Date: June 20, 2024

Mark D. Olszyk, M.D., Chair
Disciplinary Panel A
Maryland State Board of Physicians
4201 Patterson Avenue, 4th Floor
Baltimore, MD 21215-2299

Re: Permanent Surrender of License to Practice Medicine
Julio Ramirez, M.D., License Number: D53645
Case Numbers: 2224-0040 & 2224-0091

Dear Dr. Olszyk and Members of Disciplinary Panel A,

Please be advised that, pursuant to Md. Code Ann., Health Occ. ("Health Occ.") §14-403, I have decided to **permanently SURRENDER** my license to practice medicine in the State of Maryland, License Number D53645, effective immediately. I understand that upon surrender of my license, I may not give medical advice or treatment to any individual, with or without compensation, and cannot prescribe medications or otherwise engage in the practice of medicine in the State of Maryland as it is defined in the Maryland Medical Practice Act (the "Act"), Health Occ. §§ 14-101 *et seq.* and other applicable laws. In other words, as of the effective date of this Permanent Letter of Surrender, I understand that the permanent surrender of my license means that I am in the same position as an unlicensed individual in the State of Maryland.

I understand that this Permanent Letter of Surrender is a **PUBLIC DOCUMENT**, and upon Disciplinary Panel A's ("Panel A") acceptance, becomes a **FINAL ORDER** of Panel A of the Maryland State Board of Physicians (the "Board").

I acknowledge that the Board received two complaints alleging that I inappropriately touched the mothers of two patients and that the Board initiated an investigation into the allegations. The Board also issued a Summary Suspension of my license on or about April 30, 2024. I also acknowledge that the Board initiated an investigation of my practice and my prescribing of ADHD medications. On May 24, 2024, Panel A issued disciplinary charges against me under Health Occ. § 14-404(a)(3)(i), (ii), (22), (40) as well as the Board's sexual misconduct regulations, in violation of Health Occ. §1-212. The charges are attached as **EXHIBIT A**. I have decided to permanently surrender my license to practice medicine in the State of Maryland due to my retirement and to avoid further investigation and prosecution of these disciplinary charges.

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Permanent Letter of Surrender to avoid further prosecution of the disciplinary charges. I acknowledge that for all purposes related to medical licensure in Maryland, the charges will be treated as if proven.

I understand that by executing this Permanent Letter of Surrender I am waiving my right to a hearing to contest the disciplinary charges. In waiving my right to contest the charges, I am also waiving the right to be represented by counsel at the hearing, to confront witnesses, to give testimony, to call witnesses on my own behalf, and all other substantive and procedural protections provided by law, including the right to appeal to circuit court.

I understand that the Board will advise the Federation of State Medical Boards and the National Practitioner Data Bank of this Permanent Letter of Surrender. I also understand that in the event I would apply for licensure in any form in any other state or jurisdiction that this Permanent Letter of Surrender may be released or published by the Board to the same extent as a final order that would result from disciplinary action, pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* and that this Permanent Letter of Surrender constitutes a disciplinary action by Panel A.

I affirm that I will provide access to and copies of medical records to my patients in compliance with Title 4, subtitle 3 of the Health General Article. I also agree to surrender my Controlled Dangerous Substances Registration to the Office of Controlled Substances Administration.

I further recognize and agree that by submitting this Permanent Letter of Surrender, my license in Maryland will remain permanently surrendered. In other words, I agree that I have no right to reapply and will not reapply for a license to practice medicine in the State of Maryland.

I acknowledge that I may not rescind this Permanent Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have been advised of my right to be represented by an attorney of my choice throughout proceedings before Panel A, including the right to consult with an attorney prior to signing this Permanent Letter of Surrender. I have consulted with and was represented by an attorney prior to signing this letter permanently surrendering my license to practice medicine in Maryland. I understand both the nature of Panel A's actions and this Permanent Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Permanent Letter of Surrender. I make this decision knowingly and voluntarily.

