

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
BOARD OF MEDICINE**

**IN RE:** :  
: :  
**BRYAN S. WILLIAMS, M.D.** :  
: :  
**LICENSE NO.: MD 039825** :  
: :  
**Respondent** :

**FINAL DECISION AND ORDER OF THE BOARD**

This matter comes before the District of Columbia Board of Medicine (the “Board”) pursuant to the Health Occupations Revision Act (HORA), D.C. Official Code § 3-1201.01 (2009). The Board has broad jurisdiction to regulate the practice of medicine and to impose a variety of disciplinary sanctions upon a finding of a violation of the HORA. D.C. Official Code, § 3-1201.03; *Mannan v. District of Columbia Board of Medicine*, 558 A.2d 329, 333 (D.C.1989). The Council of the District of Columbia, in amending the HORA, “intended to strengthen enforcement of its licensing laws.” *Davidson v. District of Columbia Board of Medicine*, 562 A.2d 109, 113 (D.C.1989). And the HORA “was designed to ‘address modern advances and community needs *with the paramount consideration of protecting the public interest.*’” *Joseph v. District of Columbia Board of Medicine*, 587 A.2d 1085, 1088 (D.C.1991) (*quoting* Report of the D.C. Council on Consumer and Regulatory Affairs on Bill 6-317, at 7 (November 26, 1985)) (emphasis added by court).

D.C. Official Code § 3-1205.19 authorizes the Board to conduct hearings and issue final decisions. The Board may delegate its authority to conduct a hearing to an Administrative Law Judge (ALJ) (*See* D.C. Official Code § 3-1205.19(i); *see also* 17 DCMR § 4114, Hearings by

Administrative Law Judges). The ALJ shall issue a recommended decision which the Board may accept or reject in whole or in part in issuing its final decision. 17 DCMR § 4114.

This matter comes before the District of Columbia Board of Medicine (Board) following a Recommended Decision, recommending, *inter alia*, that the Board revoke the license of Bryan S. Williams, M.D., Respondent herein. The Board has reviewed the Recommended Decision and the entire record herein. For the reasons stated in the Recommended Decision, and pursuant to District of Columbia Municipal Regulations, § 17-4117, the Board adopts the detailed findings of fact and well-reasoned conclusions of law stated in the Recommended Decision as the Final Decision and Order, and incorporates by reference the Recommended Decision herein in its entirety as though fully set forth. *See Attachment A, Recommended Decision.*

#### **BACKGROUND**

The Maryland Board of Physicians (“Maryland Board”) summarily suspended Dr. Williams’ license to practice medicine in Maryland on May 18, 2016 after issuing charges against Dr. Williams and then receiving additional allegations from additional complainants. The D.C. Department of Health summarily suspended Dr. Williams’ license June 28, 2016 in a reciprocal action based on the Maryland Board suspension. The D.C. Board issued a Notice of Intent to take Disciplinary Action (NOI) against Dr. Williams on September 28, 2016. Dr. Williams did not request a hearing on the NOI but no action was held on it pending the conclusion of the Maryland Board action. On December 29, 2017, the Maryland Board issued a Final Decision and Order (Maryland Order) revoking Dr. Williams’ license and terminating the summary suspension as moot. The Maryland Board found that Dr. Williams was guilty of immoral and unprofessional conduct in the practice of medicine due to his violations of the Maryland Board’s sexual misconduct regulations, willfully making or filing a false report in the

practice of medicine, and willfully making a false representation when seeking or making application for licensure or any other application related to the practice of medicine. The Board then issued a second NOI to Dr. Williams based on the Maryland Order. Dr. Williams timely requested a hearing which was referred by the Board to the Office of Administrative Hearings. The hearing was held on May 14, 2019 and the Recommended Decision was issued on July 25, 2019.

The Recommended Decision articulately described the history of the case in Maryland, and made well-supported factual findings and conclusions of law regarding the charges against Dr. Williams. The Recommended Decision also recommended revocation as the disciplinary action to take. Given the serious and repeated nature of the violations of the HORA committed by Dr. Williams, and the Board's mission to protect the public, the Board agrees that revocation is the appropriate discipline in this case.

