: C03457 Area of Practice: Physician Assistant (Hurlock, MD) Suspension is lifted. License is reinstated without restrictions or conditions. The Board determined that the physician assistant complied with the Office of Child Support Enforcement Administration of the Maryland Department of Human Resources.
Date of Action: October 1, 2013

Amile A. Korangy, M.D., License #: D27704 Area of Practice: Radiology (Catonsville, MD) Cease and Desist from prescribing Controlled Dangerous Substances. The Board determined there is a preponderance of evidence for grounds for discipline and poses a risk to the health, safety and welfare of patients.
Date of Action: October 28, 2013

Richard E. Layton, M.D., License #: D08413 Area of Practice: Pediatrics (Towson, MD) Reprimand; Probation for a minimum of two years with terms and conditions; Fine of \$5000 payable within two years. Permanent condition that the licensee shall not administer chelation therapy and shall not administer ketoconazole, itraconazole or fluconazole for non-FDA purposes

The Board found that the physician failed to meet the standard of care.
Date of Action: October 23, 2013

Andrew Mrowiec, M.D., License #: D47804 Area of Practice: Family Medicine (Aberdeen, MD) Reprimand; Probation for a minimum of one year with terms and conditions. The Board found that the physician failed to meet the standard of care and failed to keep adequate medical records.
Date of Action: October 23, 2013

Muhammed A. Niaz, M.D., License #: D59501 Area of Practice: Internal Medicine (Elkton, MD) Reprimand; Probation for a minimum of one year with terms and conditions. The Board found the physician is guilty of unprofessional conduct in the practice of medicine, the physician failed to meet the standard of care and failed to keep adequate medical records.
Date of Action: October 23, 2013

Mansour G. Panah, M.D., License #: D15506 Area of Practice: OB/GYN (Gaithersburg, MD) Cease and Desist from performing any and all medical and surgical procedures in the State of Maryland. The Board determined there is a preponderance of evidence that the physician is cognitively impaired and unsafe to practice medicine and poses a risk to the health, safety and welfare of patients.
Date of Action: October 3, 2013

Mansour G. Panah, M.D., License #: D15506 Area of Practice: OB/GYN (Gaithersburg, MD) Summary Suspension. The Board determined that the physician's conduct constituted a substantial likelihood of a risk of serious harm to the public health, safety and welfare.
Date of Action: October 8, 2013

Mansour G. Panah, M.D., License #: D15506 Area of Practice: OB/GYN (Gaithersburg, MD) Summary Suspension of October 8, 2013 is affirmed. The Board determined that there exists a substantial likelihood of a risk of serious harm to the public health, safety and welfare in the practitioner's continued practice.
Date of Action: October 25, 2013

Eric J. Widmaier, M.D., License #: D61822 Area of Practice: Family Medicine (Easton, MD) Reprimand with terms and conditions. The Board found the physician is guilty of unprofessional conduct in the practice of medicine.
Date of Action: October 23, 2013

John K. Yacoub, M.D., License #: D30010 Area of Practice: OB/GYN (Baltimore, MD) Cease and Desist from performing any and all medical and surgical procedures. The Board determined there is a preponderance of evidence for grounds for discipline and poses a risk to the health, safety and welfare of a patient.
Date of Action: October 3, 2013

John K. Yacoub, M.D., License #: D30010 Area of Practice: OB/GYN (Baltimore, MD) Summary Suspension. The Board determined that the physician's conduct constituted a substantial likelihood of a risk of serious harm to the public health, safety and welfare.
Date of Action: October 8, 2013

Medical Records Retention Clarification

The Board would like to clarify an item under the "Medical Record Retention Questions and Answers" article on page 4 of the Spring 2013 newsletter. The question was, "How do I notify my patient of the disposal or destruction of a medical record?" The answer given applied only if the doctor died, retired, surrendered their license or discontinued their practice.

If none of those scenarios apply, the doctor has to keep the records for all patients under their care for a minimum of five years after the record is made or until the patient is 21 years old, whichever is longer. After that period of time elapses, the records can be destroyed. Notification to the patient of the destruction of the record by first class mail or publication in a local newspaper is not required.

The Board apologizes for any confusion.



Address and Name Changes

Do you need to change your mailing or primary practice address with the Board?

