

MINUTES
Monthly Meeting
MEDICAL LICENSURE COMMISSION OF ALABAMA
Meeting Location: 848 Washington Avenue
Montgomery, Alabama 36104

April 20, 2022

MEMBERS PRESENT IN PERSON

Craig H. Christopher, M.D., Chairman
Kenneth W. Aldridge, M.D.
Jorge A. Alsip, M.D., Vice-Chairman
L. Daniel Morris, Esq.
Gary Hill, D.O.
Pamela Varner, M.D.
Paul M. Nagrodzki, M.D.

MEMBERS NOT PRESENT

OTHERS PRESENT

Karen H. Silas, MLC Recording Secretary
Aaron Dettling, MLC Legal Counsel
Chris Hart, Technology
Roland Johnson, Physician Monitoring
Wilson Hunter, BME Legal Counsel
Blake Henson, BME Legal Counsel
William Perkins, BME Executive Director
William R. Gordon, Hearing Officer
Matt Hart, Special Counsel
Christy Stewart, BME Legal

SECURITY

Greg Hardy
Scott Sides
Randy Dixon
Becky Daniels
Ben Schlemmer
Anthony Crenshaw
Stephen Lavender
Jason Green
Buddy Chavez



Call to Order: 9:00 a.m.

Prior notice having been given in accordance with the Alabama Open Meetings Act, and with a quorum of seven members present, Commission Chairman, Craig H. Christopher, M.D., convened the monthly meeting of the Alabama Medical Licensure Commission.

OLD BUSINESS

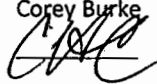
Oscar Domingo Almeida, M.D. A motion was made by Commissioner Morris with a second by Commissioner Nagrodzki to approve the draft order as amended. The motion carried by unanimous vote. A copy of such order is attached hereto as Exhibit "A".

MINUTES Commissioner Alsip made a motion that the Minutes of March 22, 2022 be approved. A second was made by Commissioner Morris. The motion was approved by unanimous vote.

NEW BUSINESS

FULL LICENSURE APPLICANTS

	<u>Name</u>	<u>Medical School</u>	<u>Endorsement</u>
1.	Alia Jean Abbas	Univ of Mississippi School of Medicine	USMLE
2.	Oladunni M Adetoba	University of Lagos	USMLE/LA
3.	Baran Aksut	Univ of Alabama School of Med Birmingham	USMLE/WA
4.	Wade Barton	University of Louisville School of Medicine	USMLE
5.	Geeta Bhagia	Dow Medical College, University of Karachi	USMLE/NJ
6.	Taylor Davis Blalack	Alabama College of Osteopathic Medicine	COMLEX
7.	Patrick Durham Bradley	East TN State Univ Quillen College of Medicine	USMLE/VA
8.	Corey Burke	Loma Linda University School Of Medicine	USMLE/CA



	<u>Name</u>	<u>Medical School</u>	<u>Endorsement</u>
9.	Max Christopher Cadena	Univ of Texas Medical School at San Antonio	USMLE
10.	Ariel Esther Carpenter	Univ of Missouri School of Medicine Columbia	USMLE/KY
11.	Agni Chandora	Augusta University	USMLE/GA
12.	Kevin Young Chao	UCLA, David Geffen School of Medicine	USMLE/CA
13.	Avery Camille Chisholm	Mercer University School of Medicine	USMLE/SC
14.	Trissy Mineshima Chun	John A Burns School of Med, Univ of Hawaii	USMLE/CA
15.	Russell Jay Clark	Texas Tech U Health Sci Center School of Med	USMLE/TX
16.	Emily Autumn Compton	Loma Linda University School Of Medicine	USMLE/MI
17.	Anthony D'Onofrio	Lake Erie College of Osteopathic Medicine	COMPLEX/PA
18.	Adam Matthew Delong	Mercer Univ College of Health Professions	USMLE
19.	Ryan Lance Densmore	Univ of AL School of Medicine Birmingham	USMLE/IA
20.	Caroline Hicks Densmore	Univ of AL School of Medicine Birmingham	USMLE/IA
21.	Jessica Arnold Duddleston	Univ of Mississippi School of Medicine	USMLE/NC
22.	Bassel El-Rayes	American University of Beirut	USMLE/MI
23.	Yousif A Hussiein Elmofti	University of Khartoum	USMLE
24.	Rosalyn Keani Enos	John A Burns School of Med, Univ of Hawaii	USMLE/HI
25.	Ryan Michael Flaherty	Univ of North Texas Health Science Center	COMPLEX/OH
26.	Vernon Joseph Forrester	Virginia Commonwealth Univ School of Med	USMLE/VA
27.	Ken Masui Fujimura	New York Medical College	USMLE/CA
28.	Steven James Gangloff	SUNY Buffalo Sch of Med & Biomedical Sci	USMLE/PA
29.	Tyler Charles Greathouse	Lake Erie College of Osteopathic Medicine	COMPLEX/OH
30.	Malia Shay Gresham	Baylor College of Medicine	USMLE/MO
31.	Mridul Gupta	Government Medical College Amritsar	USMLE/NJ
32.	Amr Youssry Hammouda	Alexandria University - Egypt	USMLE/FL
33.	Lindsey Elizabeth Hastings	University of Kentucky College of Medicine	USMLE/KY
34.	Alyssa Danielle Higgins	Kirksville College of Osteopathic Medicine	COMPLEX
35.	Edward Earl Icaza	University of Oklahoma College of Medicine	USMLE/AZ
36.	Chike Augustine Ilorah	Nnamdi Azikiwe University	USMLE/KY
37.	Tahreem Iqbal	University of Maryland School of Medicine	USMLE/MD
38.	Jordan Keeley Ivey	Univ of Alabama School of Med Birmingham	USMLE
39.	Bayley Alexandra Jones	Univ of Alabama School of Med Birmingham	USMLE
40.	Kyle Michael Kidwell	Augusta University	USMLE
41.	Luis N R Lantigua Tatem	Universidad Autonoma De Santo Domingo	USMLE/DE
42.	Douglas Rhett Layman	Univ of TN Health Science Center College of Med	USMLE/TN
43.	Yeasol Michelle Lee	St Georges University of London	USMLE/TX
44.	Samuel Christian Lee Hand	Univ of Alabama School of Med Birmingham	USMLE/PA
45.	Lindsay Seihyun Lim	Loma Linda University School Of Medicine	USMLE
46.	Edrick Gabriel Lugo Millan	Universidad Central Del Caribe School of Med	USMLE/PR
47.	Lea Nichole Maddox	Alabama College of Osteopathic Medicine	COMPLEX/MI
48.	Valeria Makeeva	Univ of Alabama School of Med Birmingham	USMLE/GA
49.	Pooja Mohan Rao	K.S. Hegde Medical Academy	USMLE/DC
50.	Palae Lashell Myrex	Univ of Alabama School of Med Birmingham	USMLE/NC