In accordance with 17 DCMR § 4114.7, the Proposed Final Decision and Order of the Board (Proposed Order) was e-mailed to Dr. Williams and government counsel on September 11, 2019; Dr. Williams also received the Proposed Order via certified mail on October 11, 2019. As of October 28, 2019, Respondent has not filed any exceptions or written argument in response to the Proposed Order. Therefore this Final Decision and Order of the Board is issued.


### **ORDER**

ACCORDINGLY, UPON CONSIDERATION of the evidence and testimony presented at the hearing in this matter on May 14, 2019, and the entire record herein, and the Board finding that the Recommended Decision is based upon the preponderance of the evidence, it is by the District of Columbia Board of Medicine,

**ORDERED**, that the medical license of Respondent Bryan S. Williams, M.D., (MD 039825) shall be **REVOKED**.

DISTRICT OF COLUMBIA BOARD OF MEDICINE

10/30/19  
Date

  
\_\_\_\_\_  
By: Andrea Anderson, MD, MAAFP  
Chairperson

Copies to:

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*Respondent*

## Review of a Final Decision

District of Columbia Municipal Regulations, § 17-4122.1 provides:

A party aggrieved by a decision of a board issued after a hearing may seek review of the decision by the District of Columbia Court of Appeals in accordance with the District of Columbia Administrative Procedure Act, D.C. Code §§ [2-501 *et seq.*].

*NOTE: Any appeal noted to the Court of Appeals must be filed within 30 days of the final decision of the Board.*

D.C. Official Code, §2-510 provides:

(a) Any person suffering a legal wrong, or adversely affected or aggrieved, by an order or decision of the Mayor or an agency in a contested case, is entitled to a judicial review thereof in accordance with this subchapter upon filing in the District of Columbia Court of Appeals a written petition for review. If the jurisdiction of the Mayor or an agency is challenged at any time in any proceeding and the Mayor or the agency, as the case may be, takes jurisdiction, the person challenging jurisdiction shall be entitled to an immediate judicial review of that action, unless the Court shall otherwise hold. The reviewing Court may by rule prescribe the forms and contents of the petition and, subject to this subchapter, regulate generally all matters relating to proceedings on such appeals. A petition for review shall be filed in such Court within such time as such Court may by rule prescribe and a copy of such petition shall forthwith be served by mail by the clerk of the Court upon the Mayor or upon the agency, as the case may be. Within such time as may be fixed by rule of the Court, the Mayor or such agency shall certify and file in the Court the exclusive record for decision and any supplementary proceedings, and the clerk of the Court shall immediately notify the petitioner of the filing thereof. Upon the filing of a petition for review, the Court shall have jurisdiction of the proceeding, and shall have power to affirm, modify, or set aside the order or decision complained of, in whole or in part, and, if need be, to remand the case for further proceedings, as justice may require. Filing of a petition for review shall not in itself stay enforcement of the order or decision of the Mayor or the agency, as the case may be. The Mayor or the agency may grant, or the reviewing Court may order, a stay upon appropriate terms. The Court shall hear and determine all appeals upon the exclusive record for decision before the Mayor or the agency. The review of all administrative orders and decisions by the Court shall be limited to such issues of law or fact as are subject to review on appeal under applicable statutory law, other than this subchapter. In all other cases the review by the Court of administrative orders and decisions shall be in accordance with the rules of law which define the scope and limitations of review of administrative proceedings. Such rules shall include, but not be limited to, the power of the Court:

(1) So far as necessary to decision and where presented, to decide all relevant questions of law, to interpret constitutional and statutory provisions, and to determine the meaning or applicability of the terms of any action;

- (2) To compel agency action unlawfully withheld or unreasonably delayed; and
- (3) To hold unlawful and set aside any action or findings and conclusions found to be:
  - (A) Arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law;
  - (B) Contrary to constitutional right, power, privilege, or immunity;
  - (C) In excess of statutory jurisdiction, authority, or limitations or short of statutory jurisdiction, authority, or limitations or short of statutory rights;
  - (D) Without observance of procedure required by law, including any applicable procedure provided by this subchapter; or
  - (E) Unsupported by substantial evidence in the record of the proceedings before the Court.

**District of Columbia  
Office of Administrative Hearings**

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BRYAN S WILLIAMS  
Petitioner,

v.

DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
Respondent

Case No.: 2018-DOH-00041

**RECOMMENDED DECISION**

**I. Introduction**

Petitioner Bryan Williams M.D., who holds a license to practice medicine in the District of Columbia, has requested a hearing on a Notice of Intent to Take Disciplinary Action (“Notice”) issued by the District of Columbia Board of Medicine (the “Board”).<sup>1</sup> The Board has delegated its authority to conduct a hearing to this administrative court.<sup>2</sup>

The Notice is based on disciplinary action taken by the Maryland Board of Physicians (“Maryland Board”). In a final decision dated December 29, 2017, the Maryland Board revoked Petitioner’s license to practice medicine in Maryland because it concluded that Petitioner had committed sexual violations against four of his female patients by inappropriately touching them

<sup>1</sup> This case arises under the District of Columbia health Occupations Revisions Act of 1985, as amended, (D.C. Official Code §§ 3-1201.01 et seq.) (the “Act”), and Title 17, Chapter 41 of the District of Columbia Municipal Regulations (“DCMR”).

<sup>2</sup> This delegation is pursuant to D.C. Official Code § 2-1831.03(i) On November 15, 2018, counsel for the Board transmitted notice of the Board’s decision to delegate its authority to conduct a hearing to the Office of Administrative Hearings (OAH). The Board requested that an Administrative Law Judge render a recommended decision for consideration by the Board, as authorized by 17 DCMR 4114 and DC Official Code § 2-1831.03(c).





during physical examinations. The Board also found that Petitioner had willfully filed a false report and made a false representation when applying for renewal of his Maryland physicians' license.

The Notice alleges that Petitioner was disciplined by the Maryland Board for conduct that would be grounds for disciplinary action in the District of Columbia, making Petitioner subject to reciprocal disciplinary action in the District of Columbia pursuant to D.C. Official Code 3-1205.14(a)(3). There are five charges in the Notice.<sup>3</sup> The conduct alleged as the basis for disciplinary action in each of the charges is as follow:

Charge I - Committing sexual violations against four female patients by inappropriately touching them during physical examinations, which would be grounds for disciplinary action under D.C. Official Code § 3-1205.14(a)(23);

Charge II - Demonstrating a willful or careless disregard for the health, welfare, or safety of a patient, which would be grounds for disciplinary action under D.C. Official Code § 3-1205.14(a)(28);

Charge III - Failing to conform to standards of acceptable conduct and prevailing practice within a health profession, which is grounds for disciplinary action under D.C. Official Code § 3-1205.14(a)(26);

Charge IV - Willfully making a false representation when seeking or making application for licensure which would be grounds for disciplinary action under D.C. Official Code § 3-1205.14(a)(1);

Charge V - Willfully making or filing a false report in the practice of medicine, which would be grounds for disciplinary action under D.C. Official Code § 3-1205.14(a)(8).

An evidentiary hearing was held on May 14, 2019.<sup>4</sup> At the hearing, Lindsey Marks and Fernando Rivero, Assistant Attorney Generals, represented the Board. The Board's Executive

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<sup>3</sup> Counsel for the Board indicated the Notice was initially delivered to Petitioner on or about December 27, 2017. Petitioner relayed to the Board his reservation of a right to a hearing on or about the same date.

<sup>4</sup> After an initial status conference was set for December 20, 2019, Petitioner filed a request to defer reciprocal disciplinary action based on his claim that an Inspector General in Maryland was investigating his complaint of misconduct by the Maryland Board. The DC Board filed an opposition to that request, accompanied by an affidavit from an official at the Office of Inspector General in the Maryland Department of Health stating that a complaint that Petitioner filed on

Director, Frank Meyers, testified for the Board. Petitioner represented himself and testified on his own behalf.<sup>5</sup>

Pursuant to 17 DCMR 4115, the Government has the burden of proving by a preponderance of the evidence that the proposed disciplinary action should be taken. *See Sherman v. Commission on Licensure to Practice the Healing Art* 407 A.2d 595, 600-601 (D.C. 1979) (holding that Due Process does not require use of a higher standard of proof than preponderance of the evidence in disciplinary proceedings against health professionals).

For the reasons which follow, I have concluded that the Government has met that burden and established that Petitioner may be disciplined in the District of Columbia based on the disciplinary action taken by the Maryland Board.

