



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

November 21, 2014

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
State House, Room H-107
Annapolis, Maryland 21401

The Honorable Michael Erin Busch
Speaker of the House
State House, Room H-101
Annapolis, Maryland 21401

RE: Board of Physicians Annual Report to the Legislative Policy Committee
(HB 1325, Section 6 of Chapter 662, Laws of Maryland 1994)

Dear President Miller and Speaker Busch:

It is my pleasure to respectfully submit to the Legislative Policy Committee the Board of Physicians Fiscal Year 2014 Annual Report as required by HB 1325, Section 6 of Chapter 662, Laws of Maryland 1994.

Should you have any questions concerning the attached report, please do not hesitate to have your staff contact Ms. Christine A. Farrelly, Executive Director of the Maryland Board of Physicians, at 410-764-4771. Again, thank you for your continued support of the Department and the Board of Physicians.

Sincerely,

Joshua M. Sharfstein, M.D.
Secretary

Enclosure

cc: Legislative Policy Committee Members

Ms. Lynne B. Porter

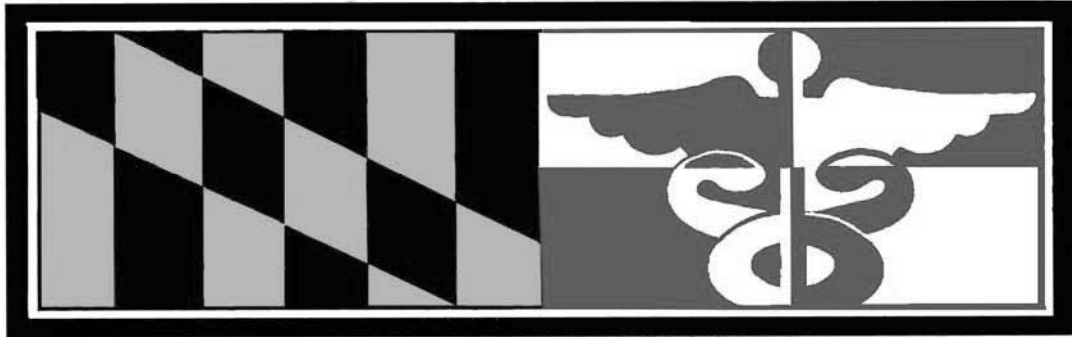
Christine A. Farrelly, Executive Director

Rianna Matthews-Brown, Acting Chief of Staff, Assistant Secretary

for Regulatory Affairs, Office of the Secretary

Ms. Sarah Albert, MSAR #1414

MARYLAND BOARD OF PHYSICIANS



ANNUAL REPORT TO LEGISLATIVE POLICY COMMITTEE FISCAL YEAR 2014

Chapter 662 (Section 6)/HB 1325, 1994

HISTORY

Medical licensure and discipline in Maryland dates back to 1789. Regulatory controls over the practice of medicine in Maryland have undergone many revisions since that time, from licensing anyone who collected fees for medical services, to establishing strict statutes and regulations governing licensure and compliance in the practice of medicine. Since July 1, 1988, the Maryland Board of Physicians (Board) (formerly known as the Maryland State Board of Physician Quality Assurance), has had the sole responsibility for the licensure and discipline of physicians and Allied Health (AH) practitioners under the Maryland Annotated Code, Health Occupations Article, Title 14 and Title 15. Chapter 252 of the Acts of 2003 (Senate Bill 500) - Department of Health and Mental Hygiene - State Board of Physicians reconstituted the Board and made other changes to the regulation of physicians by the State Medical Board. Chapter 539 of the Acts of 2007 (Senate Bill 255) State Board of Physicians - Sunset Extension and Program Evaluation, reauthorized the Board through July 1, 2013, and made a number of other changes in the laws governing the Board.

During the 2011 Session of the General Assembly, the Department of Legislative Services (DLS) conducted a Sunset Review under the authority of the Maryland Program Evaluation Act (§ 8-401 *et seq.* of the State Government Article). The review resulted in 46 recommendations to improve the Board's operations. In 2012, an independent review team led by Dr. Jay Perman, President, University of Maryland, Baltimore, conducted a comprehensive review of the Board's structure and recommended an additional 18 substantive changes to further enhance the Board's operations.

MISSION

The mission of the Board 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 the clients/customers and stakeholders, and enforcing the Maryland Medical Practice Act.

BOARD COMPOSITION

Chapter 401 of the Acts of 2013 (House Bill 1096) - State Board of Physicians and Allied Health Advisory Committees - Sunset Extension and Program Evaluation, which passed during the 2013 session of the Maryland General Assembly, increased Board membership from 21 to 22 members, by adding a second licensed physician with a full-time faculty appointment, to serve as a representative of an academic medical institution in the State. Members are appointed by the Governor, based on specific criteria set forth in § 14-202 of the Health Occupations Article. The 22 member Board includes:

- 11 practicing licensed physicians, including 1 Doctor of Osteopathy, appointed by the Governor with the advice of the Secretary of the Department of Health and Mental Hygiene (DHMH) and the advice and consent of the Senate;
- 1 practicing licensed physician appointed at the Governor's discretion;
- 1 physician representative of DHMH nominated by the Secretary;
- 1 licensed physician assistant appointed at the Governor's discretion;
- 2 practicing licensed physicians with full-time faculty appointments to serve as representatives of academic medical institutions in the State, nominated by one of those institutions;
- 5 consumer members; and

- 1 public member knowledgeable in risk management or quality assurance matters appointed from a list submitted by the Maryland Hospital Association.

In FY 14, four physicians, two consumer members and one public member were appointed to the Board. The list of current Board Members and the expiration dates of their terms appear in Exhibit 1 on page 33.

EXECUTIVE DIRECTOR'S STATEMENT

The Board continues to improve overall operations to respond to the issues originally identified in the 2011 DLS Sunset Review of the Board (Sunset Review) under the authority of the Maryland Program Evaluation Act (§ 8-401 *et seq.* of the State Government Article).

Highlights of the ongoing efforts include:

In February 2014, after months of careful planning and preparation, in accordance with § 14-401 of the Health Occupations Article, the Board implemented the two-panel disciplinary system, through which allegations of grounds for disciplinary action must be resolved. The objective of the new process was to eliminate the complaint investigation backlog. The Maryland Medical Practice Act requires that complaints be resolved within 18 months after receipt. Md. Code Ann., Health Occupations Article, § 14-401.1(k). The Compliance Unit investigators cleared all backlogged cases and continued tracking and reporting complaint and other data for Allied Health professions in the same manner as physicians, within the capacity of the Board's current software system. At the time of this report, there are no complaint investigation cases at the Board that are greater than eighteen months.

Promulgating regulations involved significant staff effort in 2014. The work focused on implementing legislative changes and where appropriate, creating consistency between statutory requirements and regulatory provisions, including:

- In 2013, the legislature passed a licensure bill that essentially triggered a complete overhaul of the physician licensure regulations, Chapter 583 of the Acts of 2013 (House Bill 1313) - State Board of Physicians - Consultation, Qualification for Licensure, License Renewal, and Representation to the Public. The physician licensure regulations were updated to reflect the statutory changes, terminology, references, current Board practices and other general information. The licensure regulations will become final in the Fall of 2014.
- Chapter 585 of the Acts of 2013 (Senate Bill 951) and Chapter 586 of the Acts of 2013 (House Bill 879) - Health Occupations - Polysomnographic Technologists - Licensure and Discipline - authorizes, rather than requires, the Board to reinstate, under specified circumstances, the license of a polysomnographic technologist; repeals the requirement that the Board place a licensed polysomnographic technologist on inactive status under specified circumstances; authorizes the Board, subject to a specified provision of law, to deny a license or take specified action against a licensee for failing to cooperate with a lawful investigation conducted by the Board.
- Chapter 588 of the Acts of 2013 (House Bill 980) and Chapter 587 of the Acts of 2013 (Senate Bill 954) - Maryland Board of Physicians - Authority to Issue Temporary Licenses and Radiation Therapy, Radiography, Nuclear Medicine Technology, and Radiology Assistance Advisory Committee - repeals the authority of the Board to issue temporary licenses to practice radiation therapy, radiography, or nuclear medicine

technology and repeals specified provisions of law referring to specified temporary licenses.

- The Board was authorized with licensing the new profession of Perfusionists, Chapter 588 of the Acts of 2011 (House Bill 287) - Maryland Perfusionist Act. The regulations related to licensure and regulation of the practice of perfusion were finalized in 2014; and
- Initial planning and regulation development for the licensure and regulation of Naturopathic Doctors, Chapter 399 of the Acts of 2014 (House Bill 402) - Health Occupations - State Board of Physicians - Naturopathic Doctors, is underway.

The Board has also engaged in regular outreach efforts with hospitals and related institutions on reporting requirements under Md. Code Ann., Health Occupations Article §§14-413 and 14-414.

As the Board faces the year ahead, operational improvements will focus on the Information Technology system, facility upgrades and fiscal responsibility. Board staff has been essential in developing enhanced communication, innovation to the processing of work, advancing and refining Board procedures, as well as promoting greater focus on opportunities for education and training of staff to further enhance Board operations.

FISCAL SERVICES UNIT

The Fiscal Services Unit (Fiscal) is responsible for the oversight, administration and processing of all Board expenditures. The Compliance, Licensure and Allied Health staff collaborates with Fiscal staff to identify, collect, and account for all fees associated with the application process, fines levied and other related licensure and disciplinary actions. Fiscal staff prepares the Board's Budget Request and various other budgetary and fiscal reports for the Executive Director, Legislature, Department of Budget and Management and the Board.

The unit is also responsible for the procurement functions. In FY 14, Fiscal initiated renewals of the Peer Review and Physicians Rehabilitation contracts and the Request for Resumes for the Project Manager for the development of the new Board's management information system.

INFORMATION TECHNOLOGY UNIT

The Information Technology (IT) staff continues to collaborate with all of the other Board unit personnel to improve data collection and retrieval processes. The Board maintains practitioner profile data on all licensees on the Board's website at www.mbp.state.md.us. The practitioner profile system currently contains profiles of 98,524 licensees (both active and non-active).

The chart below illustrates the details of these profiles.

Active physician licenses: 30,354
Non-active physician licenses (licenses are expired, inactive, suspended, revoked, etc.): 42,754
Active AH licenses: 13,804
Non-active AH licenses (licenses are expired, inactive, suspended, revoked, etc.): 11,612

The web-based Practitioner Profile System provides a valuable service to Maryland citizens. This web-based system enables Maryland citizens to become more informed consumers about their health care providers by allowing them access to information including facility privileges, specialties and disciplinary actions from the profile pages. It allows practitioners the opportunity to update their personal profile information, confidential practice and public addresses as well as areas of concentration, specialties and postgraduate training programs. Changes appear on the website within 24 hours of submission, and the practitioner receives an e-mail confirmation of

the changes. Additionally, the link: <https://www.mbp.state.md.us/bpqapp/> has been established on the home page of the Board's website for the general public to obtain malpractice information from the physician profile.