	<u>Name</u>	<u>Medical School</u>	<u>Endorsement</u>
51.	James Dennis Odum	University of Kansas School of Medicine	USMLE/MO
52.	Erica Pelote	Meharry Medical College School of Med	USMLE/GA
53.	Vanessa Billstone Peyton	Eastern Virginia Medical School	USMLE/CA
54.	Minh Pham	Univ of Mississippi School of Medicine	USMLE/MS
55.	Christopher Wade Pile	Eastern Virginia Medical School	USMLE/VA
56.	Cole McKee Richardson	William Carey Univ College of Osteo Med	COMLEX/MI
57.	Sonia P Rodas Marquez	Universidad del Azuay	USMLE/OH
58.	Marcos Gabriel Rosado	Campbell U Jerry M. Wallace Schof Osteo Med	COMLEX/MI
59.	Jennifer Carolyn Schanzle	Kirksville College of Osteopathic Medicine	COMLEX/MO
60.	Banita Banu Sehgal	Western Univ, College of Osteo Med of Pacific	COMLEX/CA
61.	Anant Shenoy	Pennsylvania State Univ College of Medicine	USMLE/MA
62.	Bassam Nabih Shukrallah	St. Matthew's University	USMLE/MN
63.	Praveen Singh	Indira Gandhi Medical College	USMLE/IN
64.	Kathleen Marie Tompkins	Univ of NC School at Chapel Hill School of Med	USMLE/NC
65.	Rebecca Ann Uhlmann	Univ of TN Health Sci Center College of Med	USMLE/IA
66.	Jacqueline Valadez	Alabama College of Osteopathic Medicine	COMLEX
67.	David Valentine	University of Rochester School of Medicine	USMLE/NY
68.	Eric Michael Vess	University of Virginia School of Medicine	USMLE
69.	Nimisha Uday Vyas	Des Moines U of Osteopathic Medical Center	COMLEX/OH
70.	Mellissa A Ruth Ward	Dalhousie University Faculty of Medicine	USMLE/GA
71.	Parker Alan White	University of Mississippi School of Med	USMLE/IN
72.	Calvin Ellis Williams	Alabama College of Osteopathic Medicine	COMLEX
73.	William Caleb Wilson	University of South Alabama College of Med	USMLE/OK
74.	Perrin Fant Windham	University of South Alabama College of Med	USMLE
75.	John Paul Wuennenberg	U of Missouri Kansas City School of Med	USMLE/MI
76.	Shane Alexander Young	Univ of TN Health Sci Center College of Med	USMLE/TN
77.	Ghaida K A Zaid	University of Jordan	USMLE
78.	Alaa Mahmood Zaid	Alabama College of Osteo Med Windsor Univ	USMLE
79.	Ali Zarezadeh	Isfahan University of Medical Sciences	USMLE/CO
80.	Zeinab Zorkot	American University of Beirut	USMLE/OH
81.	Sean Anson Andrews	University of Arkansas College of Medicine	USMLE/AR
82.	*Hamid Majid Kargbo	Washington University School of Medicine	USMLE/PA
83.	*Christopher L. Newman	William Carey Univ College of Osteopathic Med	COMLEX/MS
84.	*Joseph Michael Mossad	Albany Medical College	USMLE
85.	*Sinikka Liisa Green	Emory University School of Medicine	USMLE/GA
86.	Nelson Onuoha Kazie	University of Lagos	USMLE/MN
87.	*James Browning Williams	LSU School of Medicine New Orleans	FLEX/LA
88.	Robert Lee Harrell, III	Duke University School of Medicine	FLEX/IL

**Approved pending acceptance and payment of an NDC issued by BME.*



A motion was made by Commissioner Alsip with a second by Commissioner Morris to approve applicants number one through eighty eight (1-88) for full licensure. The motion was approved by unanimous vote.

LIMITED LICENSE APPLICANTS

<u>Name</u>	<u>Medical School</u>	<u>Endorsement</u>	<u>Practice Location</u>	<u>License</u>
1. Fareeha K Abdulwali	Alfaisal University College of Medicine	LL/AL	UAB/IM Montgomery	R
2. Vishidha R Balankari	Deccan College of Medical Sciences	LL/AL	NAMC/Dept of IM Res Pro	R
3. Samia Mahmud	Alfaisal University College of Medicine	LL/AL	UAB/IM Montgomery	R
4. Alexandra Muranova	First Moscow State Medical University	LL/AL	USA/Neurology Res Pro	R
5. Ravi N Hiremagalore	Mysore Medical College	LL/AL	Univ of Alabama Birmingham	SP

A motion was made by Commissioner Alsip with a second by Commissioner Morris to approve the limited license applicants number one through five (1-5). The motion was approved by unanimous vote.

SPECIAL PURPOSE LICENSE APPLICANTS

<u>Name</u>	<u>Type of Practice</u>	<u>Location</u>
1. Courtney Bloomer	Emergency Medicine	New Jersey
2. Lisa M Campanella-Coppo	Emergency Medicine	New Jersey
3. Santos Cantu Jr.	Pediatrics	Texas
4. Henry Heechang Cho	Family Medicine	New Jersey
5. Catherine Inez Harrington	Family Medicine	Texas
6. Nazia Khan	Infectious Disease	Pennsylvania
7. Mark Rosekelly	Family Medicine	Oklahoma

A motion was made by Commissioner Alsip with a second by Commissioner Aldridge to approve the special purpose license applicants number one through seven (1-7). The motion was approved by unanimous vote.



IMLCC Report The Commission received as information a report of the licenses that were issued via the Interstate Medical Licensure Compact from March 1, 2022 through March 31, 2022. A copy of such report is attached hereto as Exhibit "B".

Special Purpose License – Act #2022-302 The Commission received notice of Act 2022-302 which will become law on July 11, 2022. This law will abolish the current Special Purpose License to Practice Medicine Across State Lines. The Commission requested a report next month on the agency's plan to notify the current SP licensees.

REPORTS

Physician Monitoring Report The Commission received as information a physician monitoring report dated April 14, 2022.

Mark Koch, D.O. The Commission received as information a CPEP report for Dr. Koch.

Hobert Sharpton, D.O. A motion was made by Commissioner Aldridge with a second by Commissioner Alsip to set a hearing for August 24, 2022. The motion was approved by unanimous vote.

CAC

REQUESTS

Administrative Complaints Memo A motion was made by Commissioner Nagrodzki with a second by Commissioner Alsip to rescind the Commission's previous policy established July 22, 2009, and resume posting Administrative Complaints on the agency's website. The motion was approved by unanimous vote.

FSMB Designation as Official Function A motion was made by Commissioner Aldridge with a second by Commissioner Nagrodzki to officially designate any meeting, function, or event that is sponsored or hosted by the FSMB, or any of its committees, workgroups, or advisory councils, as an official function of the Commission and that, accordingly, Commission members are eligible for per diem compensation pursuant to Ala. Code § 34-24-54 and appropriate reimbursement for travel. The motion was approved by unanimous vote.

Joint Consultant Group on Sexual Misconduct A motion was made by Commissioner Alsip with a second by Commissioner Aldridge to appoint Commissioner Hill to the Joint Consultant Group on Sexual Misconduct. The motion was approved by unanimous vote.

MLC Agenda Posting A motion was made by Commissioner Alsip with a second by Commissioner Hill to post the preliminary Commission agenda to the BME/MLC and Secretary of State's websites prior to the Commission meeting each month. The motion was approved by unanimous vote.



ADMINISTRATIVE FILINGS

Bassam Tahir Choudhry, M.D. The Commission received a Joint Settlement Agreement filed by the parties in this case. A motion was made by Commissioner Alsip with a second by Commissioner Hill to issue an order. The motion was approved by unanimous vote. A copy of such order is attached hereto as Exhibit "C".

Elizabeth C. Korcz, M.D. The Commission received as information the voluntary surrender of Dr. Korcz's Alabama medical license.

David A. Lapidés, M.D. The Commission received as information the voluntary surrender of Dr. Lapidés' Alabama medical license.

Janie Bush Teschner, M.D. A motion was made by Commissioner Alsip with a second by Commissioner Hill to continue Dr. Teschner's hearing until July 26, 2022. The motion was approved by unanimous vote.

Karen Gardner Moore, M.D. Based on a motion considered at their previous meeting, the Commission set a hearing in this case for August 24, 2022.

AKC

APPLICANTS FOR REVIEW

Aaron Matthew Copus, M.D. A motion was made by Commissioner Nagrodzki with a second by Commissioner Hill to table any decision on this application until the next Commission meeting. The motion carried by unanimous vote.

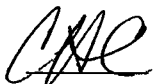
Christopher J. Rankin, M.D. A motion was made by Commissioner Alsip with a second by Commissioner Morris to approve Dr. Rankin's application for full licensure. The motion carried by unanimous vote.

HEARINGS

Time 11:11 a.m.

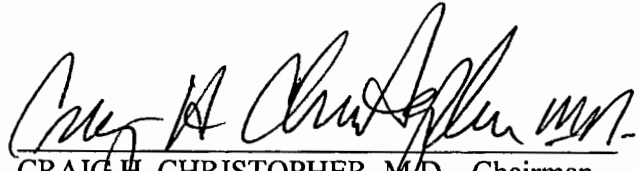
Eldred M. Brunson, M.D. The Commission convened to conduct, deliberate, and vote upon a closed hearing in this matter, pursuant to Ala. Code § 34-24-361.1. At the conclusion of the hearing and deliberations, a motion was made by Commissioner Alsip with a second by Commissioner Morris to issue an order in this case. The motion was approved by unanimous vote. A copy of such order is attached hereto as Exhibit "D".