Very truly yours,

Signature On File

Julio Ramirez, M.D.

NOTARY

STATE OF Maryland

CITY/COUNTY OF Dorchester

I HEREBY CERTIFY that on this 17 day of June, 2024 before me, a Notary Public of the City/County aforesaid, personally appeared Julio Ramirez, M.D., and declared and affirmed under the penalties of perjury that the signing of this Permanent Letter of Surrender was a voluntary act and deed.

AS WITNESS my hand and Notarial seal.

KATELYN M SMITH
Notary Public-Maryland
Dorchester County
My Commission Expires
November 17, 2027

Notary Public

My commission expires: November 17, 2027

ACCEPTANCE

On behalf of Disciplinary Panel A, on this 20th day of June, 2024, I, Christine A. Farrelly, accept the **PUBLIC PERMANENT SURRENDER** of Julio Ramirez, M.D.'s license to practice medicine in the State of Maryland.

Signature On File

Christine A. Farrelly, Executive Director
Maryland Board of Physicians

EXHIBIT A

IN THE MATTER OF	*	**BEFORE THE**
JULIO RAMIREZ, M.D.	*	**MARYLAND STATE BOARD**
Respondent	*	**OF PHYSICIANS**
LICENSE NUMBER: D53645	*	**CASE NUMBERS: 2224-0040A** **2224-0091A**
	*	

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CHARGES UNDER THE MARYLAND MEDICAL PRACTICE ACT

Disciplinary Panel A ("Panel A") of the Maryland State Board of Physicians (the "Board") hereby charges **JULIO RAMIREZ, M.D.** (the "Respondent"), license number D53645, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") §§ 14-101 *et seq.* (2021 Repl. Vol. & 2023 Supp.).

Panel A charges the Respondent with violating the following statutory and regulatory provisions:

> **Health Occ. § 14-404. Denials, reprimands, probations, suspensions, and revocations – Grounds.**
>
> (a) *In general.* Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:
>
> . . .
>
> (3) Is guilty of:
>
> (i) Immoral conduct in the practice of medicine; [and]
>
> (ii) Unprofessional conduct in the practice of medicine;

...

(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; [and]

...

(40) Fails to keep adequate medical records as determined by appropriate peer review[.]

Panel A further charged the Respondent with violating the following provisions of the Act under Health Occ. § 1-212:

(a) *Regulations* - Each health occupations board authorized to issue a license or certificate under this article shall adopt regulations that:

(1) Prohibit sexual misconduct; and

(2) Provide for the discipline of a licensee or certificate holder found to be guilty of sexual misconduct.

(b) For the purposes of the regulations adopted in accordance with subsection (a) of this section, "sexual misconduct" shall be construed to include, at a minimum, behavior where a health care provider:

...

(3) Has engaged in any sexual behavior that would be considered unethical or unprofessional according to the code of ethics, professional standards of conduct, or regulations of the appropriate health occupations board under this article.

(c) Consequences of violations – Subject to the provisions of the law governing contested cases, if an applicant, licensee, or certificate holder violates a regulation adopted under subsection (a) of this section a board may:

...

(2) Reprimand the licensee or certificate holder;

(3) Place the licensee or certificate holder on probation; or

(4) Suspend or revoke the license or certificate.

The pertinent provisions of the Board's sexual misconduct regulations, COMAR 10.32.17, apply to the Respondent's conduct after May 20, 2019,[1] and provide:

.01 Scope

This chapter prohibits sexual misconduct by health care practitioners.

.02 Definitions

...

B. Terms Defined.

(1) "Health care practitioner" means an individual licensed under Health Occupations Article, Titles 14 and 15, Annotated Code of Maryland.

(2) Key Third Party.

(a) "Key third party" means an individual who participates in the health and welfare of the patient concurrent with the physician-patient relationship.

