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

OCT 0 9 2012

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
State House Room H107
Annapolis, Maryland 21401

The Honorable Michael Erin Busch
Speaker of the House
State House Room H101
Annapolis, Maryland 21401

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

Dear President Miller and Speaker Busch:

I respectfully submit to the Legislative Policy Committee the Maryland Board of Physicians Fiscal Year 2012 Annual Report as required by HB 1325, Section 6 of Chapter 662, Laws of Maryland 1994.

The Maryland Board of Physicians underwent a significant sunset evaluation by the Department of Legislative Services in the summer and fall of 2011. In addition, the Board entered into a memorandum of understanding with the University of Maryland, Baltimore, who conducted a thorough evaluation of the Board's policies and procedures and made recommendations for improvement.

As a result of these reviews, many changes have been made at the Board and more are coming. I am pleased by the progress the Board has made in a very short time and look forward to their continued progress.

Should you have any questions concerning the attached report, please do not hesitate to have your staff contact Carole J. Catalfo, Esq., Executive Director of the Maryland Board of Physicians, at 410-764-4777. Again, thank you for your continued support of the Department and the Maryland Board of Physicians.

Sincerely,

Joshua M. Sharfstein
Secretary

Enclosure

cc: Legislative Policy Committee Members
Lynne B. Porter
Carole J. Catalfo
Sarah Albert, MSAR #1414

MARYLAND
BOARD OF PHYSICIANS

ANNUAL REPORT TO
LEGISLATIVE POLICY COMMITTEE

FISCAL YEAR 2012

(MSAR #1414)
HB 1325/CH. 662(6), 1994

Joshua M. Sharfstein M.D., Secretary
Department of Health and Mental Hygiene

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 practitioners under the Maryland Annotated Code, Health Occupations Article, Title 14 and Title 15. Senate Bill 500 Department of Health and Mental Hygieneï Board of Physicians (Chapter 252, 2003 Laws of Maryland effective July 1, 2003) reconstituted the Board and made other changes to the regulation of physicians by the State Medical Board. Senate Bill 255(Chapter 539, 2007 Laws of Maryland) 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 Boardôs operations. In February 2012, the Secretary of Health and Mental Hygiene (DHMH) appointed Carole J. Catalfo, Esq., Executive Director of the Board. Additionally, in FY12, an independent review team led by Dr. Jay Perman, President, University of Maryland, Baltimore, conducted a comprehensive review of the Boardôs structure and recommended an additional eighteen substantive changes to further enhance the Boardôs operations.

MISSION

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

BOARD COMPOSITION

The Board consists of 21 members who are appointed by the Governor, based on specific criteria located in § 14-202 of the Health Occupations Article. The 21 member panel includes:

- 11 practicing licensed physicians, including 1 Doctor of Osteopathy, appointed by the Governor with the advice of the Secretary of Health and Mental Hygiene and the advice and consent of the Senate;
- 1 practicing licensed physician appointed at the Governor's discretion;
- 1 physician representative of the Department nominated by the Secretary;
- 1 licensed physician assistant appointed at the Governorôs discretion;
- 1 practicing licensed physician with a full-time faculty appointment to serve as a representative of an academic medical institution, 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 12, four physicians and two consumer member appointments expired. The list of current Board Members and their term expiration dates appear in Exhibit 1.

EXECUTIVE DIRECTOR'S STATEMENT

During the FY 2011 Session of the General Assembly, the Department of Legislative Services (DLS) conducted a Sunset Review of the Maryland Board of Physicians (Board) under the authority of the Maryland Program Evaluation Act (§ 8-401 *et seq.* of the State Government Article) that resulted in 46 recommendations to improve the Boardôs operations. Additionally, in FY 12 an independent review team led by Dr. Jay Perman, President, University of Maryland, Baltimore, conducted a comprehensive review of the Boardôs structure and recommended an additional eighteen substantive changes to further enhance the Boardôs operations.

In response to these two (2) external reviews, the Board instituted several modifications to its internal structure, operations, and policies and procedures. The Boardôs internal changes included reorganizing the Compliance Unit into teams, one specifically to address case backlogs, establishing a Unit dedicated to Communications, Education, and Policy for outreach and training purposes, hiring personnel into historically vacant positions (such as Chief of Executive Services), the development of new data tracking systems and the standardization of forms in both electronic and hard copy files. The Board also established a ñDashboardò Committee to review and give preliminary guidance on agency issues, provide input with addressing the 2011 Sunset Review and Perman team recommendations and to increase communication between Board members and staff. The Dashboard Committee consists of five (5) Board members and the Executive Director.

In FY 12, the Board proposed new sanctioning guidelines, which were consequently re-proposed (to be republished with the public comment period beginning on October 1, 2012). The Maryland Medical Practice Act dictates that complaints should be resolved within 18 months (Health Occupation §14-401(k) (i) upon receipt. The Compliance Unit investigators cleared approximately 85% of the backlogged cases and began tracking and reporting complaint and other data for Allied Health professions in the same manner as physicians within the capacity of the Boardôs current software system. Additionally, complaint procedures for Continuing Medical Education credits (CME) and Ground 21 and 24 disciplinary cases were modified.

During the 2011 Session, the General Assembly passed HB 287 (Chapter 588), Maryland Perfusion Act. This Act established a program within the Board to license and discipline persons who perform perfusion. Perfusionists perform the functions necessary for the support, treatment, measurement, or supplementation of the cardiovascular, circulatory, or respiratory systems, or other organs to ensure the safe management of physiologic functions by monitoring and analyzing the parameters of the systems under an order and supervision of a licensed physician. Over the next two years the Board will establish an advisory committee, develop regulations, and begin accepting applications to facilitate the licensure of this allied health profession.

Lastly, the Board recognizes that there are still many improvements to be made and much more work to be done and appreciates the collaboration with our sister agencies to enhance the efficiency of Board operations. Board staff has been essential in developing ways to improve communication, bring innovation to the processing of its work, and to further advance and refine Board procedures.

ADMINISTRATIVE AND FISCAL SERVICES DIVISION

The Administrative and Fiscal Services Division (formerly known as the Executive Services Unit) is comprised of the Fiscal Services, Communications, Education and Policy, Information Technology, Human Resources and Customer Services Units.

FISCAL SERVICES

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

To comply with specific recommendations delineated in the 2011 Sunset Review and the ñReport to the Maryland Board of Physiciansò submitted by Dr. Jay Perman, the Board has made a number of adjustments to the FY 14 Budget Request submission from previous years. Specifically, effective July 1, 2012, a new cost code (R604S) was created for Allied Health Practitioners. The cost code was established to budget Allied Health expenditures under a separate program code and to report Allied Health licensure revenues separate from Physicians.

A comparative analysis was also conducted to evaluate the fees currently charged by the Board to assess the fee variance between Maryland and eight (8) other States. The other States included in the analysis were Delaware, Pennsylvania, Ohio, Massachusetts, New York, New Jersey, Virginia and Washington, D.C. The analysis compared the fees charged to Physicians, Respiratory Care Practitioners, Athletic Trainers, Physician Assistants, Radiologist Assistants, Nuclear Medicine Technologists, Radiation Therapists, Radiographers, Psychiatric Assistants and Polysomnographic Technologists for initial licensure, reinstatement and renewals. Preliminary data from this analysis was presented at the August 2012 and September 2012 Dashboard Committee meetings. After the analysis has been approved by this Committee it is anticipated that the final results will be presented to the full Board for further consideration at the December 2012 Board meeting.

INFORMATION TECHNOLOGY

The Information Technology 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 Boardôs website at www.mbp.state.md.us. The practitioner profile system currently contains profiles of 97,531 licensees (both active and non-active). The chart below illustrates the details of these profiles.