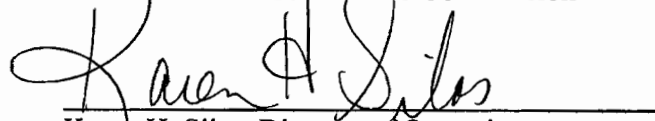
John M. Henderson, D.O. The Commission continued the hearing in this case until June 22, 2022.

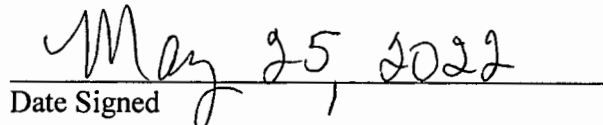


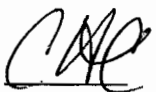
PUBLIC MEETING NOTICE: The next meeting of the Alabama Medical Licensure Commission was announced for Wednesday, May 25th beginning at 9:00 a.m.

Meeting Adjourned at 2:51 p.m.


CRAIG H. CHRISTOPHER, M.D., Chairman
Alabama Medical Licensure Commission


Karen H. Silas, Director of Operations
(Recording)


Date Signed



**ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,**

Complainant,

v.

**OSCAR DOMINGO ALMEIDA,
M.D.,**

Respondent.

**BEFORE THE MEDICAL
LICENSURE COMMISSION OF
ALABAMA**

CASE NO. 2021-017

FINDINGS OF FACT AND CONCLUSIONS OF LAW

This matter came before the Medical Licensure Commission of Alabama for a contested case hearing held on March 22 and April 7, 2022. After receiving and considering all of the relevant evidence and argument, we find the Respondent, Oscar Domingo Almeida, M.D., guilty of one of the disciplinary charges, not guilty of the others, and impose professional discipline as set forth below.

I. Introduction and Statement of the Case

The respondent in this case is Oscar Domingo Almeida, M.D. (hereinafter "Respondent"). Respondent is a licensee of this Commission who, at the relevant times, was employed in the Huntsville, Alabama area. Respondent was first licensed by the Commission on July 30, 1986, having been issued license no. MD 12933. The disciplinary charges in this case arise out of Respondent's alleged sexual

misconduct toward a patient, A.S., and Respondent's alleged violations of his APHP Behavioral Assistance Agreement and his Voluntary Agreement with the Alabama Board of Medical Examiners.

II. Procedural History

Respondent has a disciplinary history with this Commission. On April 29, 2002, the Commission revoked Respondent's license to practice medicine in Alabama. That decision was based on an extensive factual record, including "testimony from three of Almeida's former patients, who provided explicit details of Almeida's conduct toward them in his office, which included inappropriate physical exams, winking and flirting, fondling and kissing, trying to make dates, and in one case, unbuckling his pants." *Ex parte Medical Licensure Commission of Alabama*, 897 So. 2d 1093, 1095-96 (Ala. 2004). The factual record undergirding the Commission's 2002 decision also included "testimony from a female sales representative who frequently visited Almeida's office about two specific incidents of what she thought was sexually inappropriate conduct by Almeida. The sales representative alleged that Almeida made inappropriate advances toward her and that Almeida insinuated that they have a sexual encounter." *Id.* at 1098. Although the Circuit Court of Montgomery County initially reversed, the Alabama Supreme Court ultimately upheld the revocation of Respondent's license, holding that the

Commission's "unanimous decision to revoke Almeida's medical license was supported by substantial evidence." *Id.* at 1099.

Revocations are rarely forever, and this case is no exception. After the 2002 revocation of his medical license, Respondent submitted to two professional evaluations, one in 2004 and one in 2006, both of which concluded that Respondent was fit to resume the practice of medicine from the perspectives of psychological functioning, emotional well-being, and behavioral risk. Respondent completed significant Continuing Medical Education hours with regard to professional boundaries. Respondent also became licensed in Mississippi and demonstrated compliance with the Mississippi Professional Health Program. On Respondent's application, and after a full hearing, the Commission reinstated Respondent's license to practice medicine in Alabama on December 3, 2007.

The present chapter in this saga began on November 1, 2021, when the Alabama Board of Medical Examiners filed a new Administrative Complaint and Petition for Summary Suspension of License (the "Administrative Complaint"). The Administrative Complaint contains four counts. Count One alleges that Respondent engaged in unprofessional conduct in violation of Ala. Code § 34-24-360(2) and Ala. Admin. Code r. 545-X-4-.06(17), in that he allegedly engaged in sexual misconduct in the practice of medicine as defined in Ala. Admin. Code r. 545-X-4-.07. Count Two alleges that Respondent committed unprofessional conduct in violation of Ala.

Code § 34-24-360(2) in that he failed to comply with the APHP Behavioral Assistance Agreement that he signed on August 22, 2016. Count Three alleges that Respondent engaged in unprofessional conduct in violation of Ala. Code § 34-24-360(2), in that he violated the terms of a Voluntary Agreement between him and the Alabama Board of Medical Examiners, executed on June 12, 2017. Finally, Count Four alleges that, from January 2000 through October 28, 2021, Respondent exhibited his inability to practice medicine with reasonable skill and safety to his patients by repeatedly committing sexual misconduct in the practice of medicine, contrary to Ala. Code § 34-24-360(19)a.

In accordance with Ala. Code § 34-24-361(f) and Ala. Admin. Code r. 545-X-3-.13(1)(a), on November 22, 2021, we entered an order summarily suspending Respondent's license to practice medicine and set this matter for a full evidentiary hearing.

On March 22 and April 7, 2022, we conducted a full evidentiary hearing on these charges as prescribed in Ala. Admin. Code r. 545-X-3. The case supporting the disciplinary charges was presented by the Alabama Board of Medical Examiners through its attorneys Wilson Hunter and Blake Henson. Respondent was represented by attorneys Jim Hoover and Lindsey Phillips. Pursuant to Ala. Admin. Code r. 545-X-3-.08(3), Commission Chairman Craig Christopher presided. Each side was offered the opportunity to present evidence and argument in support of its respective

contentions, and to cross-examine the witnesses presented by the other side. After careful review, we have made our own independent judgments regarding the weight and credibility to be afforded to the evidence, and the fair and reasonable inferences to be drawn from it. Having done so, and as prescribed in Ala. Code § 41-22-16, we enter the following Findings of Fact and Conclusions of Law.

III. Findings of Fact

We find the following facts to be established by the preponderance of the admissible and probative evidence presented at the hearing.

1. Respondent attended medical school at the University of South Alabama, graduating in 1985. He completed a residency in OB/GYN at the University of South Alabama Medical Center (“USA Medical Center”).

2. Respondent practiced obstetrics and gynecology for about 17 years, until his license was revoked in 2002. As mentioned above, in 2007, we reinstated Respondent’s license to practice medicine.

3. In 2016, Respondent’s privileges at USA Medical Center were revoked. The facts and circumstances surrounding the revocation of Respondent’s privileges did not result in professional discipline of Respondent’s medical license. But they did lead to a cascade of professional evaluations, actions, and agreements that rest at the center of this case.

4. The Alabama Physicians Health Program (“APHP”) referred Respondent to Pine Grove Behavioral Health and Addiction Services (“Pine Grove”) in order to undergo a comprehensive psychosexual evaluation. Pine Grove issued its report on August 18, 2016. The Pine Grove report included nine findings and recommendations:

- That Respondent was fit, at that time, to practice medicine with reasonable skill and safety.
- That Respondent should complete, at his earliest opportunity, an in-person course on professional boundaries, approved by APHP.
- That Respondent should enter individual therapy with a therapist who is well-versed in counseling professionals with boundary issues and approved by APHP.
- That Respondent should, at his earliest convenience, undergo a complete neuropsychological assessment, conducted by a neuropsychologist approved by APHP.
- That Respondent should enter into a monitoring agreement with APHP for at least two years.
- That Respondent should have a workplace monitor, again approved by APHP.
- That Respondent should use a chaperone for all “sensitive examinations” of female patients.
- That Respondent should not prescribe medications to himself.
- That, if Respondent continued to have problems related to workplace boundaries, Pine Grove might recommend that Respondent receive a “higher level of care.”

(BME Exhibit 7 at 48-50.)

5. That same day, Respondent was interviewed by the Alabama Board of Medical Examiners about the circumstances that led USA Medical Center to terminate his privileges. (BME Exhibit 8.)