(b) "Key third party" includes, but is not limited to the following individuals:

...

[1] According to COMAR 10.32.17.9999, the Board's sexual misconduct regulations went into effect on March 6, 2000. The regulations were later amended, and the amended regulations went into effect on May 20, 2019.

(iii) Family member[.]

(3) Sexual Contact.

(a) "Sexual contact" means the knowing touching directly or through clothing, where the circumstances surrounding the touching would be construed by a reasonable person to be motivated by the health care practitioner's own prurient interest or for sexual arousal or gratification.

(b) "Sexual contact" includes, but is not limited to:

...

(v) Nonclinical touching of breasts, genitals, or any other sexualized body part.

(4) "Sexual harassment" means an unwelcome sexual advance, request for sexual favor, or other verbal or physical conduct of a sexual nature.

.03 Sexual Misconduct

A. Health care practitioners may not engage in sexual misconduct.

B. Health Occupations Article, §§ 14-404(a)(3) [...] includes, but is not limited to, sexual misconduct.

C. Sexual misconduct includes, but is not limited to:

(1) Engaging in sexual harassment of a patient, key third party, employee, student, or coworker regardless of whether the sexual harassment occurs inside or outside of a professional setting[.]

ALLEGATIONS OF FACT[2]

Panel A bases its charges against the Respondent on the following facts that it has cause to believe are true:

I. Introduction

1. On or about September 29, 2023, the Board received a complaint that the Respondent had sexually assaulted the parent of a patient during an appointment. The Board began an investigation based on the complaint which led to the discovery of additional allegations against the Respondent of inappropriate touching/sexual harassment of employees and the parent of another of the Respondent's patients. Further investigation also revealed multiple violations of the standard of care as determined by appropriate peer review and inadequate medical records relating to the Respondent's prescribing practices of medication for treatment of Attention-Deficit/Hyperactivity Disorder ("ADHD") and related conditions.

II. Licensing Information

2. At all times relevant hereto, Respondent was, and is, licensed to practice medicine in Maryland. The Respondent was originally licensed to practice medicine in 1998 under license number D53645. His license is active through September 30, 2025.

[2] The statements about the Respondent's conduct set forth in this document are intended to provide the Respondent with reasonable notice of the basis for the charges. They are not intended as, and do not necessarily represent, a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this action.

3. The Respondent was board-certified in General Pediatrics. His certification expired in or around January 2022.

4. The Respondent has been the sole owner and practitioner of a medical practice located in Chestertown, Maryland since 1999. The Respondent previously had a second office location in Queenstown, Maryland from on or about 2016 until on or about 2020.

III. Complaint

5. On or about September 29, 2023, the Board received a complaint (the "Complaint") from the parent of a patient of the Respondent ("Complainant 1")[3] alleging that the Respondent had "sexually assaulted" her during her child's appointment with the Respondent on September 28, 2023. Specifically, Complainant 1 stated that the Respondent entered the exam room and "shook [her] hand, placed his left hand on [her] shoulder, and leaned in for a hug." He then groped her left breast with one hand and her vaginal area with his other hand. The Respondent moved his hand to Complainant 1's buttocks after she removed his hand from her vaginal area. The Board initiated an investigation of the Respondent upon receipt of the Complaint.

6. During the pendency of the investigation of the Complaint, the Board received information about a similar incident with a parent of another of the Respondent's patients ("Complainant 2").

[3] For confidentiality and privacy purposes, the names of individuals and health care facilities involved in this case are not disclosed in this document. The Respondent may obtain the names of all individuals and health care facilities referenced in this document by contacting the administrative prosecutor.

IV. Investigation

7. As part of the investigation, the Board, *inter alia*, conducted interviews with Complainant 1, Complainant 2, the Respondent, and current and former employees of the Respondent.