FY 14 marked the twelfth year of the online renewal system. This system has reduced the time it takes a practitioner to complete the license renewal process and has greatly increased the accuracy of data collection. The online renewal system has been expanded to include AH practitioners as well. This system saves the Board thousands of dollars by eliminating the costs of printing and mailing paper renewal forms and greatly simplifies and streamlines the renewal process. This project was undertaken as a cooperative venture between the Board and the Maryland Health Care Commission.

To meet the Board's obligations pursuant to the 2011 Sunset Review and Perman Report recommendations, the Board continued the initiative to develop and procure a new and integrated medical licensure and investigation IT system to replace its current operating system that is approximately 20 years old. The planned new system will generate more accurate reports and data collection of ongoing and completed Board activities. It will also facilitate more internet based interactions, thereby allowing applicants and clients to receive more timely status reports. This system will also correct statistical deficiencies noted in the 2011 Sunset Review and Perman Report.

IT continues to maintain the Board's "Facility Page" website. This is a "permissions only" website, designed to communicate directly with Maryland Health Care Facilities and to facilitate their credentialing work. Activities related to the Physician Privilege Data System are summarized in Exhibit 2 on page 34.

Facility Page Activity Pursuant to HO §14-411 Access Restricted to Maryland Facilities		
	FY 13	FY 14
Number of logins	7,632	10,650
Number of Practitioners searched	25,745	19,412
Number of active facilities	24	22

IT also assists DHMH with the dissemination of important health information to Maryland physicians and AH practitioners. Important health bulletins and educational material are available at the Board's website www.mbp.state.md.us. Additionally, during State emergencies in collaboration with DHMH and the Office of Preparedness and Response, IT sends e-mail notifications to select specialties.

COMMUNICATIONS, EDUCATION AND TRAINING UNIT

The Communications, Education and Training Unit (CET) is responsible for leading the Board's communications, training and outreach initiatives.

In accordance with the 2011 Sunset Review recommendations, requiring the Board to improve Board member training, in FY 14, CET coordinated and facilitated a comprehensive training program for the new Board members. The training was conducted on August 15 and 29, 2013, in collaboration with a Certified Parliamentarian, Board staff, DHMH, the Office of Administrative Hearings (OAH), and the Office of the Attorney General (OAG) specifically, Board Counsel and the Health Occupations Prosecution and Litigation (HOPL) Division's Principal Counsel.

Training sessions were initiated for facilities on the mandated reporting requirements set forth in §§14-413 and 14-414 of the Health Occupations Article. CET also engaged in other outreach efforts and initiated processes to provide educational material and additional training to the

facilities on the reporting requirements. The Mandated 10-Day Report Form utilized by facilities to report adverse actions taken against physicians and Allied Health practitioners was revised and posted on the Board's website. In addition, CET initiated the development of a comprehensive document of Frequently Asked Questions on the mandated reporting requirements.

CET also prepares responses to Public Information Act requests, controlled correspondence, various subpoenas, inquiries from the general public and coordinates the preparation and submission of various mandated reports. In compliance with the statutory requirements of Chapter 351 of the Acts of 2013 (House Bill 139) - Open Meeting Act - Training for Public Bodies, requiring each public entity subject to the Open Meetings Act (OMA) to designate a member, officer, or employee to receive training on the requirements of the Act, CET staff completed the training within the legislatively mandated timeframe. Additionally, in accordance with the Sunset Review recommendation requiring training on the OMA, CET initiated processes to provide the training for Board members.

CET assisted the Policy Unit with the drafting of regulations and facilitating the compliance of Board members, committee members and certain designated staff with the financial disclosure requirements pursuant to the Public Ethics law. CET also developed the Board's newsletter in collaboration with internal and external stakeholders. In furtherance of the Board's training and education initiatives, CET coordinated professional development opportunities for staff. In addition, CET designed, developed and conducted training sessions for the Board and staff and coordinated compliance with mandated training requirements.

POLICY & LEGISLATION UNIT

The Policy and Legislation Unit reports directly to the Executive Director. This unit provides leadership, guidance, consultation, and support to the Board in the areas of governmental affairs, legislation, regulations and policy issues pertaining to the regulation and licensure of all health care providers regulated by the Board.

As a result of unsuccessful legislation in prior sessions, the Board was requested to conduct two workgroups in the interim between the 2013-2014 General Assembly sessions. Policy and Legislation staff facilitated the interim work and provided legislative reports and recommendations.

Naturopathic Doctors-Study and Report

The Board facilitated a workgroup to evaluate the need to regulate Naturopathic Doctors in Maryland. At one of these meetings, a set of objective criteria was adopted. The Board's evaluation included recommendations related to naturopathic doctor's scope of practice, title, and collaboration issues. The Board worked collaboratively with all groups and individuals of record, reviewed relevant literature relating to naturopathic practices, educational and accreditation programs, and the experience of other states regarding the regulation of naturopathic doctors.

The Board's report provided alternatives to regulation, recommended a limited scope of practice, urged that the licensure of naturopathic doctors be done under a Complimentary Alternative Medicine Board or by a Board of Naturopathic Practitioners, and that any increase in the scope of practice be reviewed and approved by the Board before being implemented. Ultimately, the workgroup's report was a starting point for successful legislation in the 2014 General Assembly session. The new health profession, Naturopathic Doctors, will be licensed and regulated by the Board effective March 1, 2016. Preliminary implementation work is in process.

Kinesiotherapists-Study and Report

The second workgroup objectively evaluated whether to license or otherwise regulate kinesiotherapists in Maryland. Again, the evaluation included a review of education and training, whether and how kinesiotherapy is regulated in other states, the number of practitioners in the state and nationally, and scope of practice.

The workgroup recommended against regulation based on the following factors: no state currently regulates kinesiotherapists; the stakeholders did not present a compelling case for licensure; the practitioners rejected any supervisory role from physicians, and another recent study cited by the kinesiotherapists concluded there was no basis for regulation.

The Board briefed the House Health and Government Operations Committee in November 2013 on the report and recommendations of the Board.

Board Established Objective Criteria to Guide Future Health Occupation Regulatory Requests

A key Board objective in conducting both evaluations, and in response to the decisions incumbent on the two workgroups, was the development and adoption of a set of Objective Criteria. The Objective Criteria will be utilized by the Board to guide future requests for regulation from other potential health occupations seeking regulatory oversight.

The Board's Objective Criteria are:

- Risk of Harm to the consumer by the occupation not being regulated;
- The degree of Specialized Skill and Training by the occupation requesting regulation;
- Extent of Autonomous Practice;
- Scope of Practice as it relates to other occupations/professions;
- Economic Costs to the public; and
- Alternatives to Regulation to protect the public.

General Licensure Regulations

The general licensure regulations for physicians were comprehensively revised to comply with the statutory requirements of Chapters 307, 401, and 583 of the Acts of 2013 (Senate Bill 690, House Bill 1096, and House Bill 1313) - Maryland Board of Physicians - Failure to Renew a License or Misrepresentation as a Licensed Person - Penalties, State Board of Physicians and Allied Health Advisory Committees - Sunset Extension and Program Evaluation, and State Board of Physicians - Consultation, Qualification for Licensure, License Renewal, and Representation to the Public. These regulations were drafted following the 2013 Legislative Session and will become effective in the of Fall 2014.

Generally, the Regulations:

1. Amend how physicians are licensed by clarifying that applicants must pass all components of their licensing examination;
2. Establish additional requirements that applicants must meet if they fail any exam or any exam component of their licensing examination 3 or more times;
3. Amend the license renewal process by authorizing the Board to use both electronic and first class mail;
4. Establish an ongoing duty, in all licensure categories, to inform the Board of any disciplinary actions, arrests, convictions, or other incidents within 30 days of their occurrence, for an applicant during the application process for an initial license, a licensee seeking renewal, or one on inactive status;

5. Establish penalties for failure to renew a license;
6. Provide continuing medical education credit for volunteer work;
7. Change a definition for “Board-certified”;
8. Change advertising requirements;
9. Eliminate the 10 year rule for meeting various examination requirements;
10. Make changes to the reinstatement process; and
11. Eliminate an obsolete section regarding qualification for medical licenses.

The Board’s Progress on Implementing Sunset Evaluation Recommendations

On January 23, 2014, the Board submitted its Report on the Progress of Implementing Sunset Evaluation Recommendations to House Health and Government Operations Chairman, Peter A. Hammen.

Chapter 401 of the Acts of 2013 (House Bill 1096) State Board of Physicians and Allied Health Advisory Committees – Sunset Extension and Program Evaluation, requested information regarding:

- Changes to the Board’s discipline process and their effect on complaint backlog and resolution times;
- Progress in procuring and implementing a new information technology system to improve data management;
- A long-term financial plan;
- Financial Data for the preceding fiscal year; and
- Progress in implementing recommendations made by the Department of Legislative Services in November 2011 Sunset Review Publication.

Highlights from the update are:

- The backlog of disciplinary cases was eliminated;
- Planning for and implementation of the two-panel disciplinary system;
- The Information Technology Project Request is progressing through the procurement process;
- The Board had engaged the services of an independent Certified Public Accountant firm to address fiscal issues;
- The Board committed funds to filling staff vacancies, purchasing a new IT system, and audio/visual equipment to enable telecommuting;
- The majority of the Sunset recommendations are complete;
- Promulgation of regulations is in process; and
- Implementation of an expedited licensing process for veterans, military service members and their spouses.

Two-Panel Disciplinary System Established in February, 2014

The two-panel disciplinary system was implemented in early 2014 as required by Chapter 401 of the Acts of 2013 (House Bill 1096) - State Board of Physicians and Allied Health Advisory Committees - Sunset Extension and Program Evaluation. The two-panel system was established to address the backlog of disciplinary cases and prevent such backlogs in the future.

BOARD OF PHYSICIANS ISSUES IN THE 2014 LEGISLATIVE SESSION

HB 402/SB 314 - Health Occupations-State Board of Physicians-Naturopathic Doctors- Chapters 399/153

Under the leadership of Delegate Peter A. Hammen, Chairman of the House Health and Government Operations Committee, a workgroup of stakeholders, including Board leadership and staff, DHMH staff, the Maryland State Medical Society (MedChi), and several naturopathic doctors and their representative worked through many issues and concerns that resulted in the passage of this bill. Through these meetings, extensive amendments were made to the bill often at the Board's request. Ultimately, an agreement was reached on education and testing requirements, scope of practice, collaboration, licensure issuance date, and disciplinary provisions. Another issue regarding whether, and to what extent, naturopathic doctors should have prescribing authority is to be addressed through a Formulary Workgroup led by the Board. The Workgroup will submit a report to the legislature in 2015.

HB 692-Maryland Perfusion Act-Revisions - Chapter 609

This Perfusion Advisory Committee bill expands the civil fine authority of the Board, alters the circumstances under which the Board must reinstate the licenses of perfusionists, extends a temporary license prior to taking the national certifying examination, alters the display of a license requirement, alters the membership of the Perfusion Advisory Committee and corrects references to national organizations.

HB 959-State Board of Physicians-Qualification for Licensure and Definitions - Chapter 626

This Board bill clarifies the "three fails" language in the physician licensure statute so that it is clear that an applicant must pass all components of the examination as a requirement for licensure. The bill also adds Canadian certification organizations to the definition of "Board Certified."

