

IN THE MATTER OF
JOHN W. BROOKS, D.D.S.
Respondent
License Number: 14841

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BEFORE THE MARYLAND
STATE BOARD OF
DENTAL EXAMINERS
Case Number: 2019-100

**ORDER FOR SUMMARY SUSPENSION OF
LICENSE TO PRACTICE DENTISTRY**

The Maryland State Board of Dental Examiners (the “Board”) hereby **SUMMARILY SUSPENDS** the license of **John W. Brooks, D.D.S.** (the “Respondent”), License Number 14841, to practice dentistry in the State of Maryland. The Board takes this action pursuant to Md. Code Ann., State Gov’t § 10-226(c)(2) (2014 Repl. Vol. & 2018 Supp.), having concluded that the public health, safety, or welfare imperatively require emergency action, and pursuant to Md. Code Regs. (“COMAR”) 10.44.07.22, having concluded that there is a substantial likelihood that the Respondent poses a risk of harm to the public health, safety, or welfare.

The Board bases its action in this matter on the following investigative findings, which the Board has reason to believe are true:

INVESTIGATIVE FINDINGS¹

1. On or about May 20, 1985, the Board issued the Respondent his initial license to practice dentistry in the State of Maryland, under License Number 9013. The Board

¹ The statements regarding the Respondent’s conduct are intended to provide the Respondent with reasonable notice of the basis for the Board’s action. They are not intended as, and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this matter.

issued the Respondent's initial Maryland dental license under the name "John W. Brooks, Jr." The Respondent's initial dental license expired on or about June 30, 1991.

2. On or about March 16, 2011, the Board issued the Respondent a license to practice dentistry in the State of Maryland, under License Number 14841. The Board issued this dental license under the name "John W. Brooks." The Respondent's license is active and scheduled to expire on June 30, 2021.

3. The Respondent has held dental licenses in at least eight other states. None of these licenses are currently active.

4. On or about September 1, 2015, the Virginia Board of Dentistry issued the Respondent a permit to practice dentistry with deep sedation and anesthesia. The Respondent's deep sedation and anesthesia permit expired on or about March 31, 2018.

5. The Respondent has not been specially authorized by any other dental board to practice dentistry with deep sedation or anesthesia.

6. On or about March 5, 2019, the Board received a referral from the Maryland Office of Provider Engagement & Regulation ("OPER"),² which had investigated the Respondent's prescribing practices. OPER included a copy of its investigative report.

7. The OPER investigative report described, in relevant part, the following investigative findings and conclusions:

- a. A pharmacist ("Pharmacist A")³ reported to OPER that the Respondent prescribed oxycodone and methadone to a patient using a prescription pad from a chronic pain management clinic (the "Pain Clinic").

² OPER, previously known as the Office of Controlled Substances Administration, enforces the Controlled Dangerous Substance (CDS) Act and issues CDS permits to health care practitioners.

³ To maintain confidentiality, the names of all witnesses, facilities, employees, and patients will not be used in this document but will be provided to the Respondent on request.

- b. Pharmacist A noticed that the Respondent's name was not pre-printed on the prescription and called the Pain Clinic to verify the prescription. After receiving confirmation that the Respondent was employed at the Pain Clinic, Pharmacist A filled the prescription.
 - c. The patient's insurance company called and notified Pharmacist A that the Respondent was a dentist, not a physician, and, in addition to prescribing two opioids, he had also submitted a claim for "an invasive spinal procedure" performed on the patient, which was deemed "not legitimate."
 - d. OPER obtained a report of the Respondent's controlled dangerous substances (CDS) prescriptions through the Prescription Drug Monitoring Program (PDMP) for June 19, 2017 through June 9, 2018. The PDMP report showed that the Respondent prescribed CDS at least 22 times, including four that the Respondent prescribed to himself.
 - e. The four prescriptions that the Respondent wrote for himself were all for controlled substances containing an opioid pain reliever.
 - f. The remaining 18 prescriptions listed on the PDMP report were written using the Pain Clinic's prescription pad and done on one of two days: May 17, 2018 or May 21, 2018.
 - g. OPER reviewed copies of the prescriptions listed on the PDMP report and found that the Respondent had prescribed oxycodone up to 90mg/day for 30 days to at least one patient, and methadone up to 30mg/day for 30 days to at least one patient.
 - h. OPER reviewed copies of the prescriptions and found that the diagnostic codes that the Respondent wrote for the prescriptions were for non-dental medical conditions, including knee pain, shoulder pain, and back pain.
 - i. OPER concluded that the Respondent prescribed outside the scope of the practice of dentistry, in violation of COMAR 10.19.03.07C(1).
8. The Board initiated an investigation into the Respondent after receiving OPER's referral and investigative report.