Interview with Complainant 1

8. On or about October 27, 2023, the Board conducted an interview with Complainant 1 who stated the following:

a. On September 28, 2023, Complainant 1 took her child to see the Respondent due to her child having an infected toenail.

b. The Respondent came into the room and touched Complainant 1's shoulder "which he always does." Complainant 1 stated she always felt "super uncomfortable but nothing to where [she] felt like it needed to be reported. It was just kind of like that weird feeling."

c. The Respondent positioned himself in between Complainant 1's legs and "with his right hand he started to grope [her] left breast. Then he put his left hand and like fully palmed [her] vagina. And the only other way I can explain it is he started to rub it with his thumb."

d. The Respondent "had positioned himself so close to [her] between [her] legs that when he was fondling [her] with his left

hand, [her child], even though [her child] was right next to [her], couldn't see it."

e. While the Respondent briefly examined her child's foot, "he moved his left hand up and positioned it under [Complainant 1's] butt where [she] was partially sitting on it."

f. The Respondent left the exam room after "mention[ing] something about an antibiotic for [Complainant 1's child]." Complainant 1 composed herself in the exam room after becoming emotional and crying. She then left the exam room and reported the incident to a current member of the Respondent's staff ("Employee 1").

g. Complainant 1 spoke with Employee 1 in another exam room. After Complainant 1 informed Employee 1 about the incident, Employee 1 told Complainant 1 to "wait there" in the exam room. Complainant 1 walked out after Employee 1 left the room and she "drove directly to the police station" where she reported the incident.

Respondent's Written Response to the Complaint

9. In his written response to the allegations from the Complaint, the Respondent, among other things, stated that he had no idea why Complainant 1

complained about their interaction at her child's visit and that he was "quiet [*sic*] surprised and confused by her allegations."

Employee Interviews Regarding Sexual Misconduct/Inappropriate Touching

10. On or about February 13, 2024, the Board conducted an interview with a former employee of the Respondent ("Employee 2") who stated the following:

a. Employee 2 worked for the Respondent for approximately one year beginning in or around 2015. Employee 2 reached out to the Respondent's office in or around July 2022 for an employment opportunity. Employee 2 was invited for an in-person interview shortly thereafter.

b. During the re-hire interview in 2022, the Respondent began talking about his personal life and his marital status. The Respondent also mentioned that he had a new car and asked her if she wanted to take a ride. Employee 2 agreed, thinking that the ride would be around the business park where the office was located. When Employee 2 noticed they were leaving Chestertown, she asked him where they were going and the Respondent stated he was "going to show [her] where he lived." Employee 2 told him no and that she did not have much time but the Respondent said "it's going to be really quick, really quick."

c. The Respondent gave Employee 2 a tour of his home. At the end of the tour while standing near the Respondent's garage, the Respondent "put himself against, like my back area, so my butt, I guess. And then I was shocked, and I was like, what are you doing? He was like, oh, oh. I though we were going to – I'm like no. I didn't even agree to come to your house." When the Respondent "pushed his body against [Employee 2], he "lifted my dress up and grabbed my butt. And I just was taken really surprised, and I jumped up." The Respondent drove them back to the office shortly thereafter.

d. After Employee 2 started working for the Respondent in 2022, Employee 2 would go to the Respondent's office to talk with him about a patient. The Respondent would tell her to come inside, sit down, and the Respondent would close the door "every single time." The Respondent tried to kiss her "one or two times" when she went to his office to speak with him about a patient. The Respondent would also rub his arm on her leg in his office. Employee 2 stated, "If he wasn't trying to kiss me, he would try to do that."

e. Another employee ("Employee 3") told Employee 2 that the Respondent had also tried kissing her.

f. Employee 2 worked for the Respondent for approximately one month in 2022. After she left this employment, the Respondent would communicate with her on WhatsApp.[4] When Employee 2 would post pictures of herself on WhatsApp, the Respondent would "comment with, like, emojis, like, with those heart emojis and everything like that."