6. In accordance with one of the Pine Grove recommendations, on August 22, 2016, Respondent entered into a Behavioral Health Agreement with APHP. (BME Exhibit 9.) The 2016 APHP Agreement has remained in force ever since. In addition to the standard contract terms and conditions, Respondent's APHP contract required him to:

- "a) Complete a Professional Boundaries Course at Vanderbilt University Center for Professional Health with completion documentation sent to the APHP.
- "b) Enter individual therapy with Ashley Simpson, LPC with Quarterly Reports sent to the APHP.
- "c) Complete a Neuropsychological Assessment with Dr. Thomas Boll with assessment summary sent to the APHP.
- "d) Select [an] appropriate Worksite Monitor to complete Quarterly Reports and send them to the APHP for your file.
- "e) Continue to use a chaperone for all sensitive examinations of female patients.
- "f) Do not prescribe any medications for yourself. Always consult your Primary Care Physician for all healthcare needs.
- "g) Any additional problems related to workplace boundaries would require further evaluation at which point a higher level of care should be considered."

(BME Exhibit 9 at 5.)

7. Next, Respondent underwent a complete neuropsychological evaluation conducted by the Professional Renewal Center in Lawrence, Kansas. The Professional Renewal Center issued its report on April 7, 2017. The Professional Renewal Center found that Respondent was “fit to practice with the following recommendations in place.

“RECOMMENDATIONS

- “1. Continued participation in the Alabama Physician Health Program and follow all recommendations set forth by them.
- “2. Compliance with the recommendations made by Pine Grove. It is our understanding that he has already completed the boundaries course offered at Vanderbilt. We would recommend continued sessions with his therapist Ashle[y] Simpson.
- “3. Continued follow up of his medical conditions with his primary care provider. We would recommend that he provide the results of the neuropsychological testing to his primary care provider and discuss ways on how to better monitor his diabetes over the course of the day. We would recommend that [Respondent] follow all recommendations of his primary care provider.
- “4. As he has health conditions that could impact neurocognitive functioning, we would recommend repeat neuropsychological testing by a neuropsychologist approved by AL PHP and the Board in approximately 12 months unless there are other indicators suggesting the need for earlier evaluation. It would be helpful and recommended for that provider to receive his previous testing results.
- “5. We would also concur with Pine Grove that if he continues to have problems related to workplace boundaries we would suggest further evaluation at which point a higher level of care should be considered.

“6. The PRC team reserves the right to amend the recommendations based on additional data, such as data from collateral sources.”

(BME Exhibit 12 at 21, 22.)

8. On June 12, 2017, Respondent entered into a “Voluntary Agreement” with the Alabama Board of Medical Examiners. (BME Exhibit 13.) The Voluntary Agreement allowed Respondent to avoid disciplinary charges and continue practicing medicine, subject to certain conditions designed to protect the public health and safety. By entering into the Voluntary Agreement, Respondent promised to comply with the following requirements:

- “a. Dr. Almeida shall enter into and maintain a lifetime monitoring contract with the Alabama Physicians’ Health Program (“APHP”);
- “b. Dr. Almeida shall follow all recommendations made by the director of APHP in connection with his monitoring agreement;
- “c. Dr. Almeida shall complete a course on professional boundaries, which the parties agree is satisfied by Dr. Almeida’s October 2016 attendance at Vanderbilt University Medical Center’s “Maintaining Proper Boundaries” course;
- “d. Dr. Almeida shall enter individual therapy with a therapist who is experienced in counseling professionals with boundary issues. Dr. Almeida is currently under the care of Ashley C. Simpson, LPC, ACRPS. Dr. Almeida agrees to permit his therapist to provide all information requested by the director of APHP necessary to monitor Dr. Almeida and to sign any and all releases necessary to effect this sharing of information;
- “e. Dr. Almeida shall engage in individual therapy for a minimum of six (6) months from the date of this agreement, and he shall continue in therapy if directed by the director of APHP;

- “f. Dr. Almeida shall notify the director of APHP within three (3) days if he terminates his individual therapy;
- “g. Dr. Almeida shall arrange for a repeat, complete neuropsychological assessment by a neuropsychologist approved by the director of APHP. This evaluation shall occur twelve (12) months from the date of this agreement unless the director of APHP determines there is cause for an earlier evaluation. Dr. Almeida shall permit the neuropsychologist to provide his or her report to the director of APHP and to his primary care provider, and he agrees to sign any and all releases necessary for the sharing of this information;
- “h. Dr. Almeida shall provide the results of any existing and future neuropsychological testing or evaluation to his primary care provider and shall comply with his primary care provider’s recommendations;
- “i. Dr. Almeida shall permit the director of APHP to approve or appoint a workplace monitor to Dr. Almeida’s workplace. The workplace monitor will report directly to the director of APHP. Dr. Almeida shall permit the appointment of a workplace monitor at each and every location or facility at which he works;
- “j. **Dr. Almeida shall use a chaperone for all examinations of female patients and shall implement any and all procedures and reporting requirements recommended by the director of APHP to ensure compliance with this condition;**
- “k. Dr. Almeida shall not prescribe medication to himself; and
- “l. Dr. Almeida shall obtain Board approval prior to any change in his current practice location.”

(BME Exhibit 13 (emphasis added).)

9. The Voluntary Agreement, by its plain terms, required Respondent to use a chaperone for “all examinations of female patients,” even those that did not involve “sensitive” examinations (*e.g.*, examinations of the breasts, genitals, or

anus). The Voluntary Agreement further provided that “a violation of this agreement by Dr. Almeida may result in the Board taking action against Dr. Almeida’s medical license.”

10. The events immediately giving rise to the Administrative Complaint occurred on January 7, 2021, and they involve Respondent’s interactions with a patient, A.S.

11. A.S. has a history of bipolar disorder, depression, and panic disorders. On January 5, 2021, A.S. received a phone call from a relative, informing her that her biological mother had passed away. Although A.S. had not cut herself in about 30 years, the distress of learning that her mother had passed away led her to cut her left forearm, leaving a wound approximately 3-4 cm in length. For the next 48 hours or so, A.S. cared for the wound herself.

12. On January 7, A.S. went to the Urgent Medicare clinic located on Wall-Triana Road in Huntsville. There, A.S. was assessed by Amy Hunter, a Nurse Practitioner. Hunter determined that A.S.’s wound was outside her scope of practice, and thought that A.S. should go to the emergency room. A Medical Assistant, Tynesha Stewart, also tried to comfort A.S. and encouraged her to go to the emergency room. Stewart then phoned the Urgent Medicare clinic located on Shields Road, where Respondent was working, and spoke to Respondent. Respondent agreed to treat A.S.’s wound. Stewart cleaned and bandaged A.S.’s wound, and gave

her the address for the Shields Road clinic. According to Stewart's affidavit testimony, A.S. had stopped crying at that point.

13. A.S. made the 16-mile drive from the Wall-Triana Road clinic to the Shields Road clinic without any apparent difficulty. When A.S. arrived, she was checked in by Medical Assistant Alexis Similton. Similton escorted A.S. to an exam room. A.S.'s vital signs at that point were inconsistent with a patient in severe psychological distress.

14. After Respondent entered the exam room, A.S. showed him the cut and told him how it happened. Respondent instructed A.S. to lie down on the gurney and said something to the effect of, "We can't have a pretty girl like you cutting yourself." Respondent also commented that A.S. was "very fit for [her] age."¹

15. Similton remained in the exam room with A.S. and Respondent until Respondent began making his first suture. Just as Respondent began suturing the cut in A.S.'s arm, Similton left the room and sat down at the nurse's computer station, behind a standing-height countertop, across the hallway from the exam room. Based on the photographs that were introduced at the hearing, we conclude that Similton was not able to see or hear what was happening in the exam room in

¹ Respondent denies making these statements. However, based on our personal observation of the demeanor of the witnesses, other circumstantial evidence, and each witness's potential self-interest or lack thereof, we find A.S.'s account of these events to be more credible than Respondent's.

any meaningful way.² We find as a factual matter that Similton did not fulfill the role of a chaperone in connection with Respondent's treatment of A.S.³ Nor was A.S. offered a chaperone.

16. Respondent admits that he did not use a chaperone for all examinations of all female patients. By Respondent's own admission, he used chaperones "99 percent of the time" for examinations involving female patients, and all of the time for examinations of female patients involving sensitive areas of the body.