SB 138-Health Occupations-Board of Physicians-Reinstatement of Licenses (Failed)

This bill would have required the Board to reconsider, when requested, the suspension or revocation of a physician's license if that suspension or revocation is based solely on disciplinary action in another state. The Board opposed the bill on the grounds that it was duplicative and unnecessary.

SB 607-Health Occupations Child Abuse and Neglect -Training (Failed)

This bill would have required each Health Occupation Board to adopt language mandating the education and training of staff on child abuse and the reporting of child abuse. The Board opposed mandating Continuing Medical Education topics on child abuse since the Maryland Medical Practice Act has a disciplinary ground for failure to report child abuse. The Board also noted that the waiver and reporting requirements would be administratively burdensome.

SB 1016-Maryland Kinesiology Act (Failed)

This bill would have licensed and regulated kinesiotherapists under the Board of Physicians. The Board opposed this bill since the Board's Study and Report recommended against the licensure of kinesiotherapists under the Board.

LICENSURE UNIT

The Licensure Unit (Licensure) is responsible for processing applications for Initial, Reinstatement, Postgraduate Teaching, Conceded Eminence and Volunteer licenses. Licensure also registers unlicensed medical practitioners (UMPs) who are medical school graduates enrolled in internship, residency, or fellowship programs, and administers Exceptions from Licensure for visiting physician consultants licensed in other jurisdictions.

In FY 14, Licensure issued 1,765 initial medical licenses and closed 50 applications, issued 153 reinstated licenses and closed 15 applications, and registered 1,934 UMPs. The chart below illustrates the total physician licenses processed, including new and reinstated.

NEW MEDICAL LICENSES	FY 13	FY 14
Licensed	1,800	1,765
Closed (denied, withdrawn, ineligible)	61	50
Total Applications Completed	1,861	1,815
REINSTATED LICENSES		
Licensed	152	153
Closed (denied, withdrawn, ineligible)	17	15
Total Applications Completed	169	168
TOTAL APPLICATIONS PROCESSED	2,030	1,983
UMPs Registered	2,650	1,934
TOTAL	4,680	3,917

Licensure staff continues to refine and improve the licensure process to ensure accuracy and efficiency. The unit issued licenses to 80% of qualified applicants within 10 days of receipt of the last qualifying document.

ALLIED HEALTH UNIT

The Allied Health (AH) Unit is responsible for licensing and reinstating Physician Assistants, Radiation Therapists, Radiographers, Nuclear Medicine Technologists, Radiologist Assistants, Respiratory Care Practitioners, Polysomnographic Technologists, Athletic Trainers, and Perfusionists. AH also reinstates a small number of Psychiatrist Assistants. AH issued licenses to 83% of qualified applicants within 10 days of receipt of the last qualifying document.

The AH Advisory Committees advise the Board on matters concerning their professions. Each Committee is required to submit an Annual Report to the Board. The following is an account of each AH Advisory Committee's activities for FY 14.

Physician Assistants

The Board regulates over 3,000 Physician Assistants (PAs) in Maryland. The chart below illustrates the Board's application processing activities for FY 13 and FY 14.

Licensed	FY 13	FY 14
Initial License	281	360
Reinstatements	11	82
Delegation Agreements	990	1,099
Renewals	2,580	N/A*

* Physician Assistants renew in odd numbered years only.

In FY 14, the Physician Assistant Advisory Committee (PAAC) met 11 times, reviewed and recommended the approval of 140 delegation agreement addendums for advanced duties to the Board. Board staff preliminarily approved 1,099 delegation agreements. Delegation agreements contain a description of the qualifications of the supervising physician and PAs, the practice setting and supervision mechanisms that will be employed as well as certain attestations regarding the delegated medical acts. Advanced duties require additional education and training beyond the basic training the PAs receive through their educational programs and are added to an existing delegation agreement. Documentation for advanced duties include a description of the procedures, training certificates, procedure logs indicating the number of times the PA performed the procedure during training, supervision mechanisms, and if applicable, approved delineations of hospital privileges.

In addition to approving delegation agreement addendums for advanced duties, the PAAC discussed promulgating regulations for the PAs using non-fluoroscopic equipment. The PAAC was also given the opportunity to comment on legislation that considered:

- Giving PAs the same malpractice protections currently offered to physicians.
- Offering PAs entry into the Maryland Loan Assistance Repayment Program.

At the April 30, 2014 Board meeting, the Committee Chair presented a Power Point presentation to the Board members concerning Physician Assistants' education, training and experience.

Committee Members

Mark Dills, PA-C, Chair	Vacant, Internal Medicine
Matthias Goldstein, PA-C	Anthony Raneri, M.D., Surgeon
Gigi Leon, PA-C	Ahmad Nawaz, M.D., Physician Board Member
Brenda Baker, Consumer Board Member	

Radiation Therapists, Radiographers, Nuclear Medicine Technologists, and Radiologist Assistants

The Board regulates over 6,600 Radiation Therapists, Radiographers, Nuclear Medicine Technologists and three Radiologist Assistants.

The chart below illustrates the Board's application processing activities for FY 13 and FY 14.

Licensed	FY 13	FY 14
Initial Licensure	386	385
Reinstatements	81	113
Renewals	6,119	N/A*

* Radiation Therapists, Radiographers, Nuclear Medicine Technologists and Radiologist Assistants renew in odd numbered years only.

The Radiation Therapy, Radiography, Nuclear Medicine Technology, and Radiologist Assistance Advisory Committee (Rad Tech Committee) met twice during FY 14. The topics considered by the committee included expanding the qualifications for licensure, program accreditation and applicants who did not graduate from accredited educational programs.

In FY 14, the Board continued to receive licensure applications from applicants who have not graduated from an accredited educational program. As a result, the Rad Tech Committee developed regulations that would expand the education qualifications for radiation therapists, radiographers, and nuclear medicine technologists. The expanded qualifications would allow the

Board to consider applicants for licensure who did not graduate from an accredited educational program under certain conditions. The final approval of the regulations is expected in November 2014.

Committee Members

Anthony Chiamonte, M.D., Radiologist, Chair	Kentricia McCleave, RT(R), Radiographer
Matthew Snyder, M.D., Radiation Oncologist	Robin Krug Enders, RT(T), Radiation Therapist
Darrell McIndoe, M.D., DVM, Nuclear Medicine	Clay Nuquist, C.N.M.T. Nuclear Medicine
Carmen Contee, Consumer Board Member	Jonathan Lerner, PA-C, Physician Assistant Board Member
Vacant - Radiologist Supervising Radiologist Assistant	Amy Taylor, RRA, Radiologist Assistant

Respiratory Care Practitioners

The Board regulates over 2,800 Respiratory Care Practitioners (RCPs). The chart below illustrates the Board's application processing activities for RCPs in FY 14.

Licensed	FY 13	FY 14
Initial Licensure	222	187
Reinstatements	37†	26
Renewals	N/A*	2,659**

*Respiratory care practitioners only renew in even years.

** This number includes 10 psychiatric assistants that renewed during FY 14.

† Includes one psychiatrist assistant that renewed during FY 13.

The Respiratory Care Professional Standards Committee (RCPSC) met once during FY 14. The topics considered by the committee included RCPs practicing polysomnography without a license provided the RCP was practicing polysomnography prior to December 31, 2012; exceptions from licensure for RCPs transporting patients from out-of-state to Maryland; scope of practice issues and whether to change the statute to only accept a higher level credential.

Committee Members

Matthew Davis, RRT, Chair	Thomas Grissom, M.D., Anesthesiologist
Robin Smith, RRT	Dilip Nath, M.D., Thoracic Surgeon
Kylie O'Haver, RRT	Julie Rogers, Consumer Member
John E. Brown, M.D., Pulmonologist	

Polysomnography

The Board regulates over 460 Polysomnographic Technologists. The chart below illustrates the Board's application processing activities for FY 13 and FY 14.

Licensed	FY 13	FY 14
Initial Licensure	52	354
Reinstatements	1	6
Renewals	N/A*	N/A*

*Due to a change in policy, polysomnographic technologists will renew in odd years beginning in 2015.

The Polysomnography Professional Standards Committee (PPSC) met six times during FY 14. The PPSC developed regulations for establishing a clinical component of an educational program, extension of the licensure deadline and licensure requirements for out-of-state applicants.

Committee Members

Susheel Patil, M.D., Chair, Internal Medicine Pulmonary Disease and Sleep Medicine	Steven Schonfeld, M.D., Internal Medicine Pulmonary Disease and Sleep Medicine
Theresa Banks, RRT, RPSGT	Norman Schubert, RPSGT
Helen Emsellem, M.D., Neurology and Sleep Medicine	Jessica Schmidt, RPSGT, RST
Brenda McKinley, Consumer Member	

Athletic Trainers

The Board regulates over 600 Athletic Trainers. The chart below illustrates the Board's application processing activities for FY 13 and FY 14.

Licensed	FY 13	FY 14
Initial Licensure	106	106
Reinstatements	N/A	9
Renewals	N/A	435*
Evaluation and Treatment Protocols	130	126

*Athletic trainers renew on in odd numbered years only.

The Athletic Trainer Advisory Committee (ATAC) met nine times during FY 14. They discussed expanding the scope of practice to include tactical/industrial athletes, amending the statute to allow athletic trainers to practice prior to Board approval of the evaluation and treatment protocol and concussion management.

The Board Chair met with representatives of Salisbury State University's Athletic Trainer program in December 2013. The Board Chair expressed concerns about the evaluation and treatment protocol and whether supervising physicians and Athletic Trainers were using it appropriately. The Board Chair also discussed the problem with the Board of Education dictating policies related to concussions.

The ATAC arranged for a representative from Salisbury State University Athletic Trainer program to make a presentation to the Board at its April 30, 2014 Board meeting. The representative's presentation included Athletic Trainers' education, training and experience. Members of the ATAC also attended the meeting.

The ATAC also discussed legislation concerning the Concussion Impact Sensor Pilot Program and the Maryland Sudden Cardiac Arrest Awareness Act.

Committee Members

John Bielawski, ATC, Chair	Richard Peret, PT- Physical Therapist
Karl Bailey, ATC	John Michie, D.C., Chiropractor, Sports Medicine
Lori Bristow, M.Ed., ATC	Karen James, OTR/CHT-Occupational Therapist
Valerie Cothran, M.D., CAQ, Family and Sports Medicine	Andrew Morris Tucker, M.D., Orthopedic and Sports Medicine
Benjamin Petre, M.D., Orthopedics	Theresa Lewis, Consumer Member
Benita Wilson, Consumer Member	

Perfusionists

The Board regulates six Perfusionist-Basic licensees and 76 Perfusionist-Advanced licensees. The chart below illustrates the Board's application processing activities for FY 13 and FY 14.

Licensed	FY 13	FY 14
Initial Licensure (Perfusion-Advanced)	N/A	76
Initial Licensure (Perfusion-Basic)	N/A	6
Reinstatements	N/A	N/A
Renewals	N/A	N/A

The licensing requirement for perfusionists became effective on October 1, 2013. The Board issues Perfusionist-Advanced licenses to individuals who have passed the perfusionist national certifying examination, administered by the American Board of Cardiovascular Perfusion (ABCP).