Active physician licenses: 29,197
Non-active physician licenses (licenses are expired, inactive, suspended, revoked, etc.): 40,403
Active allied licenses: 12,298
Non-active allied health licenses (licenses are expired, inactive, suspended, revoked, etc.): 15,633

This web-based system enables Maryland citizens to become more informed consumers about their health care providers by allowing them access to information such as facility privileges, specialties and disciplinary actions from the profile pages. Additionally, a link has been established on the home page of the Boardôs website for individuals to obtain malpractice information from the physician profiles.

The web-based Practitioner Profile System provides a valuable service to Maryland citizens. 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. Their changes appear on the website within 24 hours of submission and the practitioner receives an e-mail confirmation of the changes.

FY 12 marked the tenth 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 allied health 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.

The Board is seeking to purchase a new and integrated medical licensure and investigation software system to enhance and improve the functionality of its current operating system that was installed in 1995 and to meet the Board's obligations pursuant to the 2011 Sunset Review and Perman recommendations. The Board is seeking to expedite the implementation of the project and expend some funds for the project in FY 13. Additionally, the Board plans to fund this project with FY 12 carryover funds and is estimating that the total expenditure for this project will be 1.5 million (to be phased in over the next couple of years).

The new software will facilitate the generation of more accurate reports related to data collection of ongoing and completed Board activities. It will also facilitate much more internet based interactions, thereby allowing applicants and clients to receive more timely status reports. This software will more importantly enable the Board to correct some statistical deficiencies, as noted in the 2011 Sunset Review and the Perman Reports.

In FY 12, the Board made several enhancements to its website to enhance the quality and ease of use for consumers and clients. Some of these enhancements include:

- The addition of nine easy navigation buttons on the home page;
- The access of charges and final orders relating to licensure, reinstatements and denials of applications for practitioners;
- Posting charges for any possible disciplinary sanctions;
- Listing all Board staff, including Unit name and phone numbers;
- Posting the agendas and minutes for all board and committee meetings for both physicians and allied health practitioners;
- Developing links to StateStat and to malpractice information (Health Care Alternative Dispute Resolution Office); and
- Enhancing all practitioner profile pages to include ñOther States Licensedò and ñPending Chargesò categories.

The Division continues to maintain its ñFacility Pageò website. This is a ñpermissions onlyò 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.

Facility Page Activity Pursuant to HO§14-411 Access Restricted to Maryland Facilities		
	FY 11	**FY 12**
Number of logins	7,693	7,515
Number of Practitioners searched	31,982	27,770
Number of active facilities	27	24

The Information Technology Unit also assists the Department with the dissemination of important health information to Maryland Physicians and Allied Health Practitioners. Important health bulletins and educational materials are available at the Boardôs website www.mbp.state.md.us . Additionally, email notifications are sent to select specialties during

State emergencies in cooperation with the Department and the Office of Preparedness and Response.

COMMUNICATIONS, EDUCATION AND POLICY

In FY 12, the Communications, Education and Policy Unit (Unit) was formed. This Unit is responsible for leading various Board activities that include the development, coordination and facilitation of the following activities:

- Standardization of staff responses;
- Development of internal and external training module;
- Updating the Boardôs Frequently Asked Questions;
- Preparation of the Boardôs newsletter;
- Development of factsheets;
- Development of the Boardôs Standard Operating Procedures manual;
- Conducting regular media sweeps; and
- Responding to certain requests under the Public Information Act.

In accordance with the 2011 sunset recommendations, the Unit assisted with coordinating updates to the Boardôs website. The Unit is also responsible for the development of the Boardôs newsletters. Employees collaborate with other internal and external agency personnel to obtain articles to be included in the Boardôs quarterly newsletter. The Unit also began preliminary work designing training for Maryland licensees on topical issues, and exploring initial strategies for developing Continuing Medical Education credit courses.

The Unit also established timeframes for the Boardôs response to general email inquiries and implemented quality control mechanisms to assure that the responses were issued within the established timelines. The chart below summarizes some of the activities conducted by the staff from April 2012 through June 30, 2012.

Activity	Number
Clearing house activities of general inquiries received through the Boardôs designated email account	326
Standard Operating Procedures produced	47

To comply with specific 2011 sunset recommendations, the Unit designed and developed a new comprehensive training for all Board members (new and returning). The training was developed and was presented on August 15 and 29, 2012 in collaboration with Board staff, Department of Health & Mental Hygiene (DHMH), the Office of Administrative Hearings (OAH), and the Office of the Attorney General (OAG) specifically, Board Counsel and Health Occupations Prosecution and Litigation (HOPL) Division personnel.

In FY 12, staff coordinated professional development opportunities for all Board staff by identifying, evaluating and recommending various training opportunities. Several members of staff have attended various workshops and the Communications, Education and Policy Manager and another staff member completed DHMHôs Trainer Certification Program.

POLICY

In FY 12 the Policy Unit was integrated into the Communication and Education Unit. The Policy Unit supports the work of the Board, its committees, and staff through the performance of various activities related to the regulatory process under the directives of the Executive Director and Board Chair. Policy analysts coordinate the development of regulations and legislative proposals, review proposed legislation, prepare position papers, and may represent the Board

before the General Assembly. The Unit also responds to telephone inquiries about policy matters, attend Allied Health Committee meetings and coordinate responses to controlled correspondence and certain requests made under the Public Information Act addressed to the Executive Director and the Board.

In FY 12, the Board advanced the work that it originated in FY 11 on regulations related to changes in the Physician Assistant Practice Act, effective October 1, 2010, that were approved on an emergency basis in FY 11. These regulations were adopted in FY 12. The regulations establishing athletic trainers as allied health practitioners effective October 2011 were completed and published in the Maryland Register. The changes to the regulations were approved during the 2012 General Assembly (House Bill 688). Sanctioning guidelines for physicians and allied health practitioners, required by HB 114 (Chapter 534, Acts of 2010) and SB 291 (Chapter 533, Acts of 2010) were also developed and included in the proposal.

The Board also addressed and testified on the following legislation during the 2012 Maryland General Assembly Session:

- House Bill (HB) 283/Senate Bill (SB) 274 ï State Board of Pharmacy ï Sunset Extension and Revisions;
- HB 561/SB 408 ï Pharmacists - Administration of Vaccinations ï Expanded Authority;
- HB 584/SB 479 ï Health Occupations ï Physician Assistants ï Patientôs Access to Supervising Physician;
- HB 620/SB 180 ï Health Occupations ï State Board of Naturopathic Medicine;
- HB 634 ï Physician Assistants ï Performance of Xï ray Duties;
- HB 652/SB 667 ï Criminal Records ï Shielding ï Nonviolent Convictions;
- HB 688/SB 870 ï State Board of Physicians ï Athletic Trainer Advisory Committee ï Education, Supervision, and Administration;
- HB 758/SB 866 ï Health Occupations Boards ï Regulations ï Scope of Practice Advisory Committees;
- HB 763/SB 530 ï Maryland Kinesiotherapy Act;
- HB 824 ï State Board of Physicians Appointment and Term of Chair;
- HB 827/SB 776 ï Polysomnographic Technologists ï Education and Examination Requirements;
- HB 833/SB 350 ï Respiratory Care Practitioners ï Practicing Polysomnography ï Licensing Exceptions;
- HB 957/SB 395 ï Health Occupations ï Public Disclosure of Professional Credentials and Reports on Advertising Regulations and Policies;
- HB 1140/SB 749 ï Physicians ï Sharing of Information with Maryland Health Care Commission;
- SB 603 ï Health Care Practitioners ï Licensed Dentists, Physicians, and Podiatrists ï Personally Preparing and Dispensing Prescription Drugs and Devices;
- SB 629 ï State Board of Physicians ï Appointment and Term of Chair;
- SB 833 ï Regulations ï Fees and Fines ï Legislative Approval Required; and SB 897 ï State Board of Physicians ï Allied Health Advisory Committees ï Sunset Extension and Program Evaluation.