17. As Respondent worked on the sutures, he asked A.S. what she did for a living, and other questions of a personal nature, which made A.S. uncomfortable. Respondent told A.S. that he had been an OB/GYN for 30 years.

18. After Respondent finished the sutures, he took out his mobile phone and took at least one photo of A.S.'s arm. A.S. claims that Respondent also stepped back and took additional photos of her entire body.⁴ It is disputed whether Respondent obtained oral consent from A.S. to take the photos; Respondent claims

² A.S. testified that the exam room door was mostly closed after Similton left the room; Respondent claims that the door was mostly open. We need not resolve this factual discrepancy, because even with the door open, we find that Similton could not meaningfully see or hear what was going on in the exam room from a seated position at the nurse's station across the hall. We also note that leaving an exam room door open during the physician-patient encounter—as Respondent ardently claims he did—is inconsistent with patient privacy.

³ Notably, two witnesses presented by Respondent—Ashley Simpson and Jeanne Turner—testified that a person needed to be in the same room with the doctor and patient in order to serve effectively as a chaperone. We agree.

⁴ Only a photograph of A.S.'s arm was entered into the record. Respondent testified that he deleted the photos he took from his phone.

that he did, and A.S. claims that he did not. It is clear, however, that Respondent did not obtain A.S.'s written consent to take the photographs. After this incident, Urgent Medicare changed its policy to require written consent for photographs. Respondent sent at least one photograph of A.S. by text message to Amy Hunter, and Hunter showed it to Tynesha Stewart.

19. As A.S. rose from the gurney, Respondent "caressed" her hand and "patted" her on the thigh. At that point, A.S. says her "stomach knotted up" and she "froze."

20. As A.S. left the Shields Road clinic, she was shaking and crying. She called her husband and told him "something happened," but she could not articulate it for him. On the way home, A.S. had to stop and call her husband again. A.S. got lost on the way home, even though she was in a part of town that was familiar to her.

21. The following day, January 8, 2021, A.S. wrote an e-mail to Sandi B. Good, who was the Senior Director of Operations at Urgent Medicare covering Alabama. The e-mail said:

I have been a patient at Urgent Care on Wal Triana for several years. I went to that location after calling yesterday to get a few small stitches in a cut that I had on my arm. The nurse practitioner said she did not feel comfortable performing them and they sent me to the location on Shields Road. The CNA at the Wal Triana location put a bandage on the cut and told me that the doctor at the Shields Road location could take care of it. She said that she would call ahead and make sure. She then came back and said no problem they would do it and head over there.

Once in a room I saw Dr. Oscar Almeida. I recall this because he gave me his card from his pocket after he had finish treating me. I knew that some thing was making me feel uncomfortable from the first moment he started the stitches. He asked me a lot of personal questions including my profession and how old I was. Then he commented about my level of fitness. I kept getting more uncomfortable as the door was semi-open but there was no nurse in the room or anywhere outside that could be seen or heard. I did observe upon entering the clinic that the bulk of the nurses and CNA's were in a front room going outside to perform Covid testing.

The doctor kept smiling at me and sort of winking at me. Even with a mask on I could see him smiling and oddly winking several times. When he was done with the stitches he stepped out briefly and came back with a black iPhone. Or it appeared to be an iPhone. He didn't say anything and then took a picture I assume of my arm. I was laying down flat on the bed and I think he also took a picture of my body. I was laying down flat on my back. Then he walked towards the cabinets looking at his phone. I got nervous and asked if those were "stitches for the book"? To which he replied, "something like that". He never asked to photograph me, I never gave permission and I felt incredibly uncomfortable and scared. Then he came over to me put a Band-Aid on my arm and extended his hand to help me sit up. When he grabbed my hand he kept caressing it strangely. Then when I sat up straight and he was directly in front of me he put his hand on my right thigh and kind of patted. He told me that I needed to come back in 10 days because that would be the next time he was in Huntsville. He said I would have to have the stitches removed. I asked if I could remove them myself as I am a medical professional. He said no he needed to see me again. I found that rather strange because I live so close to the other urgent med care and why would I not just go there?

I immediately went to my car and called my husband. I was shaking by the time I got to my car and crying. It was pouring rain and I couldn't even drive for 15 min or so. I had to stop right after I pulled out as I was still shaking. I told him what happened and how I was in disbelief and still shocked and I felt like he had taken advantage of me. This man has access to all of my personal medical information, my name, my address, my phone number. And now he has pictures of me on his personal cell phone. I felt like it was very important for me to let

someone know about this experience. I don't think this man should be employed by urgent care. If this was my experience with him, is he doing this to other female patients? I have never had an experience like this. It has been extremely upsetting, so much so that I may never see a male doctor again.

I feel very violated and I feel as if this doctor took advantage of me when I was in a delicate situation and unable to leave.

If I need to send this to someone else or have the wrong department, please let me know.

(BME Exhibit 15.)

22. A.S. filed a formal complaint with the Alabama Board of Medical Examiners on January 13, 2021. (BME Exhibit 16.)

IV. Conclusions of Law

1. The Medical Licensure Commission of Alabama has jurisdiction over the subject matter of this cause pursuant to Act No. 1981-218, Ala. Code §§ 34-24-310, *et seq.* Under certain conditions, the Commission "shall have the power and duty to suspend, revoke, or restrict any license to practice medicine or osteopathy in the State of Alabama or place on probation or fine any licensee." Ala. Code § 34-24-360. In addition to all other authorized penalties and remedies, the Commission may impose a fine of up to \$10,000 per violation, and may require the payment of administrative expenses incurred in connection with the disciplinary proceeding. Ala. Code § 34-24-381(a), (b).

2. Respondent was properly notified of the time, date and place of the administrative hearing and of the charges against him in compliance with Ala. Code §§ 34-24-361(e) and 41-22-12(b)(1), and Ala. Admin. Code r. 545-X-3-.03(3), (4). At all relevant times, Respondent was a licensee of this Commission and was and is subject to the Commission's jurisdiction.

3. In 1997, we adopted Sexual Misconduct In The Practice of Medicine: A Joint Statement Of Policy and Guidelines By The State Board of Medical Examiners And The Medical Licensure Commission. As amended, the Joint Statement of Policy provides in relevant part:

(16) Sexual Misconduct. Sexual contact with a patient is sexual misconduct and is unprofessional conduct within the meaning of Code of Ala. 1975, § 34-24-360(2).

(17) Sexual Contact Defined. For purposes of § 34-24-360(2), sexual contact between a physician and a patient includes, but is not limited to:

(a) Sexual behavior or involvement with a patient including verbal or physical behavior which:

1. may reasonably be interpreted as romantic involvement with a patient regardless whether such involvement occurs in the professional setting or outside of it;

2. may reasonably be interpreted as intended for the sexual arousal or gratification of the physician, the patient or both; or

3. may reasonably be interpreted by the patient as being sexual.

Ala. Admin. Code r. 545-X-4-.07(16), (17).

4. Although we find A.S.'s account of the events of January 7, 2021 to be credible, based on the totality of the evidence, we cannot conclude that the actions of Respondent "may reasonably be interpreted as romantic involvement with a patient," "may reasonably be interpreted as intended for the sexual arousal or gratification of the physician, the patient or both," or "may reasonably be interpreted by the patient as being sexual." Professional discipline therefore will not be meted out based on Count One of the Administrative Complaint.

5. For similar reasons, based on the factual record before us, we cannot conclude that Respondent exhibited an inability to practice medicine with reasonable skill and safety to his patients by repeatedly committing sexual misconduct in the practice of medicine as charged in Count Four of the Administrative Complaint.

6. Based on the factual record before us, we cannot conclude that Respondent violated his APHP Behavioral Assistance Agreement signed on August 22, 2016, as charged in Count Two of the Administrative Complaint.

7. With respect to Count Three of the Administrative Complaint, however, we find that Respondent violated condition (j) of his Voluntary Agreement with the Alabama Board of Medical Examiners, and that that transgression

constitutes “unprofessional conduct” within the sweep of Ala. Code § 34-24-360(2) and Ala. Admin. Code r. 545-X-4-.06.⁵

8. “Unprofessional conduct” is described in our regulations as:

the commission or omission of any act that is detrimental or harmful to the patient of the physician or detrimental or harmful to the health, safety, and welfare of the public, and which violates the high standards of honesty, diligence, prudence and ethical integrity demanded from physicians and osteopaths licensed to practice in the State of Alabama.