11. On or about March 18, 2024, the Board conducted an interview with a former employee of the Respondent ("Employee 3") who stated the following:

a. Employee 3 was a patient of the Respondent as a child. Employee 3's child was also a patient of the Respondent.

b. Employee 3 was employed by the Respondent in or around October 2021 for approximately three months at the Chestertown office.

c. While in the Respondent's office to discuss patient care, the Respondent "would go to answer me, and like, just start smiling and, like, whispering in my ear. And he would grab my butt." The Respondent would "like, whisper in my ear, like he was trying to hug me or, like, almost kiss me or something. And I would just hurry up and leave." Employee 3 realized that the

[4] WhatsApp is a social messaging application that allows users to make video and voice calls, and send images, audio, video, etc.

Respondent touching her was not an accident when it happened two more times.

d. After the first time that the Respondent touched her, Employee 3 mentioned it to Employee 2 who said, "He did it to me as well." Employee 2 said that while she was at the Respondent's house, she "had a dress on or something, and he put his – put his hand up her dress, made her feel uncomfortable and she left."

e. The Respondent would also hug Employee 3 and get close to her. "[W]hen he would grab my butt, like, he would stand, like, in front of me, and we would be, like, face to face, like we were having a conversation. And then he would get closer to me, and then take one hand around my body and grab, like, my butt." Sometimes when Employee 3 was standing next to the Respondent, he would also put his arm "over my shoulder and kind of like hug me that way, or you know, pull me closer to him that way, if that makes sense."

f. The first time that the Respondent touched Employee 3, she "was just like, what the f---? And I walked out." When it happened a second time, "I put, like, my fingers like, in his chest, like, you know, to like back him up, you know."

12. On or about February 13, 2024, the Board conducted an interview with a former employee of the Respondent ("Employee 4") who stated the following:

a. Employee 4 was employed by the Respondent from approximately July 2016 through June 2019. Employee 4 worked at both the Chestertown and Queenstown office locations.

b. Employee 4 "had a few times that I felt a little bit uncomfortable by [the Respondent's] gestures." These gestures involved the Respondent hugging her in his office. Employee 4 "... asked the other staff if, like, [the Respondent], does he do that to you guys as well? If they say yes, then like I said, oh, then it must be really just cultural stuff. But they said no. So that's when I felt uncomfortable, and I told them."

c. Employee 4 told the Respondent that she was not comfortable with him giving her hugs. When she told him "... he was not happy. To me, he seemed a little bit offended because probably he didn't – it was impromptu, and maybe it was just casual for him."

13. On or about March 22, 2024, the Board conducted an interview with a former employee of the Respondent ("Employee 5") who stated the following:

a. Employee 5 was employed by the Respondent from on or around March 2021 through January 2022 at the Chestertown office

location.

b. Employee 5 worked with Employee 3 and would usually leave a few minutes before Employee 3. One day when Employee 5 was about to leave, Employee 3 asked Employee 5 to wait for her. Employee 3 asked Employee 5 to wait for her on multiple other occasions because she did not "want to be left [there] alone with [the Respondent]." Employee 5 questioned Employee 3 about the situation and Employee 3 said "...I don't want it going around, but she did mention that [the Respondent] had touched her bottom." Employee 3 did not know if it was an accident but "... she was just caught off guard that she didn't even know what to think of that circumstance."

c. Employee 3 asked Employee 5 if the Respondent had ever touched her. Employee 5 asked Employee 3 why she had asked that question and Employee 3 "... said that he had touched her bottom again." Employee 3 told her "... I didn't know how to react. She was like, I just felt so mad. She was like, I feel so violated."

d. Employee 2 told Employee 5 that the Respondent took Employee 2 to his house after her interview. The Respondent said he wanted to show Employee 2 his car and while they were looking

at his car, the Respondent told Employee 2 to sit in the car. Employee 2 sat in the car and the Respondent drove them to his house. Employee 2 also told Employee 5 that the Respondent "... lifted up [Employee 2's] dress and said, can I, and he was going to put his hand up there. And she said she immediately said no and that she – they left."