CUSTOMER SERVICE

The Customer Service Unit is responsible for processing all of the Boardôs incoming and outgoing mail, responding to or directing numerous telephone calls received at the Boardôs general telephone lines and directing all guests to the appropriate Board personnel. During

FY 12, the customer service staff provided various services to all of the Boardôs units and internal and external stakeholders.

HUMAN RESOURCES

In keeping with the Boardôs vision to continually improve its operations, in FY 12 the Board began the process of re-organizing the Agency to enhance its efficiency and effectiveness. The restructure, which is now complete, aligned employeeôs strengths with the needs of the Board. The Board is committed to continuous quality improvement initiatives for new and current staff and continues to recruit staff with varying experience and backgrounds to further enhance its operations.

COMPLIANCE, LICENSURE AND ALLIED HEALTH DIVISION

LICENSURE UNIT

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

In FY 12, the Licensure Unit issued 1,902 initial medical licenses, 163 reinstated licenses, and registered 2,899 UMPs ï interns, residents and fellows. The chart below identifies the total physician licenses issued, including new and reinstated. This represents a growth of more than 15% when comparing FY 11 to FY 12. The UMPs data that shows a relatively flat trend is an indicator of the potential growth of the physician population.

NEW MEDICAL LICENSES	**FY 11**	**FY 12**
Licensed	1552	1902
Closed (denied, withdrawn, ineligible)	50	90
Total Applications Completed	1602	1992
REINSTATED LICENSES		
Licensed	178	163
Closed (denied, withdrawn, ineligible)	19	23
Total Applications Completed	197	186
TOTAL APPLICATIONS PROCESSED	1799	2178
UMPs REGISTERED	2817	2899
TOTAL	**4616**	**5077**

The Board continues to process 100% of Physician and Allied Health licensure renewals online. During FY 12, 14,149 physicians with last names beginning with letters ñMò through ñZò renewed their license through our online automated system. The Board continues to receive 100% of renewal applications through our automated system. The system also provides a mechanism for physician feed-back concerning satisfaction with the online renewal process.

The licensure staff continues to refine and improve the licensure process to ensure accuracy and efficiency. The division issued licenses to 97% of qualified applicants within 10 days of receipt of the last qualifying document. The application processing time data collection for Allied Health practitioners began in FY 12. This data will be reported, the same as physicians in the FY 13 Annual Report and Managing for Results (MFR) submissions.

ALLIED HEALTH UNIT

The Allied Health Unit is responsible for processing applications for Physician Assistants, Radiation Therapists, Radiographers, Nuclear Medicine Technologists, Radiologist Assistants, Respiratory Care Practitioners, Polysomnographic Technologists, Athletic Trainers, and Perfusionists. The following is a detailed account of the Boardôs activities related to each of these Allied Health Practitioners.

Physician Assistants

The Board regulates over 2,700 Physician Assistants (PA) in Maryland. The Physician Assistant Advisory Committee (Committee), a subcommittee of the Board created in 1986 by the Maryland Physician Assistantôs Act, works in conjunction with Board staff to evaluate and process the various transactions associated with credentialing Physician Assistants. The chart below illustrates the Boardôs application processing activities for FY 11 and FY 12.

Licensed	FY 11	FY 12
Initial License	236	299
Reinstatements	22	45
Delegation Agreements	825	973
Renewals	2358	N/A*

* Physician Assistants renew in odd numbered years only.

In FY 12, the Committee met 11 times and reviewed and recommended the approval of 120 delegation agreement addendums for advanced duties to the Board. Board staff preliminarily approved 943 delegation agreements. These documents contain a description of the qualifications of the supervising physician and physician assistants and the setting and supervision mechanisms that will be employed as well as certain attestations about the delegated medical acts. Advanced duties require additional education and training beyond what physician assistants receive through their training programs and are added to an existing delegation agreement. Documentation includes a description of the procedure(s), training certificates, procedure logs indicating the number of times the physician assistant performed the procedure during training, supervision mechanisms, and if applicable, approved delineations of hospital privileges.

In addition to approving delegation agreement addenda for advanced duties, the Committee discussed sanctioning guidelines, Sunset recommendations and scope of practice issues. Scope of practice issues included physician assistants operating mini C-arms and performing thyroid biopsies. The Committee developed a list of advanced procedures and presented them to the Board for consideration. The advanced procedures list contained many of the procedures approved by the Board in the past. The approved list is posted on the Boardôs website at www.mbp.state.md.us and is attached to the delegation agreement and the delegation agreement addendum.

The Committee interviewed and recommended candidates to replace the surgeon member of the Committee, whose term expired, as well as a physician assistant member who resigned due to relocation. The newly appointed members began their terms in July 2012.

Committee Members:

Mark Dills, PA-C, Chair	Chimene Liburd, M.D., Internal Medicine
Matthias Goldstein, PA-C	Anthony Raneri, M.D., Surgeon
Gigi Leon, PA-C	Vacant, Board Liaison
Richard Bittner, Esq., Consumer Member	

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

The Radiation Therapy, Radiography, Nuclear Medicine Technology, and Radiologist Assistance Advisory Committee (RAAC) of the Board met three (3) times during FY 12. Topics included scope of practice issues, sanctioning guidelines, 2011 sunset recommendations, physician assistants using mini C-arms and evaluating studentsô credentials who graduated from non-accredited educational programs.

The Chair of the RAAC met with stakeholders and testified about the Committeeôs position on this matter to the Board and at a subcommittee of the Health and Government Operations Committee of the House of Delegates. Additionally, the Chair of the RAAC was invited to speak at a Maryland Radiological Society Boardôs planning meeting in May 2012 concerning the mini C-arm issue.

In FY 12, the Board repealed the process for evaluating non-accredited radiation therapy, radiography and nuclear medicine programs. Even though the process was repealed, the Committee was still required to review the credentials of students who graduated from non-accredited educational programs through December 31, 2011, and approved 12 applications prior to that date.

The Board regulates almost 7,000 radiation therapists, radiographers, and nuclear medicine technologists and two (2) radiologist assistants. The chart below illustrates the Boardôs application processing activities for FY 11 and FY 12.

Licensed	FY 11	FY 12
Initial Licensure	437	425
Reinstatements	74	113
Renewals	6,035	N/A*

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

Additionally, the two (2) schools in Maryland, whose programs had not been accredited by a national accrediting agency recognized by the Board in its regulations in FY 11, obtained their accreditations in FY 12. Frederick Community Collegeôs Nuclear Medicine Program obtained its accreditation in October 2011 from the Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT), the only programmatic accrediting agency recognized to accredit nuclear medicine technology educational programs. Howard Community Collegeôs Radiography Program obtained its accreditation in May 2012 from the Joint Review Committee on Education in Radiologic Technology (JRCERT), the only programmatic accrediting agency recognized to accredit radiography educational programs.

The Committee recommended appointing a Radiation Oncologist, to replace a member whose second term expired on June 30, 2012.

Committee Members:

Anthony Chiaramonte, M.D., Radiologist, Chair	Kentricia McClease, 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 Member	Jonathan Lerner, PA-C, Board Member
*Vacant - Radiologist Supervising Radiologist Assistant	*Vacant - Radiologist Assistant

*The Board may request that the legislature remove these practitioners from the statute since there is a very small number of radiologist assistants licensed in Maryland.

Respiratory Care Practitioners

The Respiratory Care Professional (RCP) Standards Committee met three (3) times during FY 12. Topics discussed included sanctioning guidelines, 2011sunset recommendations, reciprocity of out-of-state respiratory care practitioners (RCPs) transporting patients to Maryland and whether the out-of-state RCPs can perform respiratory procedures on a patient in an ambulance if the ambulance is in Maryland, and non-respiratory care practitioners setting up durable medical equipment. The Committee also discussed exempting respiratory care practitioners who have been practicing polysomnography from the polysomnographer licensure requirement. The Board regulates over 2,600 respiratory care practitioners. The chart below identifies the Boardôs application processing activities for respiratory care practitioners in FY 11 and FY 12.