Ala. Admin. Code r. 545-X-4-.06. The regulation goes on to list 22 non-exclusive examples of behaviors that constitute “unprofessional conduct.” In this case, it is our job to interpret and apply the meaning of “unprofessional conduct” as outlined in this regulation, and our interpretation is authoritative. “[T]he interpretation of an agency regulation by the promulgating agency *carries controlling weight* unless it is plainly erroneous or inconsistent with the regulation.” *Fraternal Order of Police, Lodge No. 64 v. Personnel Bd. of Jefferson County*, 103 So. 3d 17, 25 (Ala. 2012) (emphasis added).

9. The Voluntary Agreement was entered into against the backdrop of an extensive history of professional misconduct and boundary violations by the Respondent, some of which had resulted in professional discipline, and some of

⁵ Respondent did not argue that violation of his Voluntary Agreement with the Board did not constitute “unprofessional conduct.” Instead, he argued that he did not violate the Voluntary Agreement. Nonetheless, we believe it is appropriate to summarize the reasons why Respondent’s violation of his Voluntary Agreement also constitutes “unprofessional conduct.”

which resulted in a major hospital revoking Respondent's privileges. The Voluntary Agreement contained very reasonable, achievable, and agreed-upon guardrails for the mutual benefit and protection of Respondent and the public. Respondent's violation of the Voluntary Agreement led directly to patient harm. Under the circumstances presented in this case, therefore, we conclude that Respondent's violation of his Voluntary Agreement constitutes "unprofessional conduct" under Ala. Admin. Code r. 545-X-5-.06.

10. Because Respondent exhibited disregard for the voluntarily-assumed obligation to have a chaperone present with *every* female patient, we have no alternative but to make the chaperone requirement involuntary, and to give that requirement teeth.

V. Decision

Based on all of the foregoing, it is **ORDERED, ADJUDGED, AND DECREED:**

1. That the Respondent, Oscar Domingo Almeida, M.D., is adjudged **GUILTY** of violating Ala. Code § 34-24-360(2), in that he violated his Voluntary Agreement with the Alabama Board of Medical Examiners, as charged in Count Three of the Administrative Complaint.

2. That the Respondent, Oscar Domingo Almeida, M.D., is adjudged **NOT GUILTY** of violating Ala. Code § 34-24-360, as charged in Counts One, Two, and Four of the Administrative Complaint.

3. That Respondent's license to practice medicine in the State of Alabama is hereby **REVOKED**; said revocation is **STAYED**; and Respondent's license is placed on **PROBATION** for an indefinite term, subject to the following conditions of probation:

- a. Respondent is **PROHIBITED** from practicing medicine in Alabama as a solo practitioner;
- b. Respondent shall practice medicine only pursuant to a practice plan that has been approved in advance by the Commission;
- c. Respondent shall at all times have a practice monitor, who shall be subject to approval by the Commission;
- d. Respondent is **PROHIBITED** from conducting any examination or treatment of any female patient unless a chaperone is physically present in the same room with the patient and Respondent at all times with continuous, direct visual and aural observation of all activities. All chaperones referred to in this provision shall be employed by Respondent's employer and not by Respondent himself, and shall have successfully completed the PBI Medical Chaperone Training Program. The chaperone's name shall be recorded in each female patient's chart. These are absolute, non-negotiable, non-waivable requirements, and Respondent is forewarned that any deviation from them will be met with severe professional discipline.
- e. Respondent shall enter into a lifetime contract with the Alabama Physicians' Health Program.

- f. Respondent shall submit to a polygraph examination no less frequently than quarterly, which shall be coordinated by the Alabama Board of Medical Examiners.
- g. Respondent shall provide every employer an exact, complete, unmodified, and legible copy of Part V of this Order. Merely informing the employer of the existence of this Order, or that a copy of this Order may be obtained from the Commission, does not constitute compliance with this provision. In addition, Respondent shall be responsible for ensuring that the practice manager, head nurse, or other chief administrative officer of every individual location or clinic at which Respondent works has a copy of Part V of this Order. The copies referred to in this paragraph shall be retained on file, and shall be produced for inspection upon request of the Alabama Board of Medical Examiners.
- h. Respondent shall, within six months of this Order, submit to a multidisciplinary assessment to be conducted by Acumen Assessments in Lawrence, Kansas. The assessment shall be designed to comprehensively evaluate Respondent's fitness to safely practice medicine, in view of the repeated sexual boundary incidents and complaints over the course of Respondent's career, including the facts and circumstances surrounding the revocation of Respondent's privileges at USA Medical Center in 2016. All prior Administrative Complaints, Commission orders, and other public documents relating to Respondent's medical license shall be made available to Acumen for the evaluation. As part of the assessment required by this paragraph, Respondent shall be required to execute consents authorizing the release of further information as may be requested by Acumen. Within 30 days of the date of this Order, Respondent shall have made an appointment date with Acumen and shall report such appointment date to the Commission.
- i. The Commission reserves the right to amend these conditions of probation based on the findings of the Acumen assessment(s), or based on any other relevant information.

j. The Alabama Board of Medical Examiners' physician monitor / investigator shall monitor Respondent's compliance with this Order and the APHP Contract required by this Order.

4. Respondent shall, within 60 days of this Order, pay a fine in the amount of \$10,000.00.

5. Respondent shall, within 60 days of this Order, pay the administrative costs of these proceedings.

DONE on this the 21st day of April, 2022.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Craig Christopher, M.D.
on 2022-04-21 14:22:54 CDT

Craig H. Christopher, M.D.
its Chairman

IMLCC Licenses Issued March 1, 2022 - March 31, 2022 (74)

Name	License Type	License Number	Status	Issue Date	Expiration Date	State of Principal Licensure
Christopher Lynch Marsh	DO	2825	Active	3/9/2022	12/31/2022	Arizona
Cole Jamison McEwen	MD	44043	Active	3/15/2022	12/31/2022	Arizona
Maryam Farooq	DO	2843	Active	3/24/2022	12/31/2022	Arizona
Kathleen T Jordan	MD	44142	Active	3/29/2022	12/31/2022	Arizona
Jamira Truvillyn Jones	MD	44021	Active	3/3/2022	12/31/2022	Colorado
An Chen	MD	44029	Active	3/8/2022	12/31/2022	Colorado
Vicki Madrean Schober	MD	44037	Active	3/10/2022	12/31/2022	Colorado
Matthew Chandler Loftspring	MD	44038	Active	3/11/2022	12/31/2022	Colorado
Joann Osedebame Ikenyei	MD	44042	Active	3/15/2022	12/31/2022	Colorado
James Daehyun Kim	MD	44047	Active	3/16/2022	12/31/2022	Colorado
Fahimeh Sasan	DO	2829	Active	3/17/2022	12/31/2022	Colorado
Anne Katherine Petersen	MD	44129	Active	3/28/2022	12/31/2022	Colorado
Migdalia Isabel Garcia Gonzalez	MD	44143	Active	3/30/2022	12/31/2022	Colorado
Matthew Pollard	MD	44016	Active	3/1/2022	12/31/2022	Georgia
Mallika Thiruppathi	MD	44017	Active	3/1/2022	12/31/2022	Georgia
Urooj Ather	MD	44031	Active	3/8/2022	12/31/2022	Georgia
Julie Lynae Johnson	MD	44034	Active	3/9/2022	12/31/2022	Georgia
Nikhil H Patel	DO	2826	Active	3/10/2022	12/31/2022	Georgia
Choudhury Salekin	MD	44039	Active	3/11/2022	12/31/2022	Georgia
Shenique Anderson Wesley	MD	44048	Active	3/16/2022	12/31/2022	Georgia
Leah Rebecca Goodson-Gerami	DO	2833	Active	3/21/2022	12/31/2022	Georgia
Anne Margaret Carpenter	MD	44116	Active	3/23/2022	12/31/2022	Georgia
Jonathan Barak Fass	MD	44131	Active	3/28/2022	12/31/2022	Georgia
Stephen Andrew Dawkins	MD	44132	Active	3/28/2022	12/31/2022	Georgia
Sarah Clare Cook	MD	44134	Active	3/28/2022	12/31/2022	Georgia
Jaykumar Patel	MD	44148	Active	3/30/2022	12/31/2022	Georgia
James F Skomurski	MD	44022	Active	3/3/2022	12/31/2022	Illinois
Andrew Michael Dunn	DO	2822	Active	3/4/2022	12/31/2022	Illinois
Helen Nghi Tcheng	MD	44027	Active	3/7/2022	12/31/2022	Illinois