The Board of Physicians issues Perfusionist-Basic licensees to individuals who graduated from an accredited perfusion educational program but have not passed the ABCP examination. After submitting evidence of passing the ABCP examination, the Board issues a Perfusionist-Advanced license. Perfusionist-Advanced licenses expire on January 31, 2016. Perfusionist-Basic licenses expire two years after issued and are not eligible for renewal.

The Perfusion Advisory Committee (PAC) met seven times in FY 14. They worked diligently on developing and editing the regulations to implement the statute that became effective on October 1, 2013. During the 2014 legislative session, the Maryland State Perfusion Society proposed a bill, Chapter 609 of the Acts of 2014 (House Bill 692) - Maryland Perfusion Act - Revisions, to address minor errors in the statute and add a provision for extending the term of a basic license under certain circumstances. Those amendments will go into effect on October 1, 2014. In anticipation of the law going into effect, the PAC began working on regulations to implement the legislative amendments.

The PAC was asked to determine whether the performance of certain procedures on a lung outside the body by ex-vivo perfusion lung specialists was considered the practice of perfusion. Most of the members of the PAC agreed that it was the practice of perfusion. The PAC and the parties requesting the determination attended the Board meeting in April 2014. After a presentation by the parties and questions and answers, the Board determined that the performance of certain procedures on a lung outside the body by ex-vivo perfusion lung specialists was not the practice of perfusion.

Committee Members

Phillip E. F. Roman, M.D., MPH Cardiothoracic Anesthesiology	Keith Amberman, CCP
Bryan M. Steinberg, M.D., Cardio-Thoracic Surgery	Shelley Dulik-Brown, BS, CCP
Jeffrey T. Swett, M.D., Internal Medicine	Tim Moretz, CCP
Theresa Lewis, Consumer Member	

CUSTOMER SERVICE UNIT

To better serve the needs of the Board's internal and external customers, the Board re-established the Customer Service Unit. Its internal customers, the Licensure and Allied Health units, rely on the Customer Service Unit to collect, identify and organize promptly and efficiently all the credentials and data needed to license health care practitioners. The Customer Service Unit assists the Licensure and Allied Health units in meeting their goals and objectives set out in the Management for Results Program relating to timeliness and satisfaction.

During FY 14, the Board renewed the licenses of 12,807 physicians with last names that begin with letters “M” through “Z” through the online automated system. The system also provides a mechanism for physician feedback concerning satisfaction with the online renewal process.

During FY 14, the Board renewed the licenses of 3,186 AH practitioners through the online automated system.

COMPLIANCE UNIT

The Compliance Unit (Compliance) is responsible for investigating all complaints, reports, and information involving licensees of the Board alleging violations of the Maryland Medical Practice Act (Act). The Board also investigates allegations of the unlicensed practice of the professions under its jurisdiction. Compliance staff conducts investigations to determine if there has been a potential violation of the law governing physicians and AH practitioners regulated by the Board. If violations of the law are substantiated, a Disciplinary Panel may reprimand any licensee, place any licensee on probation, or suspend or revoke a license.

There are different stages involved in the investigation of a complaint: a preliminary investigation, a full investigation, prosecution after a Board/Disciplinary Panel vote to charge, and after the resolution of the investigation, monitoring by the Probation Unit (Probation) of Compliance. Monitoring by the Probation Analysts may include further investigation that results in new charges, orders to show cause, summary suspensions and surrenders for violations of probation and other provisions of the Act.

Intake Unit

Complaints come to the Board from a wide variety of sources which include patient and consumer complaints, hospital and health care facility adverse action reports, other federal, state, and local agencies, such as the Drug Enforcement Administration, the State Division of Drug Control, media, other Board referrals as well as federal, state and local law enforcement authorities.

The Intake Unit (Intake) performs preliminary investigations on all complaints in which the Board has jurisdiction. To accomplish this task, Intake staff review and analyze each complaint to determine the Board’s jurisdiction with respect to allegations. During the intake process, a complaint is reviewed and analyzed, relevant records are subpoenaed and the Respondent (i.e. licensee who is the subject of the complaint) is provided with the opportunity to respond to the complaint. In standard quality care cases, a medical consultant will review all the material obtained. The findings of the preliminary investigation are presented to the Investigative Review Panel (IRP). Most complaints are closed at this stage because no violation of the Act occurred. Cases not closed will proceed to full investigation.

In FY 14, Intake received and processed 1,018 complaints, presented 547 cases to IRP for review, generated 87 advisory letters and prepared 14 Orders in reciprocal cases (i.e. cases where Maryland takes action because another state took action against the licensee). Intake also processed 36 cases involving deficiencies of continuing medical education/continuing education (CME/CE) credits. First-time offenders are offered an administrative fine for failure to obtain the required CME/CE hours.

Investigations Unit

The Investigations Unit (Investigations) is responsible for conducting full investigations into allegations filed against physicians and AH practitioners that may involve violations of the Act. Complaints are received from a wide variety of sources, including patients, family members, hospitals, physicians, other healthcare providers, hospitals, pharmacies, pharmacists, other state agencies, law enforcement and the media. The Board also reviews and investigates anonymous complaints.

The complaints received by the Board cover a wide range of allegations, including boundary violations, sexual improprieties, substance abuse, standard of care and standard of documentation violations, illegal and illegitimate prescriptions, professional, physical or mental incompetency, misrepresentations in the medical record and in applications and practicing without a medical license. Investigations is responsible for fully developing the cases through objective investigative fact finding directed towards proving or disproving each alleged violation of the Act.

Based on information gathered during an investigation, the Board may determine that there is a risk of imminent danger to the public health, safety and welfare posed by the licensee, and the Board may vote to summarily suspend the practitioner's license. A Summary Suspension suspends the practitioner's license before the evidentiary hearing is held at OAH. Following the Board's vote for a summary suspension, the case is transmitted to the OAG. The Board may also issue a Cease and Desist Order which prohibits the individual practitioner from practicing a certain area of medicine, but the practitioner can continue practicing other areas. In FY 14, the Board issued 5 Cease and Desist Orders.

Upon receipt of the Summary Suspension documents from the OAG, Compliance handles service on the Respondent and prepares for the corresponding pre or post-deprivation hearings in the matter. These pre or post-deprivation hearings are not full evidentiary hearings; no witnesses are permitted. The issue is whether or not the Respondent is an imminent danger to the public. If the Respondent is dissatisfied with the result, he or she can also request an evidentiary hearing at the OAH. Once the pre or post-deprivation hearing at the Board is completed, a summary suspension case follows the usual track of issuing a formal charging document, offering a settlement conference, and if not settled, a full evidentiary hearing at the OAH. In FY 14, the Board issued eight Summary Suspension Orders and held eight hearings before the full Board on those Orders.

In standard of care cases, analysts also handle the supplemental response process required by Chapters 534 and 533 of the Acts of 2010 (House Bill 114/Senate Bill 291) – Health Occupations Boards - Revisions, whereby the Board provides the physician under review with an opportunity to review the completed peer review report and provide a supplemental response to the Board before the Board decides whether to issue charges.

Compliance is also responsible for cases after completion of the Board's investigation and oversees the cases from the time of issuance of charges until the case has a final disposition. Compliance processes all Charging documents, Final Orders, Disposition Agreements, Letters of Surrender, Suspensions, Orders for Summary Suspension and Revocations.

After reviewing the investigatory information at the end of any stage of the process, the Board/Disciplinary Panel may close an investigation or to continue the investigation and ultimately take some form of action against a practitioner's license. In FY 14, Compliance

received and resolved the following complaints, as illustrated in the table below along with data for, FY 11, FY 12, FY 13 and FY 14.

Performance Measures	FY 11	FY 12	FY 13	FY 14
New Complaints Received	988	1,202	988	1,018
Complaints Pending from Previous Fiscal Years	739	870	254	254
Total Complaints	1,727	2,072	1,242	1,272
Complaints Resolved without Formal Disciplinary Action	589	1,272	633	553
Complaints Resolved with Nonpublic Advisory Letter	167	261	238	200
Complaints Resolved with Formal Action	180	197	342	271
Total Complaints Resolved	936	1,747	1,213	1,024
Participants Under Monitoring in Probation	120	140	211	152

Notification of Board Disciplinary Actions and Mandated Reporting of Actions

Compliance provides notification to the public of the Board's disciplinary actions by updating the physician and practitioner profiles on the Board's website pursuant to Md. Code Ann., Health Occupations Article § 14-411.1. Compliance also notifies hospitals, health maintenance organizations or other health care facilities pursuant to Md. Code Ann., Health Occupations Article §14-411 and other interested parties such as the State Medical Assistance Compliance Administration. The unit prepares summaries of the Board's disciplinary actions for the Board's newsletter. Compliance completes comprehensive reports of all disciplinary actions and forwards these reports to the National Practitioner Data Bank (NPDB), a national information clearinghouse related to professional competence and conduct, and the Healthcare Integrity and Protection Data Bank (HIPDB), a national data collection program for reporting and disclosing certain final adverse actions taken against health care practitioners and providers. The Board also reports all disciplinary actions related to physicians and the unauthorized practice of medicine to the Federation of State Medical Boards (FSMB), a national non-profit organization representing the 70 medical and osteopathic boards of the United States and its territories.

Disciplinary Committee for Case Resolution (DCCR)

After the service of charges, the Board offers the Respondent the opportunity to appear before a Disciplinary Committee for Case Resolution (DCCR) which is a voluntary, informal, and confidential proceeding to explore the possibility of a Consent Order or other expedited resolution of the matter. The DCCR meets with the Respondent and administrative prosecutor to negotiate such a settlement. Complainants are invited to attend the DCCR. During FY 14, the DCCR reviewed 96 charged cases. Cases that are settled through negotiation, by a Consent Order, do not proceed to a formal, evidentiary hearing at OAH.

Cases Proceeding to the Office of Administrative Hearings (OAH)

A licensee may request an evidentiary hearing in lieu of DCCR or following the DCCR. Compliance is responsible for referring the case to the OAH. Following the evidentiary hearing, OAH issues a proposed decision which is received by Compliance. Both parties, the licensee and the administrative prosecutor, may file exceptions to the OAH decision with the Board. Once exceptions are filed by the parties, the case is set for an Exceptions Hearing before the Board. After consideration, the Board may accept, reject or modify the proposed decision of the Administrative Law Judge (ALJ). During FY 14, the Board held 13 Exceptions Hearings. In

addition, the Board considered four proposed ALJ decisions in cases where the parties did not file exceptions.

Probation and Active Monitoring of Licensees under Board Order

At the end of FY 14, six Probation Analysts in the Probation Unit (Probation) monitored 152 licensees who were under a Board Order imposing terms and conditions for continued practice. Terms and conditions can include probation, chart review, peer review, enrollment in the Maryland Professional Rehabilitation Program (MPRP), completion of coursework, payment of fines and any other sanctions imposed by the Board.

Compliance is also responsible for monitoring suspended licensees. These licensees are required to complete terms and conditions before they can petition the Board to terminate suspensions.

After completion of terms and conditions of the Board's Order, a licensee can request termination of probation and/or suspension. This process generally involves submitting a petition to the Board, further investigation by the Probation Analyst and verification of the conditions being met. The case is then presented to the Termination of Order Panel, comprised of a panel of the Board. In FY 14, 30 cases (23 Terminations of Probation, 3 Terminations of Suspension, and 4 Terminations of Consent Orders) were presented by the Probation Analysts to the Termination of Order Panel. In FY 14, the Probation Analysts presented three cases to the Reinstatement Inquiry Panel.