Licensed	FY 11	FY 12
Initial Licensure	200	195
Reinstatements	43	40
Renewals	N/A*	2,591**

*Respiratory care practitioners only renew in even years.
** This number includes 11 psychiatric assistants that renewed during FY 12.

The Committee interviewed and recommended to the Board, three (3) cardiovascular and thoracic surgeon candidates to fill the vacant cardiovascular and thoracic surgeon vacancies on the Committee. The newly appointed cardiovascular thoracic surgeon member began his term in August 2012, and a newly appointed consumer member will begin her term in September 2012. The Board has also contacted different organizations in an effort to recruit a physician whose specialty is pulmonary medicine.

Committee Members:

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

Polysomnography

The Polysomnography Professional Standards Committee met three (3) times during FY 12. The Committee discussed issues concerning the scope of practice, sanctioning guidelines, 2011 sunset recommendations, exempting respiratory care practitioners from the polysomnography licensure requirement, a new certifying exam for Polysomnographic technologists sponsored by the American Academy of Sleep Medicine (AASM), the Maryland Sleep Society (MSS) and proposed amendments concerning education alternatives. The Board regulates over 100 Polysomnographic Technologists. The chart below illustrates the Boardôs application processing activities for FY 11 and FY 12.

Licensed	FY 11	FY 12
Initial Licensure	68	33
Reinstatements	1	1
Renewals	N/A*	100

*Polysomnographic technologists renew in even years.

The committee recently met after the Maryland legislature passed amendments to licensure requirements for Polysomnographic technologists. As amended, the law requires passing the Board of Registered Polysomnographic Technologists (BRPT) exam, slightly expanded the educational pathways (Commission on Accreditation of Allied Health Education Programs or an AASM sponsored program), and completion of an educational program established by the committee for applicants that complete the AASM education pathway. Current challenges that

the committee is considering are: 1) BRPT exam requirements that require candidates have approximately nine months of paid on-the-job training to be eligible to sit for the exam, and 2) the development of guidelines to meet the education program requirement. In Maryland, unlicensed trainees cannot practice polysomnography and be compensated. The committee is exploring with the BRPT whether they may waive the paid component of the requirement and the option of grants-in-aid for living expenses while trainees complete their clinical requirements for the examination.

Committee Members

Brian Bohner, M.D., Internal Medicine Pulmonary Disease and Sleep Medicine	Susheel Patil, M.D., Internal Medicine Pulmonary Disease and Sleep Medicine
Anne Harter, RRT, RPSGT	Douglas Rousseau, RRT, RPSGT
Helen Emsellem, M.D., Neurology and Sleep Medicine	Michael DeLayo, RPSGT
Brenda McKinley, Consumer Member	

Athletic Trainers

The Committee met eight (8) times during FY 12. The Committee discussed scope of practice issues, sanctioning guidelines, and the 2011 sunset recommendations. They reviewed 14 evaluation and treatment protocols with specialized tasks and responded to comments from the public and other interested parties on the regulations the Committee recommended to the Board for approval during FY 11. The chart below illustrates the Boardôs application processing activities for FY 11 and FY 12.

Licensed	FY 11	FY 12
Initial Licensure	N/A*	404
Reinstatements	N/A*	N/A*
Renewals	N/A*	N/A*
Evaluation and Treatment Protocols	N/A*	414

*The Board will begin to license athletic trainers on October 1, 2012.

The Board appointed two (2) consumer members to the Committee; one term begins in September 2012 and the other in October 2012.

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 ï Occupational Therapist
Valerie Cothran, M.D., CAQ, Family and Sports Medicine	Andrew Morris Tucker, M.D., Orthopedic and Sports Medicine
Richard Hinton, M.D., Orthopedics and Sports Medicine	Vacant ï Consumer Member
Benita Wilson ï Consumer Member	

Perfusionists

The statute governing Perfusionists will be effective October 1, 2012. However, the licensing requirement will not go into effect until October 1, 2013. The Board has appointed six of the seven members to the Perfusion Advisory Committee (PAC). Board staff is in the process of recruiting a consumer member. The PAC is scheduled to meet in October 2012.

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
Vacant, Consumer Member	

COMPLIANCE UNIT

The Compliance Unit is responsible for investigating all complaints, reports, and information involving licensees of the Board. Compliance staff investigates to determine if there has been a potential violation of the law governing physicians and other health care providers regulated by the Board. If violations of the law are substantiated, the Board 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 vote to charge and after the resolution of the investigation, monitoring by the Probation Unit 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 Maryland Medical Practice Act.

Intake Unit

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

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 requested to respond to the complaint. In most standard of quality care cases a medical consultant will review all the materials obtained. Thereafter, the investigation is presented to the Investigative Review Panel (IRP). Most complaints are closed at this stage because no violation of the Maryland Medical Practice Act occurred. Cases not closed will go to a full investigation.

The Intake Unit performs preliminary investigations on all complaints in which the Board has jurisdiction, received and processed 950 complaints during FY 12. To accomplish this task, Intake reviews and analyzes each complaint to determine the Boardôs jurisdiction with respect to allegations. The Intake Unit presented 760 cases for review by the IRP. The Intake Unit generated 90 advisory letters, prepared 10 Orders in reciprocal cases (i.e. cases where Maryland takes action because another state took action against the licensee) and processed 16 cases involving deficiencies of continuing medical education credits (first-time offenders receive an administrative fine for missing CME/CEU hours).

Investigations Unit

The Investigations Unit is responsible for conducting full investigations into allegations filed against Physicians and Allied Health Care providers that may involve violations of the Maryland Medical Practice Act (Act). Complaints are received from a wide variety of sources, including but not limited to, 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 at the Board cover a wide range of allegations, including but not limited to, 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. The Unit 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. The Board may vote to Summarily Suspend the practitionerôs license. A Summary Suspension suspends the practitionerôs license before the evidentiary hearing is held at the Office of Administrative Hearings (OAH). Following the Boardôs vote for summary suspension, the case is transmitted to the Office of the Attorney General (OAG).

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 12, the Board issued 13 Summary Suspension Orders and held 14 hearings before the full Board on those orders. In standard of care case(s), analysts also handle the supplemental response process required by SB 291/HB 114 (Chapters 534 and 533, Acts of 2010) whereby, in any peer review initiated after July 1, 2010, the Board provides the licensee 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. The Unit also handles through the investigations arm, the review of Continuing Medical Education (CME) credits with concerns arising from the Boardôs full investigations processes. Investigations are conducted to determine compliance with or lack thereof of the CME requirement.

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

As a result of the investigation of the original complaint the Board, after a review of the investigatory information at the end of any stage of the process, may determine to close an investigation or to continue the investigation and ultimately take some form of action against a practitionerôs license. In FY 12, the Compliance Unit received and resolved the following complaints as illustrated in the table below along with data for FY 2010 and FY 2011:

Performance Measures	FY 10	FY 11	FY 12
New Complaints Received	994	988	1,202
Complaints Pending from Previous Fiscal Year	702	739	870
Total Complaints	1,696	1,727	2,072
Complaints Resolved without Formal Disciplinary Action	628	589	1,272
Complaints Resolved with Nonpublic Advisory Letter	227	167	261
Complaints Resolved with Formal Action	102	180	**
Total Complaints Resolved	957	936	1,747
Complaints Pending	739	791	670
Participants Under Monitoring in Probation	110	120	140

*The FY 12 data includes Allied Health practitioners. ** The Board will no longer track this data.