Scott Alan VanDeHoef	MD	44030	Active	3/8/2022	12/31/2022	Illinois
Chris Tara Bulaon Delos Reyes	MD	44033	Active	3/8/2022	12/31/2022	Illinois
Chester Gregory Laskowski	MD	44049	Active	3/16/2022	12/31/2022	Illinois
Aneel Ahmed Ursani	MD	44019	Active	3/2/2022	12/31/2022	Kansas
Chara Chinyere Freeman	MD	44045	Active	3/15/2022	12/31/2022	Kansas
William Smith	MD	44035	Active	3/9/2022	12/31/2022	Kentucky
William Romani Jr.	MD	44023	Active	3/4/2022	12/31/2022	Louisiana
Matti William Palo	MD	44028	Active	3/8/2022	12/31/2022	Louisiana
Paul Xuejun Zhang	MD	44032	Active	3/8/2022	12/31/2022	Louisiana
Abigail Michelle Cocco	DO	2844	Active	3/24/2022	12/31/2022	Louisiana
Stan McClellan Sinkford	MD	44123	Active	3/24/2022	12/31/2022	Maryland
Fatima Yousef Hussein	MD	44133	Active	3/28/2022	12/31/2022	Maryland
Wehbi Rashid Hanayni	MD	44020	Active	3/2/2022	12/31/2022	Michigan
Susan Grabowski	DO	2824	Active	3/8/2022	12/31/2022	Michigan
Samih Mike Ajami	DO	2827	Active	3/10/2022	12/31/2022	Michigan
Charles Edward Rollison	DO	2828	Active	3/16/2022	12/31/2022	Michigan
Michael Alan Watson	DO	2832	Active	3/21/2022	12/31/2022	Michigan
Sarah Johnson Atunah-Jay	MD	44086	Active	3/22/2022	12/31/2022	Michigan
Robert William Nelson	MD	44138	Active	3/29/2022	12/31/2022	Michigan
Elizabeth Marilyn Shaker	MD	44046	Active	3/15/2022	12/31/2022	Minnesota
Maritess Gay Fiel Asumen	DO	2830	Active	3/17/2022	12/31/2022	Minnesota
Michael Frank Jaje	DO	2831	Active	3/17/2022	12/31/2022	Minnesota
Jeffrey Allen Lipke	MD	44135	Active	3/29/2022	12/31/2022	Minnesota
Hanna Michael Mitias	MD	44125	Active	3/24/2022	12/31/2022	Mississippi
Abdu Mohamed Abdallah Ahmed	MD	44128	Active	3/28/2022	12/31/2022	Mississippi
Joseph McNelis	MD	44130	Active	3/28/2022	12/31/2022	Mississippi
Deanna Joy Larson	MD	44137	Active	3/29/2022	12/31/2022	Nebraska
Charles King Bibby	MD	44024	Active	3/7/2022	12/31/2022	Nevada
Odnett Maria Cojocar	MD	44025	Active	3/7/2022	12/31/2022	Nevada
Kirsten Elke Frederiksen	MD	44150	Active	3/31/2022	12/31/2022	Nevada
Geogy Thomas	MD	44044	Active	3/15/2022	12/31/2022	Tennessee
Robert Edward Bilbao	MD	44108	Active	3/23/2022	12/31/2022	Tennessee

James landis Wagner	MD	44119	Active	3/23/2022	12/31/2022	Tennessee
John McElligott	MD	44147	Active	3/30/2022	12/31/2022	Tennessee
Thomas Wayne Hysler	MD	44041	Active	3/15/2022	12/31/2022	Texas
Guljeet K Sohal	MD	44050	Active	3/21/2022	12/31/2022	Texas
Mohammad Nawaf Sadeddin	MD	44087	Active	3/22/2022	12/31/2022	Texas
Brent Wesley Galloway	MD	44136	Active	3/29/2022	12/31/2022	Texas
Jason Aaron Mounts	MD	44026	Active	3/7/2022	12/31/2022	Washington
Sarah Ellen Hiam	DO	2841	Active	3/23/2022	12/31/2022	Washington
Christopher James Lindshield	MD	44122	Active	3/24/2022	12/31/2022	Washington
Vyacheslav Mikheyev	MD	44139	Active	3/29/2022	12/31/2022	Washington
Juan Ramirez	MD	44144	Active	3/30/2022	12/31/2022	Washington
Brian Patrick Quigley	MD	44149	Active	3/30/2022	12/31/2022	West Virginia
Mollie L Kane	MD	44140	Active	3/29/2022	12/31/2022	Wisconsin

* Total licenses issued since April 2017 - 1,563

EXHIBIT "C"

CHOUHDRY ORDER

UNAVAILABLE

**ALABAMA STATE BOARD OF
MEDICAL EXAMINERS,**

Complainant,

v.

**ELDRED MATTATHA
BRUNSON, M.D.,**

Respondent.

**BEFORE THE MEDICAL
LICENSURE COMMISSION OF
ALABAMA**

CASE NO. 2021-179

FINDINGS OF FACT AND CONCLUSIONS OF LAW

This is a contested reinstatement proceeding under Ala. Code § 34-24-337. The Medical Licensure Commission of Alabama held a hearing in this matter on April 20, 2022. After receiving and considering all of the relevant evidence and argument, we find that the Alabama Board of Medical Examiners (the "Board") proved up two of its three counts, and that Dr. Brunson's license to practice medicine in Alabama should be reinstated and suspended, pending his fulfillment of the conditions spelled out in greater detail below.

I. Introduction and Statement of the Case

The respondent in this case is Eldred Mattatha Brunson, M.D. (hereinafter "Respondent"). Respondent was first licensed by the Commission on or about January 3, 1984, having been issued license no. MD 11237. The Board's opposition

to the reinstatement of Respondent's license centers on Respondent's failure to renew his license at the end of 2020, and his continuing to practice medicine and prescribe controlled substances for the ensuing four months.

II. Procedural History

Respondent failed to renew his license to practice medicine in Alabama. As such, his license expired on December 31, 2020. Respondent applied for reinstatement pursuant to Ala. Code § 34-24-337. On July 12, 2021, the Board, as prescribed in Ala. Code § 34-24-337(e), filed its "Notice of Intent to Contest Reinstatement." On August 11, 2021, as prescribed in Ala. Code § 34-24-337(g), the Board filed its Administrative Complaint setting forth the grounds for its opposition to reinstatement of Respondent's license (the "Administrative Complaint").

The Administrative Complaint contains three counts. Count One alleges that Respondent engaged in unprofessional conduct in violation of Ala. Code § 34-24-360(2), in that, from January 1 through April 30, 2021, he practiced medicine without a valid license or Alabama Controlled Substances Certificate ("ACSC"). Count Two alleges that Respondent committed unprofessional conduct in violation of Ala. Code § 34-24-360(2) in that, from January 1 through April 30, 2021, he prescribed controlled substances without a current medical license or ACSC. In Count Three, the Board alleges that Respondent failed to keep and maintain adequate medical records, in violation of Ala. Code § 34-24-360(22).

On April 20, 2022, we conducted a full evidentiary hearing on these charges as prescribed in Ala. Admin. Code r. 545-X-3. The case opposing reinstatement was presented by the Alabama Board of Medical Examiners through its attorneys Wilson Hunter and Blake Henson. Respondent was represented by attorney Allen L. Perkins. Pursuant to Ala. Admin. Code r. 545-X-3-.08, the Honorable William R. Gordon presided as Hearing Officer. Each side was offered the opportunity to present evidence and argument in support of its respective contentions, and to cross-examine the witnesses presented by the other side. After careful review, we have made our own independent judgments regarding the weight and credibility to be afforded to the evidence, and the fair and reasonable inferences to be drawn from it. Having done so, and as prescribed in Ala. Code § 41-22-16, we enter the following Findings of Fact and Conclusions of Law.

III. Findings of Fact

We find the following facts to be established by the preponderance of the admissible and probative evidence presented at the hearing.