Interview with Respondent

14. On or about March 28, 2024, the Board conducted an interview with the Respondent who stated, among other things, the following:

a. The Respondent admitted that a hug occurred between him and Complainant 1 but stated that Complainant 1 initiated the contact.

b. The Respondent admitted that he drove Employee 2 to his house in his car and that he showed her around his home. The Respondent stated that he did not see a problem with driving Employee 2 to his home at that time, but he now sees how it could be a professional boundary issue.

c. After being confronted with screenshots of WhatsApp communications with Employee 2, the Respondent admitted that he acknowledged the photos of Employee 2 on WhatsApp when he "put those expressions but that's it."

Interview with Complainant 2

15. On or about May 7, 2024, the Board conducted an interview with Complainant 2 who stated the following:

a. The Respondent served as the primary pediatric physician to her three children beginning sometime in or around 2003 or 2004 until sometime in or around 2020 or 2021.

b. Sometime in or around 2020 or 2021, Complainant 2 took her child to see the Respondent to discuss options for medical treatment.

c. The Respondent came into the exam room where Complainant 2 and her child were waiting. Complainant 2 and the Respondent began discussing the reason for the visit when the Respondent "proceeded to ask [Complainant 2] to step out of the room to talk to him. And he took [Complainant 2] around the corner to – I want to say it was like a supply closet, maybe with some office stuff in it. It was definitely not a room that I had ever been to when I've been there."

d. While in the supply closet, the Respondent began discussing Complainant 2's child. He then told Complainant 2 that "it would be okay. And he leaned in to give [Complainant 2] a hug. And he – and I, awkwardly, kind of just patted his back a little bit. And

he pulled me even closer to him and had one – he had his left hand up on my shoulder blade, on my right shoulder blade, and he had his right hand and was moving down my back towards my butt." Complainant 2 stated that the Respondent "ended up touching [her] butt" after moving his hand down her back and pulled her into him in "like a strong kind of grip." The Respondent then leaned in closer to Complainant 2 and "he kind of turned his head to lean in to kiss me. And I put my hand on his chest and pushed him away and opened the door and started walking back to the [exam] room."

e. Complainant 2 said that the Respondent closed the door when they went into the room. Complainant 2 stated that the room where the incident occurred was "kind of at the end of the hall" and that it was "not very big at all, about the size of one of those patient rooms." She also said that it was dimly lit, "a lot, lot darker than the patient's rooms."

f. The Respondent followed Complainant 2 back to the exam room where Complainant 2's child was waiting. The Respondent then "grabbed [Complainant 2's] cell phone [from the counter] and put his cell phone number in my cell phone. And he told me to call him later on, which I never did. I don't even think we even

finished the conversation. I just grabbed my [child] and I left, and we never went back."

g. Complainant 2 reported this incident to her family and subsequently transferred her children's care to another provider.

Respondent's Written Response to Complainant 2's Allegations

16. In his written response to Complainant 2's allegations, the Respondent stated that the only time Complainant 2 was at his office during the timeframe she mentioned was on July 10, 2020, regarding a well visit for her child.

17. The Respondent admitted to leaving the exam room to talk to Complainant 2 about her child but stated that the conversation took place in his office. The Respondent denied touching or attempting to kiss Complainant 2.

Peer Review

18. As part of its investigation, the Board referred seven (7) patient records obtained from the Respondent (referenced *infra* as "Patients 1-7") and related materials for peer review. The review was performed by two physicians ("Peer Reviewer 1" and "Peer Reviewer 2," respectively) who are both board-certified in Pediatrics with a subspecialty in Developmental-Behavioral Pediatrics. The reviewers submitted reports to the Board which addressed standard of care issues related to the Respondent's treatment of the patients and the adequacy of the Respondent's medical records.