Notification of Board Disciplinary Actions and Mandated Reporting of Actions

The Unit provides notification to the public of the Boardôs disciplinary actions by updating the Physician and Practitioner profiles on the Boardôs website pursuant to §14-411.1 of the Health Occupations Article. The Unit notifies hospitals, health maintenance organizations or other health care facilities pursuant to §14-411 of the Health Occupations Article and other interested parties such as the State Medical Assistance Compliance Administration and prepares summaries of the Boardôs disciplinary actions for the Boardôs newsletter. The Unit 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.

Case Resolution Conference

After the service of charges, the Board offers the respondent a Case Resolution Conference (CRC) which is a voluntary, informal, and confidential proceeding to explore the possibility of a consent order or other expedited resolution of the matter. The Board has a designated CRC committee comprised of a panel of the Board which meets with the respondent and administrative prosecutor to negotiate such a settlement. A proposed Consent Order must be affirmed by a majority of the quorum of the Maryland Board of Physicians. During FY 12, the CRC reviewed 66 charged cases and Compliance staff presented 47 Consent Orders to the Board for ratification. Cases that are settled by a Consent Order do not proceed to a formal, evidentiary hearing.

Cases Proceeding to the Office of Administrative Hearings

A licensee may request an evidentiary hearing in lieu of CRC or following the CRC. The Compliance Unit is responsible for referring the case to the Office of Administrative Hearings (OAH). Following the evidentiary hearing, OAH issues a proposed decision which is received by the Unit. Both parties, the licensee and the administrative prosecutor, may file with the Board exceptions to the OAH decision. Once exceptions are filed by the parties, the case is set for an Exceptions Hearing before the full Board. After consideration, the Board may accept, reject or modify the proposed decision of the Administrative Law Judge (ALJ). During FY 12, the Board had sixteen (16) Exceptions Hearings. In addition, the Board considered four (4) 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 12, two (2) Probation Analysts in the Unit monitored 140 licensees who were under a Board Order requiring 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.

The Compliance unit is also responsible for monitoring suspended licensees. These licensees are required to complete terms and conditions before they are allowed to petition the Board to terminate their suspension. After completion of terms and conditions of the Boardôs 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 12, 35 cases (25 Termination of Probation, 8 Termination of Suspension and 2 Termination of Corrective Action Agreements) were presented by the Probation Analysts to the Termination of Order Panel. In FY 12, the Probation Analysts presented eight (8) 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 the Board has set for them. 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 12, the Board held seven (7) Show Cause Hearings.

Enforcement of Marylandôs Self-Referral Law

The Maryland Self-Referral law, enacted in 1993, prohibits a health care practitioner from referring a patient to another health care entity in which the health care practitioner has a financial interest. This is a complicated law with many exceptions. The Board of Physicians issued a declaratory ruling in 2006 addressing particular fact patterns of alleged self-referrals, with the intent of indicating the Boardôs view on the propriety of certain referrals. The Boardôs ruling on MRI scans was appealed and ultimately affirmed by the Maryland Court of Appeals on January 24, 2011.

In March of 2011, the Board opened preliminary investigations on one hundred and forty (140) individual licensed physicians as a result of information known to the Board of possible violations of the self-referral statute with respect to MRI or CT scans. The physicians were affiliated with group practices where the Board had information that the practice owned or leased MRI equipment. The 140 cases were closed as of November 1, 2011.

In June of 2011, the Board opened preliminary investigations on an additional forty-seven (47) physicians as a result of potential self-referral complaints which are currently under full investigation.

Maryland Professional Rehabilitation Program

The Compliance Unit monitors the contract awarded to The Center for a Healthy Maryland, the entity that administers the Boardôs rehabilitation program, known as the Maryland Professional Rehabilitation Program (MPRP). The contract term is from January 1, 2010, to December 31, 2014. The Boardôs 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 involve providing information, testing, evaluation, referral for treatment and monitoring of the licenseesô adherence to the requirements. The Board relies on the clinical expertise of the MPRP in developing an appropriate Rehabilitation Plan.

Pursuant to SB 255 (Chapter 539) passed during the 2007 Legislative Session; 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 12 there were a total of 43 participants in the MPRP. The Board anticipates an increase in the number of participants.

Participants by Licensure Type

Licensure Type	Number of Participants
M.D. or D.O.	32
Physician Assistant	4
Nuclear Medicine Technologists	1
Respiratory Care Practitioners	3
Radiographer	3
Total Participants	**43**

The presenting problems (more than 1 in at least one instance in the MPRP) are as follows:

Participants by Category

Category	FY 11	FY 12
Alcohol	6	10
Drug	20	24
Psychiatric Diagnosis	9	4
Dual Diagnoses*	8	5
Other-Boundary/Behavioral	0	0
Total	**43**	**43**

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

The Maryland Physician Health Program (MPRP) staff

Chae Kwak, L.C.S.W.-C
Director of Physician Health and Rehabilitation Programs

Linda Rodriguez, L.C.S.W.
Clinical Case Manager

Susan Bailey, M.D.
Medical Director, Physician Health Program

Laura Berg, L.C.S.W.-C
Senior Clinical Case Manager

Maryland law requires the Board to provide a Physician Rehabilitation Program (PRP) to physicians and physician assistants. The program is intended to encourage physicians and all allied health practitioners to seek assistance with addressing alcohol and drug abuse problems. Maryland law requires the Board to enter into a contract with one or more nonprofit entities to conduct peer review and to provide expert witness testimony, in order to assist the Board in investigations.

Although other allied health 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 recommends eliminating this fee; however, the Board has conducted and is considering an analysis to extend the percentage across all practitionersô license fees to support the program. It is anticipated that this analysis will be presented to the November 2012 Dashboard Committee for consideration.

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, 1992, effective October 1, 1992, and by §6, Ch 662, of the Acts of 1994 effective October 1, 1994.

Complaints Filed

In FY 12, the Board received 557 consumer complaints and 599 complaints from other sources, for a total of 1156 complaints. When added to the complaints pending from FY 11, the total number of complaints requiring investigation was 2025. The Board resolved 1272 complaints with no action and 261 with Advisory Letters. The Board issued fines totaling $245,000. The Board issued 214 formal disciplinary actions (see detail of Board Disciplinary Actions, Page 19, D.). A total of 1747 complaints were resolved in FY 12.

Advisory Opinions

During FY 12, the Board sent 261 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 legibility of 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 12, the Board opened investigations on 1036 physician licensees. The total allegations against the physicians are 1,203 as found in Table A beginning on page 20.

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

During FY 12, the Board completed investigations of 871 allegations for discipline. The allegations brought against physicians and the average length of time spent investigating these allegations appears in Table B beginning on page 23**.** 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, 2012, 110 cases have not been resolved within 18 months. The following charts illustrate the last stage of each of these cases at the end of the FY 12.

Cases at the Board

	FY 11	FY 12
Case Management	73	18
Peer Review	6	7
Total	**79**	**25**

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

Cases at the OAG

	FY 11	FY 12
Prosecutorôs Office (cases not yet charged)	42	38
Prosecutorôs Office (cases charged; CRC held or failed; case may or may not be set for hearing)	49	67
Board Counselôs Office (awaiting Final Order)	11	5
Total	**102**	**110**

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.
Peer Review: The 7 cases in the peer review category are those for which the Board is waiting for a completed peer review from the peer review contractor.

Attorney General's Office: The process of Case Review instituted by the Board and the Office of the Attorney General (OAG) continues to be effective in maintaining the timely resolution of charged cases. Productivity of the Investigative Unit in bringing cases to the Board for charging and a number of cases requiring emergency action and summary suspension processes resulted in the OAG receiving a significant increase in the number of referrals to its office. In addition, Respondents may take cases to trial which significantly extends the time before a case can be resolved.

D. The number of physicians and allied health practitioners who were reprimanded or placed on probation, or who had their licenses suspended or revoked during FY 12.