Based on the testimony of witnesses at the hearing held May 14, 2019, the decisions of the Maryland Board and the Maryland ALJ, which were admitted into evidence,<sup>6</sup> and the entire record, I now make the following findings of fact and conclusions of law.

## **II. Findings of Fact**

Petitioner was initially licensed as a physician in Maryland on October 18, 2007.<sup>7</sup> He remained licensed in Maryland until his license was summarily suspended on May 18, 2016.<sup>8</sup>

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February 15, 2018 about the Maryland Board was closed on February 26, 2018. In an Order issued January 23, 2019, I denied Petitioner's request for deferral.

<sup>5</sup> At a status conference held February 19, 2019, Petitioner requested that the hearing be deferred indefinitely because he lacked funds to retain counsel. The Board objected to indefinite deferral but agreed to a 60 day continuance to allow Petitioner an opportunity to seek counsel. The hearing was continued and Petitioner was provided with a list of possible sources of *pro bono* representation.

<sup>6</sup> The Board filed certified copies of the following documents, which were admitted into evidence:

- Final Decision and Order of the Maryland Board of Physicians dated December 29, 2017 Respondent's Exhibit "RX" 100.
- Proposed Decision of an Administrative Law Judge at the Maryland Office of Administrative Hearings dated February 13, 2017- RX 101.

<sup>7</sup> RX 101, at 4.

Petitioner also held active licenses in the District of Columbia and Virginia until those licenses were suspended based on the Maryland Board's summary suspension. Petitioner also holds inactive licenses in California, Illinois, and Michigan.<sup>9</sup>

Petitioner is board-certified in anesthesiology and the sub-specialty of pain management.<sup>10</sup> From November 2010 through October 2014, Petitioner was employed as an interventional pain management specialist at a medical facility with offices in Maryland (Facility A),<sup>11</sup> His practice included administering injections under sedation to relieve severe back pain.<sup>12</sup>

After a patient at Facility A complained in January 2014 that Petitioner had inappropriately touched her during physical examinations, Facility A placed Petitioner on administrative leave while it conducted an investigation.<sup>13</sup> After the investigation was completed on February 13, 2014,<sup>14</sup> Facility A decided to allow Petitioner to return to work on the condition that he follow a strict chaperone policy. At Facility A, the general chaperone policy allowed patients to request the presence of a chaperone during an examination of the pelvic area or genitals, breast or anus.<sup>15</sup> By contrast, Facility A required Petitioner to use a chaperone who was not a family member for all female patients and all patients, male and female, where breasts, buttocks, or genitals might become involved.<sup>16</sup>

In October 2014, another patient (Patient 2) complained that she had been sexually abused by Petitioner during an examination he conducted in August 2014.<sup>17</sup> Petitioner examined the patient without a chaperone present. Following that complaint, Facility A terminated

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<sup>8</sup> RX 100, at 1.

<sup>9</sup> RX 101, at 5.

<sup>10</sup> RX 101, at 5.

<sup>11</sup> RX101, at 5. The names of patient, other individuals, and facilities were omitted from the Maryland decisions for confidentiality reasons.

<sup>12</sup> RX 101, at 7.

<sup>13</sup> RX 101 at 11-12.

<sup>14</sup> Facility A found that the allegations of the patient (Patient 1) were not substantiated. The Maryland ALJ, however, concluded the evidence established misconduct with respect to Patient 1. The Maryland Board dismissed the charges as to Patient 1 because of legal error, and it did not determine the sufficiency of the evidence with respect to Patient 1. RX100, at 3-5.

<sup>15</sup> RX 101, at 88.

<sup>16</sup> RX 101, at 12 and 88.

<sup>17</sup> RX 101, at 13-20.