19. The reviewers independently concluded that in five of the seven cases reviewed, the Respondent failed to meet appropriate standards for the delivery of quality medical care. Examples of deficiencies include but are not limited to the following:[5]

a. Failed to recommend parent training in behavior management[6] which is the first-line treatment before initiating stimulant medication for preschool-age[7] patients with ADHD. (Patients 1, 7).

b. Failed to utilize a short-acting formulation of stimulant medication before considering and/or transitioning to a long-acting stimulant medication in preschool-age patients. (Patients 1, 7).

c. Failed to properly screen patients for comorbidities that may be a contraindication to a trial of stimulants including, but not limited to, cardiac conditions or family history of cardiac conditions. (Patients 1, 7).

d. Failed to prescribe a trial of lower doses of stimulant medication at conventional frequencies before titrating to a higher dose at

[5] The deficiencies pertain to Patients 1 through 7 unless specifically indicated.

[6] According to the CDC, behavior therapy is an effective treatment for ADHD that can improve a child's behavior, self-control, and self-esteem. When parents become trained in behavior therapy, they learn skills and strategies to create structure for their child and reinforce good behavior. It is most effective in young children when it is delivered by parents. For children younger than 6 years old, parent training in behavior management should be tried before prescribing ADHD medication.

[7] Preschool age refers to a child between 4 and 6 years of age.

excessive frequency (e.g., four times a day) when initiating stimulant medication as treatment for ADHD. (Patients 2, 6).

e. Inappropriately maintained patient on total daily dose of stimulant medication which exceeded the Federal Drug Administration ("FDA") drug label dosing guidelines. (Patients 2, 6, 7).

f. Failed to adjust medication regimen when patient presented with abnormal vital signs during multiple follow up visits which placed the patient at risk of an adverse event. (Patients 2, 4, 7).

g. Failed to document clinical justification for change in medication. (Patient 2).

h. Inappropriately prescribed atypical antipsychotic medication as first-line treatment for aggression in a young patient with co-occurring oppositional defiant disorder (Patient 4).

i. Inappropriately prescribed long-acting stimulant formulations in the afternoon for pediatric patient which could interfere with sleeping and appetite. (Patient 6).

j. Failed to document clinical justification for prescribing Abilify[8] and Depakene[9] for off-label use to treat ADHD. (Patient 6).

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[8] Abilify is an atypical antipsychotic medication used as an add-on treatment for adults with Major Depressive Disorder ("MDD") when an antidepressant alone is not enough. It can also be used to treat the following conditions: manic or mixed episodes associated with Bipolar I Disorder in adults and pediatric patients 10 to 17 years of age; schizophrenia in adults and adolescents 13 to 17 years of age; irritability associated with autistic patients 6 to 17 years of age; and Tourette's Disorder in pediatric patients 6 to 18 years of age.

k. Failed to make referrals to specialists where appropriate. (Patient 6).

l. Failed to document clinical justification for prescribing Clonidine[10] and Trazodone[11] for pediatric patient. (Patient 6).

m. Inappropriately maintained pediatric patient on prolonged high dose stimulant medication (e.g., Focalin XR)[12] when patient displayed symptoms of possible stimulant-induced psychosis/hallucinations. (Patient 6).

n. Inappropriately increased patient's Ritalin dosage when patient presented with worsening symptoms consistent with stimulant toxicity over the course of six months during multiple follow up visits. (Patient 7).

o. Failed to document clinical justification for prescribing Risperidone.[13] (Patient 7).

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[9] Depakene is an antiepileptic used to treat various types of seizure disorders and is approved to be used by adults and children ages 10 and older.

[10] Clonidine is an antihypertensive drug that lowers blood pressure and heart rate by relaxing the arteries and increasing the blood supply to the heart.

[11] Trazodone is an antidepressant used to treat MDD. It may help to improve mood, appetite, and energy levels as well as decrease anxiety and insomnia related to depression.