FY12 DISCIPLINARY ACTIONS

Disciplinary Definitions	PHYSICIANS	PHYSICIAN ASSISTANTS	ALLIED HEALTH	TOTALS
LOSS OF LICENSE: Summary Suspension, Revocation, Suspension, Letter of Surrender & Denials	58	5	10	73
RESTRICTION OF LICENSE: Reprimand with Probation or Conditions, Probation, Conditions	54	3	6	63
OTHER PREJUDICIAL ACTION: Reprimand	5	1		6
OTHER PREJUDICIAL ACTION: CMEs	17		1	18
NON-PREJUDICIAL ACTION: Summary Suspension Lifted, License Granted, & Termination	47	2	5	54
TOTAL DISCIPLINARY ACTIONS	**181**	**11**	**22**	**214**
FINES (Disciplinary)	$190,000			$190,000
ADMINISTRATIVE FINES (CMEs)	$44,900		$1,600	$46,500
FINES (Unlicensed Practice of Medicine)	$5,000	$2,500	$1,000	$8,500
TOTAL FINES	**$239,900**	**$2,500**	**$2,600**	**$245,000**

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

A total of 1,268 allegations (of 670 cases) remain unresolved and are pending before the Board as of July 1, 2012.

TABLE A		
NUMBER OF ALLEGATIONS INVESTIGATED UNDER EACH OF THE DISCIPLINARY GROUNDS ENUMERATED UNDER HO §14-404 COMPLAINTS FILED DURING FY 12		
Grounds	**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.	0
3	Is guilty of immoral or unprofessional conduct in the practice of medicine.	569
4	Is professionally, physically, or mentally incompetent.	18
5	Solicits or advertises in violation of HO§14-503.	0
6	Abandons a patient.	11
7	Habitually is intoxicated.	5
8	Is addicted to, or habitually abuses, any narcotic or controlled dangerous substance as defined in Section 5-101 of the Criminal Law Article.	6
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.	4
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.	7
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.	60
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.	0
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.	17
19	Grossly over utilizes health care services.	8
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.	22
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.	363
23	Willfully submits false statements to collect fees for which services are not provided.	17
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.	5
25	Knowingly fails to report suspected child abuse in violation of §5-704 of the Family Law Article.	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
27	Sells, prescribes, gives away, or administers drugs for illegal or illegitimate medical purposes.	39
28	Fails to comply with the provisions of HO§12-102 (Physician Dispensing).	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
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
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 applicantôs or licenseeôs receipt of State or federal funding for the licenseeôs 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.	29
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.	16
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	6
	TOTAL ALLEGATIONS AGAINST PHYSICIANS	**1203**

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

The following chart illustrates the investigations opened concerning allied health practitioners during FY 12:

Allied Health Practitioners	Number of Investigations
Physician Assistant (C)	39
Radiographer and Radiation Therapist (R,O,M)	16
Nuclear Medicine Technologist (N)	2
Respiratory Care Practitioner (L)	5
Athletic Trainers (M)	1
Polysomnographic Technologists (Z)	0
Total	**63**

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 12, the Board issued 33 formal actions in regard to allied health practitioners.

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

The expansion of allied health professionals is making a significant impact on our health care system, the Board and its resources. In addition to its primary mission, the Board currently oversees well-established allied health professions and is in the process of completing the setup of licensure and disciplinary structures for polysomnographers and athletic trainers.

Beginning in March 2012, the Board re-assigned staff into positions that aligned the employee strengths with the needs of the Board. The Board believes that it will request very few additional PINs in FY 13 over and above the number already allocated.

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

Please refer to the report from the Office of the Attorney General. See Exhibit 3.

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

Please refer to the report from the Office of the Attorney General. See Exhibit 3**.**

J. Corrective Action Agreements

During FY 12, the Board had no Corrective Action Agreements, thirteen (13) Disposition Agreements (10 for M.D. and P.A.ôs and 3 for Allied Health Practitioners) and two (2) Terminations of Corrective Action Agreements with Physicians.

TABLE B			
ALLEGATIONS BROUGHT AGAINST PHYSICIANS UNDER EACH OF THE DISCIPLINARY GROUNDS ENUMERATED UNDER HO §14-404- COMPLAINTS RESOLVED DURING FY 12			
Grounds	**Description**	**Allegations**	**Days**
404 (a)1	Fraudulently or deceptively obtains or attempts to obtain a license for the applicant or licensee or for another.	10	311
2	Fraudulently or deceptively uses a license.	2	386
3	Is guilty of immoral or unprofessional conduct in the practice of medicine.	308	395
4	Is professionally, physically, or mentally incompetent.	8	392
5	Solicits or advertises in violation of HO§14-503.	0	0
6	Abandons a patient.	11	301
7	Habitually is intoxicated.	2	684
8	Is addicted to, or habitually abuses, any narcotic or controlled dangerous substance as defined in Section 5-101 of the Criminal Law Article.	6	810
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.	9	378
10	Promotes the sale of drugs, devices, appliances, or goods to a patient so as to exploit the patient for financial gain.	1	464
11	Willfully makes or files a false report or record in the practice of medicine.	25	675
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.	51	116
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.	0	0
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.	30	490
19	Grossly over utilizes health care services.	21	796

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.	22	164
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.	260	516
23	Willfully submits false statements to collect fees for which services are not provided.	25	544
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	305
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.	45	594
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.	2	317
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 applicantôs or licenseeôs receipt of State or federal funding for the licenseeôs 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.	20	260

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.	9	536
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	2	535
	TOTAL RESOLVED ALLEGATIONS AGAINST PHYSICIANS	**871**	

The Office of the Attorney General provides day-to-day legal advice to the Board regarding ongoing cases, investigations, procedures, contractual and procurement issues, and the writing of decisions. The office also advises the Board on regulations and legislation. In addition, the office was involved in the following litigation on behalf of the Board in FY 12.

Barson v. State Board of Physicians (Court of Special Appeals, No. 02673, September Term, 2011) 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 the case, and Dr. Barson filed an appeal to the Court of Special Appeals.

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 the Department of Health and Mental Hygiene in the Circuit Court of 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.

Davis, M.D. v. Maryland State Board of Physicians (Court of Special Appeals, No. 2587, September Term, 2009). The Board revoked Dr. Davisôs license for violating the standard of quality care and for keeping inadequate medical records. The Circuit Court of Harford County affirmed the Boardôs ruling on the substantive issues but vacated the Boardôs ruling and remanded the case to the Administrative Law Judge for further proceedings on procedural issues. The Board filed an appeal, and Dr. Davis filed a cross-appeal. On appeal, the Court of Special Appeals affirmed the Boardôs ruling on the substantive issues and also ruled that the circuit court had improperly vacated the Boardôs decision and ordered that the decision of the Board be affirmed in full. (No. 2587, September Term, 2009) Dr. Davis then filed an unsuccessful petition for *certiorari* in the Court of Appeals.

Davis, M.D. v. Maryland State Board of Physicians (Cir Ct. Harford Co., Case No. 12-C-11-003310) Dr. Davis filed essentially the same claims that he filed in *Davis v. Knipp, et al*, Circuit Court of Harford County (Case Number 12-C-09-004203), suing this time the Board itself rather than the individual Board members. The Board has moved to dismiss the case.

Nelson DeLara, M.D. v. Maryland State Board of Physicians (Court of Special Appeals No. 02840, September Term, 2009). Dr. DeLara appealed the Boardôs sanction for dictating an inaccurate medical report concerning which kidney needed to be removed. The circuit court affirmed the Boardôs decision, as did the Court of Special Appeals.

Mark Geier et. al. v. Maryland State Board of Physicians (Circuit Court of Montgomery County, No. 27243). Dr. Geier and his partner sought an order quashing the Boardôs subpoena for his patientsô medical records that the Board had sought as part of its investigation of his possibly practicing while his license had been summarily suspended. The circuit court denied his motion.