Licensees are responsible for compliance with their Orders and rehabilitation agreements with the Board. However, the active monitoring and investigating assists and encourages the licensees to improve and meet the requirements set by the Board. Any potential violations of Board Orders are investigated as violations of the order issued by the Board. Based on these investigations, the Board can take the appropriate action which could include issuing charges for violations of probation and Show Cause Hearings, all of which may result in further sanctioning by the Board. The licensee is provided with a Show Cause Hearing before the Board to demonstrate why the Board should not take further disciplinary action. In FY 14, the Board held three Show Cause Hearings.

Maryland Professional Rehabilitation Program

Compliance monitors the contract awarded to The Center for a Healthy Maryland, the entity that administers the Board's rehabilitation program, known as the Maryland Professional Rehabilitation Program (MPRP). The contract term is from January 1, 2010, to December 31, 2014. The Board is in the process of securing a new contract for the rehabilitation services at the end of the contract cycle. The Board's program provides services to licensees who are in need of treatment and rehabilitation for alcoholism, chemical dependency, or other physical, or psychological conditions. The MPRP develops a comprehensive rehabilitation plan for participants that involves providing information, testing, evaluation, referral for treatment and on-going monitoring of the licensees' adherence to the requirements. The Board relies on the clinical expertise of the MPRP in developing an appropriate rehabilitation plan.

Pursuant to Chapter 539 of the Acts of 2007 (Senate Bill 255) - State Board of Physicians - Sunset Extension and Program Evaluation, the MPRP provides services only to individuals whom the Board refers in writing. The referrals can include any individual licensed by the Board or applicants for licensure. Compliance staff and MPRP staff communicate frequently and have at least two meetings per quarter to discuss participants that have been referred by the Board. At the end of FY 14, there were a total of 59 participants in the MPRP. The Board anticipates an increase in the number of participants.

Participants by Licensure Type

Licensure Type	Number of Participants	
	FY 13	FY 14
M.D. or D.O.	43	46
Physician Assistant	5	2
Nuclear Medicine Technologists	3	3
Respiratory Care Practitioners	2	3
Radiographer	1	4
Polysomnographic Technologists	0	1
Total Participants	54	59

The presenting problems are as follows:

Participants by Category

Category	FY 13	FY 14
Alcohol	8	10
Drug/Chemical	27	22
Psychiatric Diagnosis	4	9
Dual Diagnoses*	6	6
Other/Behavioral	9	12
Total	54	59

*Dual diagnoses mean an individual with both a psychiatric and a substance abuse diagnosis.

MPRP Staff:

Chae Kwak, LCSW-C

Director of Professional Rehabilitation Programs

Laura Berg, LCSW-C

Assistant Director

Susan Bailey, M.D.

Medical Director, Professional Rehabilitation Program

Linda Rodriguez, LCSW-C

Clinical Manager

Tanya Bryant, LCSW-C

Clinical Manager

Rachel Reisman

Program Assistant

Maryland law requires the Board to provide a Professional Rehabilitation Program (PRP) to physicians, physician assistants and other AH professionals. The program is intended to encourage physicians and all AH practitioners to seek assistance with addressing alcohol and drug abuse and other impairing conditions that may affect the safe practice of medicine.

Although other AH practitioners participate in the physician rehabilitation program, currently only a percentage of the application fees of physicians and physician assistants are transferred to support the program. The 2011 Sunset Review recommends eliminating this fee; however, the Board is completing an analysis to extend the percentage across all practitioners' license fees to support the program.

THE LEGISLATIVE REPORT

The following data corresponds to elements of Chapter 109 of the Acts of 1988, as amended by § 1, Ch. 271 of the Acts of 1992 an Act concerning the State Board of Physician Quality Assurance, effective October 1, 1992, and by §6, Ch. 662 of the Acts of 1994 effective October 1, 1994.

Complaints Filed

In FY 14, the Board received 407 consumer complaints and 611 complaints filed from other sources, for a total of 1,018 complaints. The Board resolved 553 complaints with no action and

200 with Advisory Letters. The Board issued fines totaling \$179,500. The Board issued 271 formal disciplinary actions (see detail of Board Disciplinary Actions, Page 22, D).

Advisory Opinions

During FY 14, the Board sent 200 advisory opinions to practitioners, which are confidential letters that inform, educate, or admonish a health care provider in regard to the practice of medicine under the Maryland Medical Practice Act. The various issues addressed in these letters include: the importance of legible medical records and the advisability of consideration of a typed or electronic version of the records, the importance of ensuring the accuracy of all reports that the physician signs, the timely communication with patients and the appropriate follow-up after a patient undergoes a surgical procedure.

A. The number of physicians investigated under each of the disciplinary grounds enumerated under Section 14-404 of the Health Occupations Article.

In FY 14, the Board opened 1,272 investigations on 1,036 physician licensees. The total allegations against the physicians are 1,123 as found in Table A beginning on page 23.

B. The average length of time spent investigating allegations brought against physicians under each of the disciplinary grounds enumerated under Section 14-404 of the Health Occupations Article.

During FY 14, the Board completed investigations of 1,024 allegations. The allegations brought against physicians and the average length of time spent investigating these allegations appear in Table B beginning on page 26. Table B includes the number of days from initial complaint until final disposition.

C. The number of cases not completed within 18 months and the reasons for the failure to complete the cases in 18 months.

As of July 1, 2014, all of the cases at the board have been resolved within 18 months. There are 18 cases at various stages at the OAG. The following charts illustrate the last stage of each of these cases at the end of FY 14.

Cases at the Board

	FY 11	FY 12	FY 13	FY 14
Case Management	73	18	1	0
Peer Review	6	7	0	0
Total	79	25	1	0

These figures may represent multiple case numbers on the same Respondent.

Cases at the OAG

	FY 11	FY 12	FY13	FY 14
Prosecutor's Office (cases not yet charged)	42	38	8	4
Prosecutor's Office (cases charged; DCCR held or failed; case may or may not be set for hearing at OAH)	49	67	26	6
Board Counsel's Office (awaiting Final Order)	11	5	8	8
Total	102	110	42	18

These figures may represent multiple case numbers on the same Respondent.

Case Management: Case management is the full investigation phase of a case, which includes collecting evidence, interviewing witnesses and Board deliberation.

Office of the Attorney General: The process of Case Review instituted by the Board and the OAG continues to be effective in maintaining the timely resolution of charged cases. Respondents may take cases to trial which significantly extends the time before a case can be resolved.

D. The number of physicians and AH practitioners who were reprimanded or placed on probation, or who had their licenses suspended or revoked during FY 14.

The details of the disciplinary actions taken in FY 14 are found in the FY 14 Disciplinary Actions chart on page 22.

FY14 DISCIPLINARY ACTIONS

Disciplinary Definitions	PHYSICIANS	PHYSICIAN ASSISTANTS	ALLIED HEALTH	TOTALS
<u>LOSS OF LICENSE:</u> Summary Suspension, Revocation, Suspension, Letter of Surrender & Denials	50	2	16	68
<u>RESTRICTION OF LICENSE:</u> Reprimand with Probation or Conditions, Probation, Conditions	39	2	4	45
<u>OTHER PREJUDICIAL ACTION:</u> Reprimand & Cease & Desist	25	0	0	25
<u>OTHER PREJUDICIAL ACTION:</u> Continuing Medical Education/Continuing Education Deficiencies	20	0	0	20
<u>OTHER PREJUDICIAL ACTION:</u> Practicing without a license	9	24	1	34
<u>NON-PREJUDICIAL ACTION:</u> Summary Suspension Lifted, License Granted, Termination & Non-Public Orders	63	5	11	79
TOTAL DISCIPLINARY ACTIONS	206	33	32	271
FINES (Disciplinary)	\$104,000	0	0	\$104,000
ADMINISTRATIVE FINES (CMEs)	\$42,100	0	\$2,400	\$44,500
FINES (Unlicensed Practice of Medicine)	\$19,000	\$12,000	0	\$31,000
TOTAL FINES	\$165,00	\$12,000	\$2,400	\$179,500

E. The number of unresolved allegations pending before the Board.

A total of 543 allegations remain unresolved and are pending before the Board as of June 30, 2014.

TABLE A

**NUMBER OF ALLEGATIONS INVESTIGATED UNDER EACH OF THE DISCIPLINARY GROUNDS ENUMERATED
UNDER HO § 14-404
COMPLAINTS FILED DURING FY 14**

Ground	Description	Complaints
404(a)1	Fraudulently or deceptively obtains or attempts to obtain a license for the applicant or licensee or for another.	1
2	Fraudulently or deceptively uses a license.	1
3	Is guilty of immoral or unprofessional conduct in the practice of medicine.	583
4	Is professionally, physically, or mentally incompetent.	14
5	Solicits or advertises in violation of HO § 14-503.	1
6	Abandons a patient.	11
7	Habitually is intoxicated.	1
8	Is addicted to, or habitually abuses, any narcotic or controlled dangerous substance as defined in Section 5-101 of the Criminal Law Article.	1
9	Provides professional services while under the influence of alcohol; or while using any narcotic or controlled dangerous substance, as defined in Section 5-101 of the Criminal Law Article, or other drug that is in excess of therapeutic amounts or without valid medical indication.	0
10	Promotes the sale of drugs, devices, appliances, or goods to a patient so as to exploit the patient for financial gain.	0
11	Willfully makes or files a false report or record in the practice of medicine.	6
12	Fails to file or record any medical report as required under law, willfully impedes or obstructs the filing or recording of the report, or induces another to file or record the report.	0
13	On proper request, and in accordance with the provisions of Title 4, Subtitle 3 of the Health General Article, fails to provide details of a patient's medical record to another physician or hospital.	51
14	Solicits professional patronage through an agent or other person or profits from the acts of a person who is represented as an agent of the physician.	0
15	Pays or agrees to pay any sum to any person for bringing or referring a patient or accepts or agrees to accept any sum from any person for bringing or referring a patient.	1
16	Agrees with a clinical or bioanalytical laboratory to make payments to the laboratory for a test or test series for a patient unless the licensed physician discloses on the bill to the patient or third-party payor: the name of the laboratory; the amount paid to the laboratory for the test or test series; and the amount of procurement or processing charge of the licensed physician, if any, for each specimen taken.	0
17	Makes a willful misrepresentation in treatment.	0
18	Practices medicine with an unauthorized person or aids an unauthorized person in the practice of medicine.	38
19	Grossly over utilizes health care services.	6
20	Offers, undertakes, or agrees to cure or treat disease by a secret method, treatment, or medicine.	0
21	Is disciplined by a licensing or disciplinary authority or convicted or disciplined by a court of any state or country or disciplined by any branch of the United States uniformed services or the Veterans Administration for an act that would be grounds for disciplinary action under this section.	25
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.	276
23	Willfully submits false statements to collect fees for which services are not provided.	14