1. Respondent was first licensed by the Commission on or about January 3, 1984, having been issued license no. MD 11237.
2. At the relevant times, Respondent was working for Infinity Med-I-Spa providing weight loss and hormone replacement therapy, and at MedPlex MD providing outpatient medical treatment for opiate addiction.

3. Respondent failed to renew his license to practice medicine in Alabama at the end of 2020. As a result, Respondent's medical license and his Alabama Controlled Substances Certificate ("ACSC") expired by operation of law on December 31, 2020.

4. In December 2020, Respondent became infected with COVID-19 and was hospitalized. Respondent attributes his failure to renew his license and ACSC to the physical and mental side effects of his bout with COVID-19.

5. After Respondent's license and ACSC expired, he continued to practice medicine and continued to write prescriptions, including for controlled substances.

6. On April 27, 2021, Alabama Board of Medical Examiners Investigator Jason Green visited Infinity Med-I-Spa to discuss another doctor who had failed to renew his medical license. While Green was there, he was informed that Respondent had also failed to renew his medical license and ACSC. Green subsequently confirmed that Respondent had, in fact, failed to renew his license. Respondent filed his application for reinstatement the following day. (BME Exhibit 11.) Respondent admits that he practiced medicine without a license between approximately January 1 and April 27, 2021.

7. Investigator Green then reviewed Respondent's prescribing data through the Prescription Drug Monitoring Program ("PDMP") database. That data shows that a total of 429 prescriptions were written on Respondent's DEA number

between January 1 and April 30, 2021, a period of time in which Respondent had neither a license to practice medicine nor a valid ACSC. The vast majority of the prescriptions were for narcotics (n=253) and stimulants (n=166). As Respondent points out, some of the prescriptions are for small quantities of medications. Even viewing the evidence in the light most favorable to Respondent, however, the fact remains that Respondent wrote prescriptions for a large quantity of controlled substances over a substantial period of time when he was not licensed to do so.

8. Respondent does not deny that he wrote some prescriptions for controlled substances while he was unlicensed, but he does dispute the number of prescriptions at issue. Respondent says that he reviewed some of the prescriptions that were written using his DEA number, and that "quite a few" of them bore other doctors' signatures. Even if that is true, however: (a) Respondent failed to quantify the number of errors beyond "quite a few," and (b) Respondent's apparent lack of control over his ACSC is as concerning to the Commission as Respondent's unlicensed prescribing.

9. Respondent's testimony also evidenced lack of knowledge or understanding of the Board's weight loss regulation, Ala. Admin. Code r. 540-X-17. Respondent testified that, in his opinion, it was appropriate to prescribe weight loss medications to someone with a BMI of 25 and no comorbid factors, if the patient was having difficulty maintaining a healthy weight. Respondent's testimony was,

in our view, inconsistent with the Board's rules and inconsistent with good medical practice. *See* Ala. Admin. Code r. 540-X-17-.04(1)(b).

10. By his own account, Respondent was mentally impaired due to the effects of COVID-19 to the extent that he neglected to renew his license to practice medicine. Even so, Respondent continued to practice medicine for approximately four months. For at least part of this time, and to greater or lesser degrees, Respondent was practicing medicine without a license *and* in an impaired mental state.

IV. Conclusions of Law

1. The Medical Licensure Commission of Alabama has jurisdiction over the subject matter of this cause pursuant to Act No. 1981-218, Ala. Code §§ 34-24-310, *et seq.* Under certain conditions, the Commission "shall have the power and duty to suspend, revoke, or restrict any license to practice medicine or osteopathy in the State of Alabama or place on probation or fine any licensee." Ala. Code § 34-24-360.

2. The Commission also has power to order reinstatement, or, in appropriate circumstances, to deny reinstatement, of licenses to practice medicine in Alabama. In a contested reinstatement proceeding such as this one, the Commission has discretion to reinstate, deny reinstatement, or to reinstate a license and simultaneously impose disciplinary conditions on the license:

The commission may deny reinstatement of a license upon a finding that the applicant has committed any of the acts or offenses set forth in Sections 34-24-360, 34-24-57, 16-47-128, or any other provision of law establishing grounds for the revocation, suspension, or discipline of a license to practice medicine. **In addition, the commission may reinstate the license and impose any penalty, restriction, or condition of probation provided for in subsection (h) of Section 34-24-361 and Section 34-24-381 as the commission deems necessary to protect the public health and the patients of the applicant.** If, at the conclusion of the hearing, the commission determines that no violation has occurred, the license of the applicant shall be reinstated.

Ala. Code § 34-24-337(h) (emphasis added).

3. Respondent was properly notified of the time, date and place of the administrative hearing and of the charges against him in compliance with Ala. Code §§ 34-24-361(e) and 41-22-12(b)(1), and Ala. Admin. Code r. 545-X-3-.03(3), (4). At all relevant times, Respondent was a licensee of this Commission (or was practicing medicine without a license) and was and is subject to the Commission's jurisdiction.

4. The evidence presented at the hearing establishes that Respondent violated Ala. Code § 34-24-360(2), in that, from approximately January 1 through April 30, 2021, he practiced medicine in the State of Alabama without a valid license to do so.

5. The evidence presented at the hearing establishes that Respondent violated Ala. Code § 34-24-360(2), in that, from approximately January 1 through

April 30, 2021, he prescribed controlled substances in the State of Alabama without a valid license to do so.

6. Based on the evidence presented at the hearing, the Commission is unable to conclude that Respondent violated Ala. Code § 34-24-360(22).

7. The evidence presented at the hearing leads the Commission to harbor grave concerns about whether Respondent is currently “unable to practice medicine or osteopathy with reasonable skill and safety to patients by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals, or any other substance, or as a result of any mental or physical condition,” and/or “unable to practice medicine or osteopathy with reasonable skill and safety to patients by reason of a demonstrated lack of basic medical knowledge or clinical competency.” See Ala. Code § 34-24-360(19), (20).

V. Decision

Based on all of the foregoing, it is **ORDERED, ADJUDGED, AND DECREED:**

1. That the Respondent, Eldred Mattatha Brunson, M.D., is adjudged **GUILTY** of violating Ala. Code § 34-24-360(2) as charged in Count One of the Administrative Complaint.

2. That the Respondent, Eldred Mattatha Brunson, M.D., is adjudged **GUILTY** of violating Ala. Code § 34-24-360(2) as charged in Count Two of the Administrative Complaint.

3. That the Respondent, Eldred Mattatha Brunson, M.D., is adjudged **NOT GUILTY** of violating Ala. Code § 34-24-360(22), as charged in Count Three of the Administrative Complaint.

4. That Respondent's license to practice medicine in the State of Alabama is hereby **REINSTATED** and is simultaneously **SUSPENDED**.

5. The Commission will consider granting relief from the suspension after Respondent completes all of the following:

- a. Respondent must complete a neuropsychological evaluation and a physical/medical workup to determine Respondent's fitness to practice medicine, to be completed by the Professional Renewal Center ("PRC") in Lawrence, Kansas, and must follow any recommendations outlined in the findings thereof.
- b. Respondent must complete a competency evaluation for general medical knowledge, to be completed by the Center for Personalized Education for Professionals (commonly known as "CPEP"), and must follow any recommendations outlined in the findings thereof.
- c. Respondent must submit a practice plan for the Commission's advance approval, which practice plan shall not include weight loss or chronic pain management.
- d. Respondent must demonstrate completion of a continuing medical education course in medical ethics, which shall be pre-approved by the Commission.

- e. Respondent must demonstrate completion of a continuing medical education course in medical recordkeeping, which shall be pre-approved by the Commission.
 - f. The Commission reserves the right to amend these conditions based on the findings of the PRC and/or CPEP assessment(s), or based on any other relevant information.
6. Respondent shall, within 60 days of this Order, pay a fine in the amount of \$5,000.00 on Count One, and \$5,000.00 on Count Two, for a total of \$10,000.00.
7. Respondent shall, within 60 days of this Order, pay the administrative costs of these proceedings.

DONE on this the 3rd day of May, 2022.

THE MEDICAL LICENSURE
COMMISSION OF ALABAMA

By:

E-SIGNED by Craig Christopher, M.D.
on 2022-05-03 16:40:50 CDT

Craig H. Christopher, M.D.
its Chairman