Petitioner's employment for failure to follow the chaperone policy it had directed him to follow when he returned to work in February 2014.<sup>18</sup>

After the Petitioner was terminated by Facility A in October 2014, he was hired to work as an interventional pain management specialist in December 2014 at another Maryland facility where he continued to work until his medical license was suspended in May 2016.<sup>19</sup> At that facility, there were no complaints of inappropriate touching. That facility follows a strict chaperone policy and a medically trained scribe always accompanies a physician during physical examinations.<sup>20</sup>

The Maryland Board initially charged Petitioner with immoral and unprofessional conduct on April 4, 2016 because of complaints from three female patients he had seen at Facility A. After those charges were issued, the Board received similar complaints from additional patients and summarily suspended Petitioner's medical license on May 25, 2016. The Board upheld the summary suspension following a show cause hearing where Petitioner was given the opportunity to challenge the suspension.<sup>21</sup>

On May 27, 2016, the Maryland Board issued amended charges which added the allegations of four more patients to the original charges.<sup>22</sup> The Board then forwarded the amended charges to the Maryland Office of Administrative Hearings for a hearing and a proposed decision.<sup>23</sup> A six-day hearing was held in November 2016 before an Administrative Law Judge (ALJ).<sup>24</sup> Petitioner was represented by counsel at that hearing and had the opportunity to cross-examine witnesses.<sup>25</sup>

On February 13, 2017, the ALJ issued a 97 page proposed decision upholding the amended charges and recommending the permanent revocation of Petitioner's medical license.<sup>26</sup>

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<sup>18</sup> RX 101, at 88.

<sup>19</sup> RX 101, at 87.

<sup>20</sup> RX 101, at 87.

<sup>21</sup> RX100, at 1 and 2.

<sup>22</sup> RX100, at 2.

<sup>23</sup> RX 100, at 2.

<sup>24</sup> RX 101, at 2.

<sup>25</sup> RX 101, at 2.

<sup>26</sup> RX101, at 96.

The ALJ found that Petitioner had sexually abused seven female patients while conducting physical exams at the Maryland facility where he worked from November 2010 through October 2014.<sup>27</sup> The ALJ also found that Petitioner made a false report when he applied for renewal of hospital privileges and made a false representation on his Maryland physicians' renewal application in August 2015 because he did not report that he had been fired for cause from Facility A for failing to comply with its chaperone policy.<sup>28</sup>

Under Maryland law, a party may file exceptions to the ALJ's proposed decision with the disciplinary panel of the Maryland Board and request a hearing. Petitioner filed exceptions to the proposed decision, claiming errors of law and challenging the ALJ's fact findings and credibility determinations with respect to the seven patients who made allegations against him.

The Maryland Board issued a final decision and order on December 29, 2017 which is the basis for the reciprocal disciplinary action in the District of Columbia sought in this case. In that decision, the Maryland Board found that the evidence established that Petitioner was guilty of sexual misconduct in the practice of medicine with respect to four patients.<sup>29</sup> The Maryland Board also upheld the ALJ's determination that Petitioner had willfully filed a false report when applying for renewal of hospital privileges and willfully made a false representation when applying for renewal of his medical license.<sup>30</sup>

However, the Maryland Board found there was insufficient evidence to support the findings of sexual misconduct with respect to two patients.<sup>31</sup> With respect to a third patient, the Maryland Board found a violation had not been established because of erroneous rulings on the questioning of witnesses and the enforcement of a subpoena.<sup>32</sup>

### **III. Conclusions of Law**

Under the D.C. Health Occupations Revision Act of 1985, as amended, an individual who has been disciplined in another jurisdiction or by another licensing authority may be subject

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<sup>27</sup> RX 101, at 94.

<sup>28</sup> RX 101, 87-92

<sup>29</sup> RX 100, at 18.

<sup>30</sup> RX 100, at 18.

<sup>31</sup> The two patients are Patient 4 and Patient 7. RX 100 at 12-13 and 17-18.

<sup>32</sup> RX 100, 3-5.

to reciprocal discipline in the District of Columbia “if the conduct would be grounds for discipline here.” *Faulkenstein v. D.C. Board of Medicine*, 727 A.2d 302, 307 (D.C. 1999). In addition, it must be shown that the individual was afforded due process in the prior disciplinary proceeding, including adequate notice and a meaningful opportunity to be heard. See *In re Bridges*, 805 A.2d 233 (D.C. 2002) (recognizing procedural due process exception to imposition of reciprocal discipline for attorneys in the District); *In Re Karen S. Day*, 717 A2d 883, 886 (D.C. 1998)

Thus, with respect to the reciprocal discipline charges set forth in the Notice, the Government must satisfy two requirements: (1) another authority took disciplinary action against Respondent, where the Respondent had sufficient notice and an opportunity to be heard, and (2) that the grounds for that disciplinary action would also be grounds for disciplinary action in the District. D.C. Official Code § 3-1205.14(a)(3). *In re Joan G. Bartlett*, Ph.D Case OAH No. B-02-80113 (Recommended Decision, March 19, 2004) *In re Berner*, OAH No. B-02-80107 at 20-24 (Prehearing Order, October 23, 2002).