24	Was subject to investigation or disciplinary action by a licensing or disciplinary authority or by a court of any state or country for an act that would be grounds for disciplinary action under this section and the licensee: (i) surrendered the license.; or (ii) allowed the license to expire or lapse.	1
25	Knowingly fails to report suspected child abuse in violation of § 5-704 of the Family Law Article.	1
26	Fails to educate a patient being treated for breast cancer of alternative methods of treatment as required by § 20-113 of the Health-General Article.	0
27	Sells, prescribes, gives away, or administers drugs for illegal or illegitimate medical purposes.	30
28	Fails to comply with the provisions of HO§ 12-102 (Physician Dispensing).	1
29	Refuses, withholds from, denies or discriminates against an individual with regard to the provision of professional services for which the licensee is licensed and qualified to render because the individual is HIV positive.	0
30	Except as to an association that has remained in continuous existence since July 1, 1963: (i) Associates with a pharmacist as a partner or co-owner of a pharmacy for the purpose of operating a pharmacy, (ii) Employs a pharmacist for the purpose of operating a pharmacy, or (iii) Contracts with a pharmacist for the purpose of operating a pharmacy.	1
31	Except in an emergency life-threatening situation where it is not feasible or practicable, fails to comply with the Centers for Disease Control's guidelines on universal precautions.	0
32	Fails to display the notice required under HO§ 14-415.	0
33	Fails to cooperate with a lawful investigation conducted by the Board.	0
34	Is convicted of insurance fraud as defined in § 27-801 of the Insurance Article.	0
35	Is in breach of a service obligation resulting from the applicant's or licensee's receipt of State or federal funding for the licensee's medical education.	0
36	Willfully makes a false representation when seeking or making application for licensure or any other application related to the practice of medicine.	43
37	By corrupt means, threats, or force, intimidates or influences, or attempts to intimidate or influence, for the purpose of causing any person to withhold or change testimony in hearings or proceedings before the Board or those otherwise delegated to the Office of Administrative Hearings.	0
38	By corrupt means, threats, or force, hinders, prevents, or otherwise delays any person from making information available to the Board in furtherance of any investigation of the Board.	0
39	Intentionally misrepresents credentials for the purpose of testifying or rendering an expert opinion in hearings or proceedings before the Board or those otherwise delegated to the Office of Administrative Hearings.	0
40	Fails to keep adequate medical records as determined by appropriate peer review.	13
41	Performs a cosmetic surgical procedure in an office or a facility that is not accredited by the American Association for Accreditation of Ambulatory Surgical Facilities, the Accreditation Association for Ambulatory Health Care; or the Joint Commission on the Accreditation of Health Care Organizations or certified to participate in the Medicare program, as enacted by Title XVIII of the Social Security Act.	0
404(b)	Crimes of moral turpitude	1
TOTAL ALLEGATIONS AGAINST PHYSICIANS		1,123

F. The number and nature of allegations filed with the Board concerning AH practitioners.

The following chart illustrates the investigations opened concerning AH practitioners during FY 14:

Allied Health Practitioners	Number of Investigations
Physician Assistant (C)	73
Radiographer and Radiation Therapist (R,O,M)	13
Nuclear Medicine Technologist (N)	0
Respiratory Care Practitioner (L)	24
Athletic Trainers (A)	6
Polysomnographic Technologists (Z)	2
Total	118

There were a variety of allegations that included drug and/or alcohol abuse, termination of employment for being unavailable to patients, continuing to practice after expiration of certification, allowing a non-licensed radiographer to perform CT scans and competency issues due to hearing and vision impairments. In FY 14, the Board issued 33 formal actions in regard to AH practitioners.

G. The adequacy of current board staff in meeting the workload of the Board.

Currently, the Board is allocated 70.1 full-time equivalent positions to conduct all Board business, the same number that was allocated in 2013. However, this level of staffing remains inadequate to meet the current and emergent work of the Board projected beyond FY 14.

A new health profession, the Naturopathic Doctors, will be licensed and regulated by the Board. This new health profession was added to the Board's mandate without funding to manage the program. The Board projects that additional staff will be required to administer the new profession.

The Board also anticipates that criminal background checks will be required for its licensees through the passage of future law. The proposed legislation will require the Board to conduct criminal history background checks for the current 29,000 licensed physicians and 14,000 allied health practitioners and all the new applicants after the passage of the law. In order for the Board to meet this new requirement the Board will require three additional positions.

The Board has initiated the process of converting the antiquated, paper-based licensure/compliance system to a web-based operating system to enhance efficiencies, and additional efforts are intended to expand the outreach initiatives with stakeholders and licensees. Accordingly, the Board requested an additional seven fully-funded positions in the FY 16 budget request process.

H. A detailed explanation of the criteria used to accept and reject cases for prosecution.

Please refer to the report from the OAG. See Exhibit 3 beginning on page 35.

I. The number of cases prosecuted and dismissed each year and on what grounds.

Please refer to the report from the OAG. See Exhibit 3 beginning on page 35.

J. Corrective Action Agreements

During FY 14, the Board had no Corrective Action Agreements.

TABLE B			
ALLEGATIONS BROUGHT AGAINST PHYSICIANS UNDER EACH OF THE DISCIPLINARY GROUNDS ENUMERATED UNDER HO § 14-404 COMPLAINTS RESOLVED DURING FY 14			
Grounds	Description	Allegations	Days
1	Fraudulently or deceptively obtains or attempts to obtain a license for the applicant or licensee or for another.	0	0
2	Fraudulently or deceptively uses a license.	0	0
3	Is guilty of immoral or unprofessional conduct in the practice of medicine.	217	1,401
4	Is professionally, physically, or mentally incompetent.	19	159
5	Solicits or advertises in violation of HO§ 14-503.	0	0
6	Abandons a patient.	12	201
7	Habitually is intoxicated.	1	83
8	Is addicted to, or habitually abuses, any narcotic or controlled dangerous substance as defined in Section 5-101 of the Criminal Law Article.	0	0
9	Provides professional services while under the influence of alcohol; or while using any narcotic or controlled dangerous substance, as defined in Section 5-101 of the Criminal Law Article, or other drug that is in excess of therapeutic amounts or without valid medical indication.	0	0
10	Promotes the sale of drugs, devices, appliances, or goods to a patient so as to exploit the patient for financial gain.	0	0
11	Willfully makes or files a false report or record in the practice of medicine.	7	644
12	Fails to file or record any medical report as required under law, willfully impedes or obstructs the filing or recording of the report, or induces another to file or record the report.	0	0
13	On proper request, and in accordance with the provisions of Title 4, Subtitle 3 of the Health General Article fails to provide details of a patient's medical record to another physician or hospital.	41	155
14	Solicits professional patronage through an agent or other person or profits from the acts of a person who is represented as an agent of the physician.	0	0
15	Pays or agrees to pay any sum to any person for bringing or referring a patient or accepts or agrees to accept any sum from any person for bringing or referring a patient.	2	480
16	Agrees with a clinical or bioanalytical laboratory to make payments to the laboratory for a test or test series for a patient unless the licensed physician discloses on the bill to the patient or third-party payor: the name of the laboratory; the amount paid to the laboratory for the test or test series; and the amount of procurement or processing charge of the licensed physician, if any, for each specimen taken.	0	0
17	Makes a willful misrepresentation in treatment.	0	0
18	Practices medicine with an unauthorized person or aids an unauthorized person in the practice of medicine.	17	118
19	Grossly over utilizes health care services.	5	264
20	Offers, undertakes, or agrees to cure or treat disease by a secret method, treatment, or medicine.	0	0

21	Is disciplined by a licensing or disciplinary authority or convicted or disciplined by a court of any state or country or disciplined by any branch of the United States uniformed services or the Veterans Administration for an act that would be grounds for disciplinary action under this section.	23	105
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.	155	319
23	Willfully submits false statements to collect fees for which services are not provided.	13	281
24	Was subject to investigation or disciplinary action by a licensing or disciplinary authority or by a court of any state or country for an act that would be grounds for disciplinary action under this section and the licensee: (i) surrendered the license...; or (ii) allowed the license ...to expire or lapse.	2	798
25	Knowingly fails to report suspected child abuse in violation of § 5-704 of the Family Law Article.	0	0
26	Fails to educate a patient being treated for breast cancer of alternative methods of treatment as required by § 20-113 of the Health-General Article.	0	0
27	Sells, prescribes, gives away, or administers drugs for illegal or illegitimate medical purposes.	30	451
28	Fails to comply with the provisions of HO§ 12-102 (Physician Dispensing).	0	0
29	Refuses, withholds from, denies or discriminates against an individual with regard to the provision of professional services for which the licensee is licensed and qualified to render because the individual is HIV positive.	0	0
30	Except as to an association that has remained in continuous existence since July 1, 1963: (i) Associates with a pharmacist as a partner or co-owner of a pharmacy for the purpose of operating a pharmacy, (ii) Employs a pharmacist for the purpose of operating a pharmacy, or (iii) Contracts with a pharmacist for the purpose of operating a pharmacy.	0	0
31	Except in an emergency life-threatening situation where it is not feasible or practicable, fails to comply with the Centers for Disease Control's guidelines on universal precautions.	0	0
32	Fails to display the notice required under HO§ 14-415.	0	0
33	Fails to cooperate with a lawful investigation conducted by the Board.	0	0
34	Is convicted of insurance fraud as defined in § 27-801 of the Insurance Article.	0	0
35	Is in breach of a service obligation resulting from the applicant's or licensee's receipt of State or federal funding for the licensee's medical education.	0	0
36	Willfully makes a false representation when seeking or making application for licensure or any other application related to the practice of medicine.	22	101
37	By corrupt means, threats, or force, intimidates or influences, or attempts to intimidate or influence, for the purpose of causing any person to withhold or change testimony in hearings or proceedings before the Board or those otherwise delegated to the Office of Administrative Hearings.	0	0
38	By corrupt means, threats, or force, hinders, prevents, or otherwise delays any person from making information available to the Board in furtherance of any investigation of the Board.	0	0
39	Intentionally misrepresents credentials for the purpose of testifying or rendering an expert opinion in hearings or proceedings before the Board or those otherwise delegated to the Office of Administrative Hearings.	0	0
40	Fails to keep adequate medical records as determined by appropriate peer review.	11	322
41	Performs a cosmetic surgical procedure in an office or a facility that is not accredited by the American Association for Accreditation of Ambulatory Surgical Facilities, the Accreditation Association for Ambulatory Health Care; or the Joint Commission on the Accreditation of Health Care Organizations or certified to participate in the Medicare program, as enacted by Title XVIII of the Social Security Act.	0	0
404(b)	Crimes of moral turpitude	7	227
TOTAL RESOLVED ALLEGATIONS AGAINST PHYSICIANS		580	

BOARD COUNSEL’S REPORT

The OAG provided day-to-day legal advice to the Board regarding ongoing cases, investigations, procedures, contractual and procurement issues, and assisted the Board in writing 50 decisions, including letters of surrender. The office also advised the Board on regulations and legislation. In addition, the office was involved in the following litigation on behalf of the Board in FY 14.

Barson v. State Board of Physicians, 211 Md. App. 602 (2013). Dr. Barson sued in the Circuit Court for Baltimore City, seeking an order requiring the Board to revise a consent order that she has entered into with the Board a few months earlier. The circuit court dismissed her suit. Upon further appeal, the Court of Special Appeals affirmed the dismissal, ruling that a party who has entered into a consent order with the Board does not have the right to revise it.