Girgis v. Maryland State Board of Physicians (Circuit Court of Howard County, Case No. 13-C-11-085400). The circuit court affirmed the decision of the Board which revoked Dr. Girgisô license for taking indecent sexual liberties with three female patients.

Greenberg v. Maryland Board of Physicians (Circuit Court of Montgomery County No. 331558-V). Dr. Greenberg, who had been summarily suspended by the Board and who had not filed an appeal of that summary suspension, asked the court for an injunction reinstating his license on the ground that he did not get adequate notice of his appeal rights from the Board. The Board successfully moved that the court dismiss the case.

Greenberg v. Maryland Board of Physicians (Court of Special Appeals, No. 00039, September Term, 2012). After the Board revoked Dr. Greenbergôs license for violation of a previous consent order, Dr. Greenberg filed a petition for judicial review in the Circuit Court of Montgomery County. That court affirmed the Boardôs decision. Dr. Greenberg then filed an appeal to the Court of Special Appeals.

Harris-Chin v. Board (Circuit Court of Montgomery County, No. 346708-V). Dr. Harris-Chin unsuccessfully sued to require the Board to sanction another physician against whom she had filed a complaint.

Joseph G. Jemsek, M.D. v. Maryland State Board of Physicians (Court of Special Appeals, No. 02813, (September Term, 2011). The Board denied Dr. Jemsek a Maryland medical license based on discipline by the State of North Carolina for violations of the standard of quality care and unprofessional conduct in that state. The circuit court affirmed the Boardôs decision. Dr. Jemsek then appealed to the Court of Special Appeals, which also affirmed the Boardôs decision. Dr. Jemsek has filed a petition for *certiorari* in the Court of Appeals.

*Charles Y. Kim v. State Board of Physicia*ns (Court of Appeals, 423 Md. 523 (2011). Dr. Kim filed a petition for judicial review of a Board decision sanctioning him for making false statements on his application for renewal of his license. The Circuit Court of Frederick County affirmed the Boardôs decision on September 4, 2009. Dr. Kim then filed an appeal to the Court of Special Appeals, which also affirmed the Board. The Court of Appeals granted *certiorari*, heard the case and affirmed the Boardôs action in a published decision.

Lakner v. Maryland State Board of Physicians (Court of Special Appeals No. 2298, September Term, 2009). Dr. Lakner filed a petition for judicial review of the Boardôs decision sanctioning him for making false statements and for altering a document of the California medical board and submitting it to a prospective employer. The circuit court dismissed his petition as untimely on June 15, 2009. Dr. Lakner filed a Motion for Reconsideration, but the court denied that motion also. Dr. Lakner filed an appeal to the Court of Special Appeals. The Court of Special Appeals ruled that the circuit court properly dismissed the case.

Manekin v. State Board of Physicians, (Circuit Court of Balto. City, No. 24-C-004091 OG) Dr. Steven Manekin, whose license had been permanently revoked five years earlier, brought a mandamus action seeking to require the Board to issue him a license. After briefing and oral argument, the case was dismissed.

Meros v. State Board of Physicians (Cir. Court of Montgomery County, No. 351511-V) The circuit court, and later a three-judge panel of that circuit court, dismissed Dr. Merosô petition for judicial review because it was filed late.

Kathy Mesbahi, M.D., Mina Nazemzadeh and Aghdas Ramati v. Maryland State Board of Physicians (Court of Special Appeals No. 2791, September Term, 2009). The Board fined Dr. Mesbahi and placed her on probation for one year and fined each of her two sisters, for practicing medicine without a license and for aiding the practice of medicine without a license. The Circuit Court of Montgomery County affirmed all of the Boardôs findings and conclusions but remanded the case to the Board for an explanation of the reasoning for its sanction imposed on Dr. Mesbahi. Dr. Mesbahi, Ms. Nazemzadeh and Ms. Ramati filed an appeal to the Court of Special Appeals, and the Board filed a cross-appeal. The Court of Special Appeals affirmed the Boardôs decision on the merits and also vacated that part of the circuit courtôs order that had remanded the case to the Board.

Midei v. Maryland State Board of Physicians (Circuit Court of Baltimore County, Case No. 03-C-11-007511). The circuit court affirmed the decision of the Board revoking Dr. Mideiôs license for placing unnecessary stents in patientsô hearts and for falsifying the extent of blockage present in the patientsô coronary arteries.

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 Boardôs decision. Dr. Ramirez then appealed to the Court of Special Appeals, but that court also affirmed the Boardôs decision. Dr. Ramirez then petitioned for *certiorari* to the Court of Appeals.

Donald Roane, M.D. v. Maryland State Board of Physicians (Court of Special Appeals, No. 00271, September Term, 2012). The Board summarily suspended Dr. Roaneôs license after a full evidentiary hearing. 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. Roaneôs license had since been revoked. Dr. Roane then appealed to the Court of Special Appeals.

Donald Roane, M.D. v. Maryland State Board of Physicians (Court of Special Appeals, No. 000542, September Term, 2012). After the Board revoked Dr. Roaneôs 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 Boardôs decision. Dr. Roane then appealed to the Court of Special Appeals.

Michael Rudman v. Maryland State Board of Physicians (Circuit Court of Frederick County, No. 10-C-12-001900). After the Board revoked Dr. Rudmanôs license for the indecent sexual touching of five patients, Dr. Rudman filed a petition for judicial review, which is pending.

Howard I. Saiontz, M.D. v. Maryland State Board of Physicians (Circuit Court of Baltimore County, No. C-11-1314). Dr. Saiontz filed a petition for judicial review of the Boardôs final order which reprimanded him and placed him on a two-year probation for unprofessional conduct in the practice of medicine and violation of the Boardôs regulations on sexual misconduct, based on his failure to provide two female patients with privacy for disrobing and his uninvited involvement in the removal of their clothing and in redressing them. The petition for judicial review was filed late, and the circuit court dismissed it.

Mahmoud Shirazi M.D. v. Maryland State Board of Physicians, 199 Md. App. 469 (2011). After the Board permanently revoked his medical license for sexual assaults against four female patients, Dr. Shirazi filed a petition for judicial review with the Circuit Court of Wicomico County. That court affirmed the Boardôs decision. Dr. Shirazi then filed this appeal to the Court of Special Appeals, whose published opinion affirmed the Boardôs decision.

Daniel Smithpeter v. Maryland 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 Boardôs decision. Dr. Smithpeter then appealed that decision to the Court of Special Appeals.

Pradeep Srivastava, M.D. Maryland State Board of Physicians (Circuit Court of Montgomery County, No. 343136-V). Dr. Srivastava filed a petition for judicial review of the Boardôs order suspending his medical license on the ground of conviction of a crime of moral turpitude based on his criminal conviction for concealing more than $40 million in income taxes and willfully evading more than $16 million in income taxes. The circuit court affirmed the Boardôs decision.

Young, et al. v. Maryland State Board of Physicians (Circuit Court of Montgomery County, No. 27243). Dr. Young and others sought to quash a subpoena for medical records that the Board was seeking as a part of an investigation. The Board moved to deny the motion and filed its own motion compelling Dr. Young to comply with the subpoena. The circuit court denied Dr. Youngôs motion and granted the Boardôs motion compelling compliance with the subpoena.

