

Amendments I propose to make the Board of Physicians be able to fulfill its mandate to keep the patients of Maryland safe and to ensure that medical professionals are treated fairly when a Board inquiry occurs.

- 1. The goal of the Board should be remediation not punishment**
- 2. The legal standard should be changed from preponderance of evidence (51%) to clear and convincing (75%).** It does not need to be beyond a doubt (98%). This makes decisions more than just their expert vs my expert. The burden is higher to prove harm or substandard care but if there is a real problem this should be easy to accomplish. This will stop borderline cases from ruining doctors and their patients care.
- 3. Standard of Care should not be used to judge doctors.** Standard of Care is a poor measuring stick to mete out punishment to doctors. It is constantly changing, it is nebulous and capricious, at any given time there are multiple standards that can be used. It should not be used because it is vague and in the case of doctors treating patients with chronic pain it is being manipulated to harm the doctor. But if it standard of care needs to be the bench mark, then if a doctor breaches the current standard of care it should not invoke a suspension or probation. It should invoke the appointment of a mentor for 6 months to a year.
- 4. Suspension should only be for doctors who have negligently harmed their patients, committed criminal acts, committed inappropriate acts with their patients or operated under the influence of a mind altering substance.**
5. Probation has become a horrible punishment. It should follow the completion of their suspension but **probation should not be more than a year.** The consequences of probation are far beyond what the Board intended. Malpractice will no longer write a policy, all insurance companies will no longer let you on their panels, many physician organizations will deactivate your membership, many corporations will terminate your contract, if you are on probation. This is a ridiculous punishment. The Board has many other ways to ensure compliance. There is nothing that happened while I was on probation that they couldn't have ordered at any time to any physician. Probation complicated my professional career for no good reason.
- 6. Probation should never be used for supposed breaches of standard of care** (for the reasons stated above). Remediation should be the goal and probation inhibits this because the physician is encumbered with all the consequences of a probationary status.
- 7. There should be an arbitration panel within Med Chi that can filter complaints that are malicious, inaccurate or there is a conflict of interest.** These types of complaints should never reach the Board.
- 8. The Board limit of 15 minutes for arguments is insufficient and should be at least an hour.** At Board hearings a limit of 15 minutes is ridiculous. Your entire career is based on that hearing and 15 minutes is insufficient. I would agree a time limit is necessary. **There should be a limit of one hour for Board arguments.**
- 9. Consultants for the State should have to disclose their fee and how many times they have testified against other doctors.**
10. Because the legal process of a complaint can be slow, **a consultant cannot use a current standard of care to judge a doctor about past practices.**

11. **The Board notifications should come by registered mail.** The actions should not start until the registered letter is delivered, not when they wrote the letter. There can be significant delay between the time a letter is written and the doctor opens it.
12. **There should be a plan in place for patient care when a doctor's license is limited or taken away by Board action.** When the Board suspends a doctor, thousands of patients can be hurt with their doctor suddenly not able to practice or write prescriptions. There should be a plan, ahead of time, to deal with a doctor not being able to practice. There should be a patient-oriented plan so the patients do not have to scramble to find a new source for medical care.
13. **The Board votes should be written not oral.** In a group, if one person votes guilty there is a tendency for the others in the group to vote along with that person. In a written vote there is no influence from the other members and there will be less group bias.
14. **There needs to be an overseeing organization that monitors the Board.** Currently they wield their power with impunity with no checks or balances. There needs to be some committee or judicial process to appeal the verdict. Currently, a physician can only appeal the process the Board went through. The physician cannot appeal the verdict. This gives all the power to the Board and essentially takes away all the judicial rights of appeal the physician has.