Blumberg, DeWeese, Maryland Radiological Society and Johns Hopkins Health System Corporation v. Board of Physicians (Balto. Co. Cir Ct. consolidated cases Nos. 03-C-13-004430 and 03-C-13-005167). The plaintiffs in this case were complainants before the Board who alleged that the operations of Chesapeake Urology Associates violated the Maryland Patient Referral Law. The Board investigated that complaint but declined to issue charges. The Board instead entered into a consent order with Chesapeake Urology which included a temporary limit on certain referrals. The plaintiffs appealed, arguing that they have standing to appeal because they were the complainants and because the Board’s action affected their interests. The University of Maryland Medical Systems Corporation and the Maryland Hospital Association have petitioned the court to be allowed to join as additional plaintiffs in the case. The Board moved to dismiss the action, and the parties are awaiting a hearing on that motion and other pending motions.

Blumberg, DeWeese, Maryland Radiological Society and Johns Hopkins Health System Corporation v. Board of Physicians (DHMH Board of Review Case No. 14-49). These are parallel cases to those brought by the same parties in the Baltimore County Circuit court.

Karen Carr v. Board of Physicians (DHMH Board of Review Case No. 13-62). Karen Carr was fined \$30,000 by the Board for practicing medicine without a license based on her treatment of two pregnant women and two of their newborn babies, one of whom died after Ms. Carr advised the mother, against the advice of emergency medical personnel on the scene, that the newborn did not need to be hospitalized. Following the briefing and oral argument, the Board of Review affirmed the Board’s decision.

Karen Carr v. Maryland State Board of Physicians, (Circuit Court for Baltimore City, Case No. 24-C-13-006774). Karen Carr petitioned for judicial review of the Board’s decision fining her for the unlicensed practice of medicine. Following the filing of the record and briefs, the Court heard oral arguments on June 20, 2014. The Court’s decision is pending.

Barry Cohen v. Board of Physicians (Court of Special Appeals No. 01935, September Term, 2013). Dr. Cohen was sanctioned by the Board for failing to keep adequate medical records. Dr. Cohen appealed to the Circuit Court for Montgomery County, and the court reversed the Board’s decision. The Board appealed to the Court of Special Appeals. The case is pending before the Court of Special Appeals and is scheduled to be argued in September 2014.

Davis v. Knipp, et al, (Court of Appeals, Petition Docket No. 124, September Term, 2012). Dr. Davis sued ten current and ten previous members of the Board, the Executive Director, the Administrative Prosecutor, and DHMH in the Circuit Court for Harford County for a total of \$78 million in damages and reinstatement of his license, based on allegations of negligence, gross negligence, malice, libel, and violations of his civil rights. The circuit court dismissed the case

on the ground of *res judicata*, i.e., on the ground that Dr. Davis had brought the same case against the same defendants three times before and had lost. Dr. Davis appealed to the Court of Special Appeals. That court, however, agreed that the circuit court had properly dismissed the case. (No. 01939, September Term, 2010). Dr. Davis then filed a petition for *certiorari* in the Court of Appeals. The Court of Appeals denied *certiorari* on August 12, 2012. On April 26, 2013, the Board filed a motion for attorney's fees in the Circuit Court for Harford County. The circuit court granted the Board's motion and ordered Dr. Davis to pay \$3,440.51 in attorney's fees to the Board within 30 days, finding that Dr. Davis's action in initiating the lawsuit against the Board members lacked "even a scintilla of merit." The court also found that Dr. Davis brought the lawsuit "in bad faith" for the purpose of harassing or attempting to extract a pound of flesh. (Case Number 12-C-09-004203).

Dino Delaportas v. Board of Physicians (Cir. Ct. Wash. Co. No. 12-C-13-046735). Dr. Delaportas appealed the Board's decision sanctioning him for providing deficient care. The circuit court affirmed the Board's decision. Dr. Delaportas did not appeal.

David Geier v. Maryland Board of Physicians (Court of Special Appeals, Sept. Term 2014, Case No. 00709). The Board found that Mr. David Geier practiced medicine without a license in the offices of his father, Dr. Mark Geier. Mr. David Geier filed an appeal to the Board of Review of DHMH, but that board affirmed the physicians' board's ruling. Mr. David Geier then appealed to the circuit court. The circuit court affirmed the Board's decision. Mr. Geier appealed to the Court of Special Appeals where the case is pending.

Dr. Mark Geier v. Maryland Board of Physicians (Court of Special Appeals). Dr. Mark Geier's license was revoked by the Board for multiple failures to meet standards for the appropriate treatment of patients. Dr. Geier then filed petitions for judicial review simultaneously in Baltimore City and in Baltimore and Montgomery Counties. After considerable litigation, Dr. Geier dismissed two of these suits, and the suit was argued in Montgomery County. The circuit court affirmed the Board's decision. Dr. Geier appealed to the Court of Special Appeals, where the case is pending.

William Launder v. Maryland State Board of Physicians (Circuit Court for Prince George's County, Case No. CAL14-14517) The Board revoked Dr. Launder's medical license and imposed a \$50,000 fine upon him for gross overutilization of medical services. Dr. Launder petitioned for judicial review. The case is pending in circuit court.

Paul J. MacKoul v. Maryland State Board of Physicians (Circuit Court of Montgomery County No. 392127-V) Dr. MacKoul appealed the Board's sanction for unprofessional conduct. The appeal is pending.

Marshall v. Koya, et al. (District Court of Maryland for Baltimore City No. 0101-0027900-2012). Mr. Marshall, a prison inmate at Jessup Correctional Facility, alleged that a Board employee refused to stop physicians and other providers from denying him medical care in prison. The court granted the Board's motion to dismiss on January 14, 2013.

Marshall v. Farrelly, et al. (District Court of Maryland for Baltimore City No. 0101-0022172-2013). Mr. Marshall filed a Motion against a Board employee (and other defendants) requesting an Ex Parte Emergency Order or Injunctive Relief from transfer to another prison. The court granted the Board's motion to dismiss.

Marshall v. Carole Catalfo & Andrew Moultrie, M.D. et al. (Circuit Court for Anne Arundel County No. 02-C-14-185246). Mr. Marshall filed a complaint alleging medical negligence by health care practitioners during treatment he received in prison and included Ms. Catalfo, a

former Executive Director of the Board in the complaint. He failed to allege any facts regarding a cause of action against Ms. Catalfo. The Board filed a Motion to Dismiss the complaint against Ms. Catalfo, and requested that she be removed as a named defendant. The case is pending.

Marshall v. Farrelly and Koya, et al, (Circuit Court for Baltimore City No. 24-C-14-0022405). Mr. Marshall filed a complaint against two Board employees claiming that they had refused to investigate medical abuse by two physicians. The Board filed a Motion to Dismiss. The case is pending.

Marshall v. Andrea Mathias, M.D. & Christine Farrelly et al. (District Court of Maryland for Baltimore City Nos. 0101-0011505-2014 and 0101-0015118-2014). Mr. Marshall filed two complaints against Board personnel Andrea Mathias, M.D. and Christine Farrelly, alleging that they failed to investigate unlawful medical care by a physician. The cases were transferred to the circuit court and are pending.

Shawn Loper v. Maryland State Board of Physicians (Circuit Court for Baltimore City, No. 24-C-14-000221). The Board imposed a \$10,000 fine upon Mr. Loper for practicing medicine without a license. Mr. Loper petitioned for judicial review. The case is pending in circuit court.

Petition of Willie B. Mvemba for Judicial Review of the Decision of the Maryland Board of Physicians (Circuit Court of Baltimore City No. 24-C-14-002913). The Board revoked Dr. Mvemba's license for violation of the terms of his previous consent order. Dr. Mvemba filed a petition for judicial review and the Board filed a motion to dismiss arguing that Dr. Mvemba had no right to judicial review. The court granted the Board's motion to dismiss on July 14, 2014.

Oscar Ramirez, M.D. v. Maryland State Board of Physicians (Court of Special Appeals, No. 02657, September Term, 2012). After the Board sanctioned Dr. Ramirez for violations of the standard of care in his performance of cosmetic surgery, Dr. Ramirez filed a petition for judicial review with the Circuit Court of Baltimore City. That court, in Case No. 24-C-11-005114, affirmed the Board's decision. Dr. Ramirez then appealed to the Court of Special Appeals, but that court also affirmed the Board's decision. Dr. Ramirez then petitioned for *certiorari* to the Court of Appeals, but that court denied *certiorari* on July 5, 2013. (Petition Docket No. 138, September Term, 2013)

Donald Roane, M.D. v. Maryland State Board of Physicians (213 Md. App. 619 (2013)). The Board summarily suspended Dr. Roane's license after a full evidentiary hearing, for sexually predatory activities towards patients. Dr. Roane filed a petition for judicial review with the Circuit Court of Anne Arundel County. That court dismissed his petition as moot, because Dr. Roane's license had since been revoked. Dr. Roane then appealed to the Court of Special Appeals. The Court of Special Appeals affirmed circuit court judgment. (Reported decision.) Dr. Roane petitioned for writ of *certiorari*, which was denied.

Donald Roane, M.D. v. Maryland State Board of Physicians (213 Md. App. 619 (2013)). The Board revoked Dr. Roane's license for sexually predatory behavior towards patients. Dr. Roane filed a petition for judicial review with the Circuit Court of Anne Arundel County. That court affirmed the Board's decision. Dr. Roane then appealed to the Court of Special Appeals. The Court of Special Appeals affirmed the circuit court. (Reported decision.) Dr. Roane petitioned for writ of *certiorari*, which was denied.

Nicola Riley v. State Board of Physicians (Balto. City Cir. Ct. No. 24-C-13-003573). Dr. Riley appealed the Board's decision revoking her license for making false statements on her application and violating the standard of care and requested that the court stay the Board's

decision. After the Board filed an opposition to the stay, Dr. Riley withdrew her motion. Dr. Riley then withdrew her motion for judicial review.

Michael S. Rudman v. Maryland State Board of Physicians (Court of Special Appeals, No. 0072, September Term, 2013). After the Board revoked Dr. Rudman's license for the indecent sexual touching of patients, Dr. Rudman filed a petition for judicial review. The Circuit Court for Frederick County reversed the Board's decision. The Board filed an appeal to the Court of Special Appeals, which reversed the decision of the circuit court and affirmed the Board's conclusions that Dr. Rudman had sexually molested five patients during their treatment appointments.

Michael S. Rudman v. Maryland Board of Physicians (Court of Appeals, Petition Docket No. 177, September Term, 2014). Dr. Rudman petitioned for a writ of certiorari, which the Court denied.

Daniel Smithpeter v. State Board of Physicians (Court of Special Appeals, No. 00819, September Term, 2012). After the Board sanctioned this psychiatrist for inappropriate sexual activities with a patient, he appealed to the Circuit Court of Baltimore City. That circuit court affirmed the Board's decision. Dr. Smithpeter then appealed that decision to the Court of Special Appeals. The Court of Special Appeals remanded the case to the Board to properly address Dr. Smithpeter's subpoena requests for the patient's records from mental health providers. The case has been remanded to OAH, where it is pending.