All licensed practitioners can edit/change their addresses through the online practitioner profile. It is the fastest and easiest way to update your addresses with the Board. The changes you submit through the practitioner profile update to the Board's internal database within 24 hours.

The steps to change your address are as follows:

1. Go to the Board's website at www.mbp.state.md.us;
2. On the right hand side of the home page under "How Do I" click either "Practitioner Profiles" or "Change My Address/Edit Profile";
3. Type in your license number under the heading, "Are you a licensed practitioner and need to create/edit your profile information?" then click "Submit";
4. Complete the information required under the "Practitioner Registration" then click "Submit";
5. Click on the "Edit" button for the data you want to update.

The Board uses the non-public (confidential) address for correspondence related to your licensure. Your public and primary practice addresses appear on your profile for viewing by patients and the public at large, so it is important that this information is accurate. The designated non-public address does not appear on your profile page. However, if a public address is not designated, a non-public address will be posted on the internet.

Physician and Allied Health statutes require each licensee to notify the Board in writing of any change in the licensee's name and address within 60 days after the change. The Board is authorized to assess an administrative penalty of \$100 to a licensee for failure to notify the Board of changes to the licensee's name and address within the time required.

Please note that name changes cannot be made by the practitioner using the process outlined above. In order to change your name, the steps are as follows:

1. Go to the Board's website at www.mbp.state.md.us;
2. Click "Download Forms";
3. For Physicians, click "Physician Licensure Forms" and then click "Change of Address Form";
4. For Allied Health Practitioners, click "Allied Health Forms", then go to "Other Allied Health Applications" and then click "Allied Health Change of Address Form";
5. Download the form(s) and follow the instructions provided with the form(s).

Polysomnographic Technologist Licensure Highlights Beginning October 1, 2013

The Board is accepting graduates from the American Academy of Sleep Medicine's Accredited Sleep Education Technology Program (A-STEP) if the graduates have completed a clinical education program established by the Polysomnography Professional Standards Committee and approved by the Board.

Individuals who have not met the requirements for licensure under the waiver of education* on or before September 30, 2013, may petition the Board for an extension to the waiver of education requirement. The Board will determine whether or not to grant an extension on a case-by-case basis. Some considerations for the waiver may include:

- ▶ How long the individual has been practicing polysomnography in Maryland;
- ▶ How many times the individual took the exam;
- ▶ The last time the individual took the exam.

Note: *There is no guarantee that the Board will grant a waiver. Individuals may not practice polysomnography while waiting for a response from the Board. Practicing polysomnography requires a Maryland license. Individuals practicing polysomnography without a license may be subject to a fine.*

Respiratory care practitioners are not required to have a license to practice polysomnography in Maryland if:

- ▶ They were licensed by the Board of Physicians on or before December 31, 2012, and;
- ▶ Their duties included practicing polysomnography.

*Waiver of education means the individual must be certified by the BRPT as an RPSGT.



Maryland Board of Physicians Board Members

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Maryland Health Care Commission

Many of you may have heard that the Maryland Health Care Commission (MHCC or Commission) assessment has been increased by \$4 per year of licensure. The assessment is conducted every four years. With the recent focus on delivery and payment reform, health information technology adoption, and a heightened focus on provider supply, the share of the assessment attributed to health occupations has grown modestly.

For the full article...<http://www.mbp.state.md.us/forms/mhcc.pdf>

Substance Exposed Newborns

On October 1, 2013, a new law pertaining to the reporting of substance-exposed newborns goes into effect in Maryland. In order to bring Maryland into full compliance with federal law, the Department of Human Resources developed and proposed this legislation with the support and participation of the Maryland chapters of the American Congress of Obstetricians and Gynecologists (ACG), the American Academy of Pediatrics (AAP), and the Maryland Hospital Association (MHA).

For the full article...<http://www.mbp.state.md.us/forms/substance.pdf>

ICD-10 Conversion

Beginning on October 1, 2014, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. ICDs are the International Classification of Disease, providing code description for every possible diagnosis, symptom, or cause of death. To assist providers with this transition, the Maryland Department of Health and Mental Hygiene (DHMH) is launching a new informational website and an ICD-10 e-newsletter. For more information about the ICD-10 conversion and to view the ICD-10 website go to <http://dhmh.maryland.gov/icd10info>.

For the full article...http://www.mbp.state.md.us/forms/icd10_conversion.pdf