#### **A. Due Process Afforded by the Maryland Board**

The reciprocal disciplinary action sought in this case is based on the final decision and order of the Maryland Board on December 29, 2017 revoking Petitioner’s Maryland license. Before this Order was issued, Petitioner was provided fair notice of the charges and an opportunity to defend against them. A six- day evidentiary hearing was held at which Petitioner was represented by counsel and had the right to present evidence and cross-examine the witnesses who testified against him.<sup>33</sup> The ALJ then issued a proposed decision with detailed finding of fact with respect to each of the charges.

Petitioner was then afforded the opportunity to file exceptions to the proposed decision and to appear before the Maryland Board for an exceptions hearing. The final decision of the Maryland Board on the exceptions shows that it carefully reviewed the evidence and considered

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<sup>33</sup> One of the complaining patients did not testify at the Maryland OAH hearing. However, the Board found the evidence insufficient to establish a violation with respect to that patient because of inconsistency in statements in her interview transcript and the inability of the parties to question her about the inconsistencies.

the arguments advanced by Petitioner. In fact, the Maryland Board accepted some of those arguments, finding that the evidence was insufficient to support violations with respect to two patients and that legal errors warranted dismissal of the charges with respect to a third patient.

Under these circumstances, Petitioner was clearly afforded due process before disciplinary action was taken against him in Maryland.

### **B. Grounds for Disciplinary Action**

Having determined that the Petitioner was afforded due process before disciplinary action was taken against him by the Maryland Board, we will turn to examining whether the conduct on which that disciplinary action was based would also be grounds for disciplinary action in the District of Columbia.

In the Notice, the District of Columbia Board alleges that conduct on which the Maryland license revocation was based would also constitute a basis for revocation under five separate provisions of the District of Columbia Health Occupations Act. The first provision, which perhaps addresses the issue of greatest concern for public health and safety, is DC Official Code § 3-1205.14(a)(23). It provides in relevant part that sexual contact with a patient by virtue of a practitioner-patient relationship or conduct of a sexual nature in the course of a patient-practitioner relationship that a reasonable patient would consider lewd or offensive is a basis for disciplinary action in the District of Columbia.<sup>34</sup>

In Maryland, disciplinary action was taken because Petitioner engaged in sexual misconduct with four patients by inappropriately touching them in a manner not required for medical diagnosis or treatment. This conduct also constitutes a basis for disciplinary action DC

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<sup>34</sup> The relevant subsections is D.C. Official Code § 3-1205.14(a)(23) are the following:

- (B)** Sexual contact with a patient or client concurrent with and by virtue of the practitioner-patient or practitioner-client relationship;
- (C)** At any time during the course of the practitioner-patient or patient-client relationship, in conduct of a sexual nature that a reasonable patient or client would consider lewd or offensive



Official Code § 3-1205.14(a)(23) because it was contact of a sexual nature and sexual conduct that a reasonable patient would find lewd or offensive.

The next two charges in the Notice proposing disciplinary action in the District of Columbia are based on the sexual violation of four patients found by the Maryland Board and the false reports on Petitioner's Maryland license renewal application. In those charges, the Notice alleges that Petitioner demonstrated willful or careless disregard for the health, welfare, and safety of a patient, which is a basis for disciplinary action under DC Official Code § 3-1205.14(a)(28), and failed to conform to standards of acceptable conduct within a health profession, which is a basis for disciplinary action under DC Official Code § 3-1205.14(a)(26). The sexual misconduct found by the Maryland Board also establishes a basis for disciplinary action under both provisions.