Gary Sprouse v. Maryland State Board of Physicians (Circuit Court for Queen Anne's County, No. 17-C-13-18276). The Board sanctioned Dr. Sprouse for a variety of misconduct including improper prescribing of opioid pain medication and falsifying records. Dr. Sprouse petitioned for judicial review in the circuit court. The circuit court affirmed the Board's decision.

Pradeep Srivastava v. Maryland State Board of Physicians (Circuit Court for Prince George's County, No. CAL14-00499). The Board revoked Dr. Srivastava's medical license on Dec. 30, 2013 for his conviction in federal court of the felonies of income tax evasion and filing a false income tax return, resulting in losses of over \$16 million to the federal government – a crime of moral turpitude. Following multiple motions for default by Dr. Srivastava, the Board filed the administrative record on July 25, 2014, briefs are pending, and oral argument is scheduled for October 30, 2014.

University of Maryland Medical System v. Maryland Board of Physicians & Albert L. Blumberg v. Maryland Board of Physicians (Court of Special Appeals, No. 211, Sept. Term 2014). UMMS and Dr. Blumberg filed three actions in the Circuit Court for Baltimore County to void a Consent Order between the Board and Sanford Siegel, M.D. resolving a complaint alleging that Chesapeake Urology was violating the Patient Referral Laws concerning its radiation therapy clinic for prostate cancer. The circuit court dismissed all three cases. UMMS and Dr. Blumberg appealed two of those cases, which were consolidated. Those two cases are pending in the Court of Special Appeals, but UMMS and Dr. Blumberg also petitioned for writ of certiorari, and we are awaiting a decision of the Court of Appeals on that cert. petition.

EXHIBIT 1

ROSTER OF MEMBERS OF THE BOARD OF PHYSICIANS (2014)

NAME	SPECIALTY/CATEGORY	TERM ENDS
Devinder Singh M.D., Board Chair	Physician Plastic Surgery, DHMH Representative Full-time Faculty Appointee	2015
Suresh K. Gupta, M.D., Vice Chair	Physician Internal Medicine/Geriatrics	2014
Jonathan A. Lerner, PA-C, Secretary	Physician Assistant	2017
Carmen M. Contee, Secretary	Consumer Member	2016
Brenda G. Baker	Consumer Member	2016
Edward J. Brody	Public/Risk Management	2014
Jacqueline B. Brown	Consumer Member	2014
Alexis J. Carras, M.D.	Physician Anesthesiology	2017
Gary J. Della'Zanna, D.O.	Osteopathic Surgeon	2017
Jacqueline M. Golden	Consumer Member	2017
Suresh C. Gupta, M.D.	Physician Internal Medicine	2015
Deborah R. Harrison	Consumer Member	2015
Avril M. Houston, M.D.	Physician Pediatrics	2016
John R. Lilly, M.D.	Physician Family Medicine	2014
Celeste M. Lombardi, M.D.	Physician Anesthesiology	2015
Mary G. Musman, M.D.	DHMH Appointee-Pediatrics	2016
Ahmed Nawaz, M.D.	Physician Internal Medicine	2016
Hilary T. O'Herlihy, M.D.	Physician Cardiology	2014
Mark D. Olszyk, M.D.	Physician Emergency Medicine	2017
Robert P. Roca, M.D.	Physician Psychiatrist	2017
Beryl J. Rosenstein, M.D.	Physician Pediatrics Full-time Faculty Appointee	2015
Priti K. Sood, M.D.	Physician Cardiology	2015

EXHIBIT 2

ANNUAL REPORT TO LEGISLATIVE POLICY COMMITTEE – FY 14

PHYSICIAN PRIVILEGE DATA SYSTEM

The following summarizes the key activities of the Board of Physicians clearinghouse activities pursuant to Health Occupations Article § 14-411(e). This legislation, initiated in 1986, requires the Board to maintain a database of current physician privileges and contractual employment, physician discipline and malpractice information, and to report this information to hospitals, nursing homes and alternative health care systems, including health maintenance organizations and preferred provider organizations.

- A. Number of licensed physicians in Maryland in FY 14: 30,354
- B. Participation: 63 Hospitals, 232 Nursing Homes and Health Maintenance Organizations report information on privileges, and request data generated by the system. An additional 140 alternative health care facilities were added to this system.
- C. Malpractice Data: 219 certificates of merit records, involving 181 physicians, were added to the malpractice component of the data system. The Board generated 1,696 notices of malpractice claims and sent these to the hospitals, nursing homes and alternative health care organizations where the affected physician has privileges.
- D. Disciplinary Actions Taken by Hospitals, Nursing Homes and Alternative Health Care Systems: The Board sent 33 notification letters to health care facilities originating from reports of disciplinary action taken by hospitals, nursing homes and alternative health care systems.
- E. Board Disciplinary Actions: The Board sent 574 letters to health care facilities informing them of disciplinary actions and or charges against 117 physicians who have privileges at their facilities.
- F. Inquiries from Health Care Facilities: There were 40 inquiries from Maryland hospitals, nursing homes or alternative health care systems.
- G. Verification Letters: The Board generated 4,972 letters verifying the status of physician licenses.

EXHIBIT 3

A. The Legislative Report

Chapter 109 of the Acts of 1988, as amended by § 1, ch. 271, Acts of 1992, effective October 1, 1992, and by § 6, ch. 662, Acts of 1994, effective October 1, 1994, provides:

SECTION 5. AND BE IT FURTHER ENACTED, that the Department, on or before October 1 of each year, shall submit a report to the Legislative Policy Committee that contains the following information for the previous year:

* * *

8. A detailed explanation of the criteria used to accept and reject cases for prosecution...

B. The Attorney General's Response

The Office of the Attorney General (“OAG”) accepted one hundred (100) cases for prosecution in Fiscal Year 2014. The OAG accepted the cases for prosecution after determining that there was a legally sufficient basis for prosecution based on the facts and circumstances of each individual case.

The measure of legal sufficiency is generally found in Md. Code Ann., Health Occ. § 14-404(a), which sets forth forty-one (41) enumerated grounds for discipline. In addition, Health Occ. § 14-404(b) provides for prosecution of licensees convicted of crimes involving moral turpitude, Health Occ. § 14-205 provides for the denial of a license for reasons that are grounds for discipline under Health Occ. § 14-404, and Health Occ. §§ 14-601 to 14-606 provide the standards for administrative prosecution of unlicensed practice.

The legal sufficiency evaluation includes the review of board investigative files, consultations with peer reviewers and other expert witnesses, meetings with board investigators, meetings with witnesses, and additional follow-up investigation. The legal sufficiency analysis may also include legal research, including the review of prior Board orders.

In Fiscal Year 2014, the OAG charged eighty-two (82) cases, of which eight (8) were summary suspensions.

The OAG closed ninety-nine (99) cases during Fiscal Year 2014. The closed cases included the following:

- (a)** Forty-nine (49) Consent Orders;
- (b)** Thirty-seven (37) Final Orders;
- (c)** Six (6) Letters of Surrender;

- (d)** One (1) Advisory Letter;
- (e)** One (1) Administrative Closure – Rescinded;
- (f)** Fourteen (14) Fines were imposed on licensees;
- (g)** Ten (10) Revocations;
- (h)** One (1) case Charges Dismissed;
- (i)** Four (4) Cease & Desist;
- (j)** Five (5) pre-charge consent orders;
- (k)** Thirty-one (31) licensees Reprimanded;
- (l)** Twenty-seven (27) Probations imposed;
- (m)** Three (3) Reinstatements Granted;
- (n)** Nine (9) Denials;
- (o)** Three (3) Supplemental Orders; and
- (p)** Two (2) Suspensions Terminated.

The OAG in cooperation with the Board continued to focus on the efficient management of cases in Fiscal Year 2014. In addition to continuing to coordinate with the Board's compliance staff regarding investigative plans, the OAG assigned an Assistant Attorney General to serve as prosecutor in charge of investigations in order to facilitate and assist the Board in conducting quality investigations in a timely fashion. This process has led to better investigations up front thereby decreasing the total length of time to process a case. The OAG also continued to cooperate with the Board in focusing on early resolution of cases through pre-charge consent orders and resolutions at early settlement conferences.

In Fiscal Year 2014, the Board implemented a two-panel system with the assistance of the OAG. The two-panel system has increased available hearing time and ensured due process for licensees. The increase in available hearing time will ultimately act to further reduce the length of time to process a disciplinary case. For example, settlement proposals that previously were required to be approved by the full Board can now be approved by a panel of the Board.

A. The Legislative Report

Chapter 109 of the Acts of 1988, as amended by § 1, ch. 271, Acts of 1992, effective October 1, 1992, and by § 6, ch. 662, Acts of 1994, effective October 1, 1994, provides:

SECTION 5. AND BE IT FURTHER ENACTED, that the Department, on or before October 1 of each year, shall submit a report to the Legislative Policy Committee that contains the following information of the previous year:

* * *

9. The number of cases prosecuted and dismissed each year and on what grounds.

B. The Attorney General's Response

The Office of the Attorney General received one hundred (100) cases in FY 14. The Office filed eighty-two (82) charging documents of which eight (8) were summary suspensions. Thirty-seven (37) cases were closed with final orders, and forty-nine (49) cases were closed with consent orders, five (5) were closed by supplemental orders or administrative closures, six (6) letters of surrender were accepted, and fourteen (14) fines were imposed. The grounds for prosecution were as follows:

<u>Grounds</u>	<u>No. of Cases</u>
Under §12-102	3
Under §14-205(a)	1
Under §14-307(b)	2
Under §14-404(a):	
(1)	2
(2)	1
(3)(a)(i)	6
(3)(a)(ii)	47
(4)	3
(6)	1
(8)	3
(9)	3
(11)	4
(12)	1
(15)	1
(18)	4
(19)	2
(22)	10
(23)	2
(27)	1
(28)	7
(33)	7

(36)	7
(40)	9
(41)	1
14-404 (b)(2)	1
14-601	5
14-602(a)	0
14-603	0
14-5A-17	1
14-5A-17(a)(3)(ii)	1
14.5B.14(a)(26)	1
14-5B-17(c)	1
14-5B-15(a)(3)	1
14-5D-14(3)	1
15-314(a)(3)(i)(ii) & (33)	1
15-314(a)(22)	1
15-314(a)(22), (40) & (41)	1
15-314(b)(2)	1
15-401 & 15-402	1
Intent to Deny PA	1
Intent to Revoke PA	
14-5A-17	1
Int/Deny <i>Polysomnographic Tech</i>	
14-5C-09(b)(1)	1
Intent to Deny CNT	1
(Nuclear Med Tech) 14-5B-09	
Intent to Deny Medical License	2
Intent to Deny Radiographer	1
COMAR 10.13.01	1
COMAR 10.32.17	1
COMAR: 10.32.17.01(a) & (b)(i)(ii)	
(3)(a)(b); & (4)(a)(b)	1
COMAR 10.32.01 (CME's)	5

Cease & Desist Order (C&D)	4
Petition/Request f/Reinstatement	5
Request f/Modification of CO	1
Request f/Reconsideration	1
Sexual Criminal Indictment	1
Summary Suspensions	8
Petition to Termin/Lift Suspens.	1
Viol of Consent Order/Probation	5
Violation of Final Order	3
Violation of Disposit Agrmt	1