[12] Focalin XR is an extended-release stimulant medication used to treat symptoms of ADHD in children and adults.

[13] Risperidone is an atypical antipsychotic medication. The FDA-approved indications for oral risperidone (tablets, oral solution, and M-TABs) include the treatment of: Schizophrenia in adults and children aged 13 and up; Bipolar I acute manic or mixed episodes as monotherapy in adults and children aged ten and up; Bipolar I acute manic or mixed episodes adjunctive with lithium or valproate in adults; and Autism-associated irritability in children aged five and up.

p. Failed to document clinical justification for prescribing Depakote ER.[14] (Patient 7).

20. The peer reviewers concurred that the Respondent did not maintain adequate medical records for three out of the seven patients whose charts were reviewed for reasons including, but not limited to:

a. Failure to document circumstances related to patient stopping medication, reason for patient later resuming expired medication, and justification for changing the type and dosage of medication from what was previously prescribed. (Patient 2).

b. Failure to maintain complete records of the patient's treatment history. (Patients 2, 5).

c. Failure to document follow-up regarding vital signs which were outside normal range. (Patient 5).

d. Failure to document discussion regarding potential side effects of Abilify and Depakene. (Patient 6).

e. Failure to document monitoring strategies to evaluate the effectiveness of treatment or changes in ADHD status when patient was at risk for increased blood pressure and increased heart rate due to high-dose stimulant prescription combined with albuterol three times per day. (Patient 6).

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[14] Depakote is used to treat various types of seizure disorders. The extended release ("ER") and delayed release ("DR") forms of this medication can also be used to treat mental/mood conditions such as manic phase of bipolar disorder) and to prevent migraine headaches.

21. Peer Reviewer 2 provided an addendum to his original report which emphasized the danger of the Respondent's prescribing practices. Peer Reviewer 2 recommended that the Board issue a cease and desist order with respect to the Respondent's prescribing of all medications related to ADHD, depression, and anxiety disorders. Peer Reviewer 2's recommendation was based on concerns about the Respondent's choice of medications for the treatment of depression and anxiety in addition to the use of non-controlled medications when treating ADHD. Peer Reviewer 2 found that the Respondent "failed to exercise safe medical practices such as recognizing the side effects of medications, observing the recommended daily limits of medications, and not adhering to the recommended age ranges for these medications."

NOTICE OF POSSIBLE SANCTIONS

If, after a hearing, a disciplinary panel of the Board finds that there are grounds for action under Health Occ. § 14-404(a)(3)(i), (3)(ii), (22), (40), and/or Health Occ. 1-212, and/or COMAR 10.32.17.03C, it may impose disciplinary sanctions against the Respondent's license in accordance with the Board's regulations under Md. Code Regs. 10.32.02.10, including revocation, suspension, or reprimand, and may place the Respondent on probation. The panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine upon the Respondent.

NOTICE OF DISCIPLINARY COMMITTEE FOR CASE RESOLUTION CONFERENCE

The Respondent may appear before Disciplinary Panel A, serving as the Disciplinary Committee for Case Resolution ("DCCR") in this matter, on **Wednesday, July 10, 2024 at 9:00 a.m.** at the Board's office, 4201 Patterson Avenue, Baltimore,

Maryland 21215. The nature and purpose of the DCCR is described in the attached letter to the Respondent. If this matter is not resolved before the DCCR, a prehearing conference and hearing will be scheduled before an Administrative Law Judge at the Office of Administrative Hearings, 11101 Gilroy Road, Hunt Valley, Maryland 21031. The hearing will be conducted in accordance with the Administrative Procedure Act, Md. Code Ann., State Gov't §§ 10-201 *et seq.* (2021 Repl. Vol. & 2023 Supp.).

ANTHONY G. BROWN
ATTORNEY GENERAL OF MARYLAND

5/24/24
Date

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