In the fourth charge, the Notice alleges that Petitioner's failure to report that he had been fired for cause for failing to comply with the facility's chaperone policy when applying for renewal of his Maryland license is a basis for disciplinary action in the District of Columbia under DC Official Code § 3-1205.14(a)(1). Under that provision, a health professional is subject to disciplinary action in the District of Columbia for fraudulently or deceptively obtaining a license. Since the Maryland Board found that Petitioner engaged in willful misrepresentation when applying for renewal of his Maryland license DC Official Code § 3-1205.14(a)(1) is also a basis for disciplinary action in the District of Columbia.

In the fifth and final charge, the Notice alleges that DC Official Code § 3-1205.14(a)(8), which authorizes disciplinary action for willfully making a false report or record in the practice of medicine, is also a basis for disciplinary action in the District of Columbia. Since the Maryland Board found that Petitioner had willfully filed a false report when applying for renewal of hospital privileges and willfully made a false representation when applying for renewal of his medical license, the evidence in this case also establishes a basis for disciplinary action pursuant to DC Official Code § 3-1205.14(a)(8).

### C. Petitioner's Contentions

At the hearing, Petitioner's principal contentions were that (1) the District of Columbia Board should conduct an independent investigation of the case because the Maryland Assistant Attorney General who prosecuted the case fabricated evidence relied on by the Maryland Board, and (2) the Maryland Board procedure was unfair and did not afford him due process.

Petitioner's first contention fails because an independent investigation is not required to impose reciprocal discipline in a health occupation in the District of Columbia. Reciprocal discipline in a health occupation may be imposed if the Government establishes that other authority provided sufficient notice and opportunity to be heard before imposing disciplinary action, and the grounds for that disciplinary action would also be grounds for disciplinary action here. While Petitioner may present evidence to show that these requirements have not been satisfied, any other evidence is irrelevant. Petitioner is not entitled to re-litigate or collaterally attack the findings from the Maryland hearing. *In re Carithers*, 54 A.3d 1182, 1185-86 (D.C. 2012).


Petitioner's second contention fails because, as explained earlier, the Maryland Board procedure met due process requirements. The fundamental elements of due process are notice and an opportunity to be heard at a meaningful time. *Jerome Mgmt., Inc. v. D.C. Rental House. Comm'n*, 682 A.2d 178, 183 (D.C. 1996). Here, Petitioner was given notice of the charges on which proposed revocation was and an opportunity to be heard at a six-day hearing where he was represented by counsel. He was then afforded the right to file exceptions to the proposed decision of the ALJ which were carefully considered by the Maryland Board before disciplinary action was imposed.

### IV Recommended Order

Based on the foregoing findings of fact and conclusions of law and the entire record in this matter, it is this 24<sup>th</sup> day of July 2019:

**Recommended**, that the Board **Affirm** the Notice and **Revoke** Petitioner's license to practice medicine in the District of Columbia.

This Order is being transmitted to the Board in accordance with 17 DCMR 4114 for a decision, in which the Board may accept or reject the Recommended Decision in whole or in part. 17 DCMR 4114.5.<sup>35</sup>

  
Mary Masulla  
Administrative Law Judge

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<sup>35</sup> If the Board's decision is adverse to Petitioner, regulations provide for a right to file exceptions with the Board. The relevant regulations are as follows:

17 DCMR 4114.7 If the decision of the board is adverse to the respondent, the board, prior to issuing a final decision, shall serve the respondent with a copy of the decision and give the respondent an opportunity to file exceptions, and written argument in support thereof, with the board within ten (10) days of the date of service.

17 DCMR 4114.8 A board shall consider any exceptions and argument filed by a respondent pursuant to § 4114.7 in issuing a final decision. If the respondent does not file exceptions within the required period, the proposed decision of the board shall become the final decision of the board.

## Certificate of Service

### By First Class Mail and E-mail:

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**bryanswil@gmail.com**

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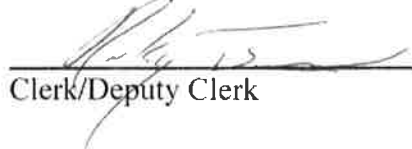
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### By U.S. Mail:

Andrea Anderson, MD FAAFP  
Chair, D.C. Board of Medicine  
899 North Capitol Street, NE, Sixth Floor  
Washington, DC 20002

I hereby certify that on 7-25, 2019,  
this document was caused to be served upon the  
above-named parties at the address(es) and by the  
means stated.

  
\_\_\_\_\_  
Clerk/Deputy Clerk