EXHIBIT 1

ROSTER OF MEMBERS OF THE BOARD OF PHYSICIANS (2012)

NAME	SPECIALTY/CATEGORY	TERM ENDS
Andrea Mathias, M.D., Chair	Physician Family Medicine, DHMH Representative	2016
Harry C. Knipp, M.D.	Physician Radiology	2013
Laura E. Henderson, M.D.	Physician Internal Medicine/Pediatrics	2015
Suresh K. Gupta, M.D.	Physician Internal Medicine/Geriatrics	2014
Tricia J. Thompson Handel, D.O.	Physician Emergency Medicine	2013
Avril M. Houston, M.D.	Physician Pediatrics	2016
Jonathan A. Lerner, PA-C	Physician Assistant	2013
John R. Lilly, M.D.	Physician Family Medicine	2014
Celeste M. Lombardi, M.D.	Physician Anesthesiology	2016
Ahmed Nawaz, M.D.	Physician Internal Medicine	2016
Hilary T. O'Herlihy, M.D.	Physician Cardiology	2014
Beryl J. Rosenstein, M.D.	Physician Pediatrics	2015
Devinder Singh, M.D.	Physician Full-time Faculty, Plastic Surgery	2015
Laurie S. Y. Tyau, M.D.	Physician Obstetrics/Gynecology	2013
Frederick W. Walker, M.D.	Physician Breast Surgery	2015
Samuel K. Himmelrich, Sr.	Public Member w/ Experience in Risk Management	2013
Brenda G. Baker	Consumer member	2016
Deborah R. Harrison	Consumer member	2015
Richard Bittner, Esquire	Consumer member	2014
Carmen M. Contee	Consumer member	2016
Harold A. Rose	Consumer member	2013

EXHIBIT 2

ANNUAL REPORT TO LEGISLATIVE POLICY COMMITTEE – FY 12

PHYSICIAN PRIVILEGE DATA SYSTEM

The following summarizes the key activities of the Board of Physicians clearinghouse activities pursuant to Health Occupations Article Section 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 12: 28,896

B. Participation: 62 Hospitals, 232 Nursing Homes and Health Maintenance Organizations report information on privileges, and request data generated by the system.

C. Malpractice Data: 285 certificates of merit records were added to the malpractice component of the data system, involving 322 physicians. The Board generated 3,861 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 65 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 595 letters to health care facilities informing them of disciplinary actions and or charges against 124 physicians who have privileges at their facilities.

F. Inquiries from Health Care Facilities: There were zero inquiries from Maryland hospitals, nursing homes and alternative health care systems.

G. Verification Letters: The Board generated 4,405 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 1992, effective October 1, 1992, and by § 6, ch. 662, Acts 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 received and accepted one hundred and thirty-seven **(137)** cases for prosecution in fiscal year 2012, after determining that there was a legally sufficient basis for going forward based upon the facts and circumstances of each case. The measure of legal sufficiency is generally found in Health Occupations Article, §14-404(a), which sets forth 41 enumerated grounds for prosecution[1]; in §14-404(b), which provides for prosecution of licensees convicted of crimes involving moral turpitude; §14-205, which provides for denial of a license for reasons that are grounds for action under §14-404; § 14-606, which provides for civil fines for unlicensed practice; and in the terms of consent orders executed between the Board and individual licensees. Evaluation of the facts and circumstances of individual cases involved review of Board files, conferences with peer reviewers, conferences with investigators, meetings with witnesses, and additional follow-up investigations.

[1] Chapter 709, Acts of 2010, effective October 1, 2010, added the 41st ground related to cosmetic surgical procedures performed in certain non-accredited facilities.

The Office filed one hundred twenty-six **(126)** charging documents, of which fourteen **(14)** were summary suspensions:

In fiscal year 2012, the Office prosecuted and/or closed a total of one hundred and thirty-three **(133)** cases. The cases are broken down as follows:

(a) Fifty-one **(51)** Consent Orders;

(b) Fifty-three **(53)** Final Orders;

(c) Nine **(9)** Letters of Surrender;

(d) Three **(3)** Return to Board (ñRTBò) were also issued an Advisory Letter);

(e) Eight **(8)** Fines imposed on licensees;

(f) Sixteen **(16)** Revocations;

(g) Eleven **(11)** Charges Dismissed;

(h) Six **(6)** Reinstatements or Initial Applications were Denied;

(i) One (1) Fee Reimbursement was Denied;

(j) Five (5**)** Reinstatements or Initial Licenses were Granted**;**

(k) Other supplemental orders issued - two (2);

(l) One (1) waived right to a hearing;

(J) Three (3) orders terminating SS;

(K) One (1) order staying SS;

(L) One (1) request was Withdrawn;

(M) Two (2) Default Orders issued; **and**

(N) Three **(3)** administrative closures - respondents deceased.

A. The Legislative Report

Chapter 109 of the Acts of 1988, as amended by §1, ch. 271, Acts 1992, effective October 1, 1992, and by § 6, ch. 662, Acts 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 and thirty-seven (137) cases in fiscal year 2012. The Office filed one hundred and twenty-six (126) charging documents of which fourteen (14) were summary suspensions. Fifty-three (53) were closed with final orders, and fifty-one (51) cases were closed with consent orders, seven (7) were closed by supplemental orders or administrative closures, nine (9) letters of surrender, three (3) cases were returned to the Board, and eight (8) fines were imposed. The grounds for prosecution were as follows:

Grounds	No. of Cases
Under 14-205(a)	2
Under 14-205(a)	2
Under 14-307(b)	3

Grounds	No. of Cases
Under §14-404(a):	
(1)	1
(2)	2
(3)(a)(i)	8
(3)(a)(ii)	48
(4)	6
(7)	1
(8)	3
(9)	2
(9)(ii)	1

(11)	14
(12)	1
(13)	1
(17)	3
(18)	6
(19)	2
(21)	5
(22)	31
(23)	4
(24)	2
(27)	12
(33)	3
(36)	7
(40)	30

Grounds	No. of Cases
14-404:	
(b)(1)	1
14-601	1
14-5A-17(a)(8)(i) & 14-5A-17-(a)(3)	1
14-5B-09 ï Intent to Deny Radiographer	1

Grounds	No. of Cases
14-5B-14(a)(3) & (26)	1
15-314(a)(1), (3)(ii), (8), (33) & 15-309(b)1	PA ï 1
15-314(a) (3) (ii), (22), (35), (40), (41), & (42)	1

Intent to Revoke	
Radiographer	
14-5B-14(c)(2)	2
14-5B-14(a)(3), (18) & (27)	
H.O. 14-5B-17(c); 14-4B-18; 14-5B(18)(a) & COMAR 10.21.12.04 E (6)	

Intent to Deny	
Radiation Therapist	
14-5B-14(a)(6), (7), & 8(i))(ii)	1

Physician Assistant (PA)	
(15-314(40)	1
(15-303(a)&15-311w/underlying.15314(a)(21) &(36)	1

Respiratory Care Practitioner (RCP)	
14-5A-17(a)(3), (4), (7), & (8)(ii)	2
14-5A-17(a)(3), (4), (7) & (26) and 14-5A-17 (a)(8)(i)(ii)	1
14-5A-17(a)(1), (3), & (10) ï ITD	1

COMAR: 10.32.17.02(3)(b)(c); (4)(a)(b)(i)(vi)(v)(vi)and 10.32.17.03(A)(B) and	
COMAR 10.32.17.01 & .02 (1)(a), (2)(a)(b) (i)(ii)(iii)(iv) & (3) (a)(b)(c); (4)(a)(b)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)&(ix) also 10.31.17.03(A)(B)	1
COMAR 10.32.01.09 A. B (1)(2)(a)(b) and COMAR 10.32.01.10 A.C	1
COMAR 10.32.12.04 & COMAR 10.32.12.05	1
COMAR 10.13.01	1
COMAR 10.32.17.(3)(c) & COMAR 10.32.17.(4)(b)(iv)	1

Delegation Agreements	2
Violation of Consent Orders	8
Petitions for Reinstatement	6
Petitions to Lift/Termination/ Suspension	5
Intent to Deny	2
Summary Suspensions	14
Letters of Surrender	9
Pre-Charge Letter of Dismissal	1
Probations	57
Reprimands	31