9. On or about March 15, 2019, the Board obtained a PDMP report of the Respondent's CDS prescriptions beginning in May 2018.

10. The PDMP report showed that the Respondent wrote 22 prescriptions during the 10-month reported timeframe. Consistent with OPER's findings, nearly all of the listed prescriptions were written on one of two days: May 17, 2018 or May 21, 2018. Of these prescriptions, most were for CDS listed as either Schedule II or Schedule IV under the federal Controlled Substances Act.

11. The PDMP report showed that on or about July 10, 2018, the Respondent prescribed a controlled substance for himself.

12. The PDMP report showed that on or about March 12, 2019, the Respondent prescribed a controlled substance for an individual that the Board later identified as a family member of the Respondent.

13. On or about April 8, 2019, Board staff searched for and found social media accounts linked to the Respondent. The Board confirmed that the accounts were those of the Respondent based on matching information such as his address and college attended. One social media account described the Respondent as an "attending anesthesiologist." Another account described the Respondent as an "Anesthesiologist/DDS."

14. On or about June 27, 2019, the Board received a complaint from a physician ("Physician A") who had recently treated the Respondent at a health care facility (the "Facility"). Physician A believed that the Respondent was an anesthesiologist and had initially filed her complaint with the Maryland State Board of Physicians. In her complaint, Physician A expressed her concern regarding the "fitness of Dr. Brooks to continue medical practice."

15. The results of neuropsychological testing performed on the Respondent on or about May 20, 2019, and May 27, 2019, were included with Physician A's complaint. The testing practitioner diagnosed the Respondent with a specific condition⁴ and concluded that the Respondent's condition was "incompatible with the safe and competent practice of anesthesiology[.]"

16. The Board, through a subpoena, obtained medical records pertaining to the Respondent's treatment at the Facility. The medical records obtained by the Board were dated from May 12, 2019 through May 17, 2019. The records showed, in relevant part, the following information:

- a. Immediately before starting treatment at the Facility on May 12, 2019, the Respondent presented to a local emergency room with a blood alcohol concentration level of .217 and tested positive for opiates.
- b. The Respondent initially acknowledged to a staff member that he used benzodiazepines but denied taking pain medication. He then stated that he took an opioid that he prescribed to himself, about one month prior to treatment at the Facility. The following day, however, the Respondent denied any opioid use to Physician A.
- c. The Respondent told multiple members of the Facility's medical staff that he worked as an anesthesiologist and planned to continue doing so. A staff member noted the Respondent's intent to return to work was "probably not a good idea," due to his condition.
- d. On or about May 16, 2019, an occupational therapist assessed the Respondent and recommended that he "not return to work" due to his condition and to "avoid malpractice suits."

⁴ For confidentiality reasons, more specific details about the neuropsychological testing will not be disclosed in this document, but this information will be provided to the Respondent upon request.

- e. Upon concluding his treatment at the Facility, a social worker noted “significant concern” for the Respondent’s “continued practice of medicine.”

17. The Board’s investigation determined that the Respondent inappropriately prescribed opioids in high dosages and for diagnoses that were not related to the practice of dentistry, including knee, neck, and back pain. The Respondent has also engaged in unprofessional conduct by publicly identifying himself as an anesthesiologist, and by prescribing controlled substances to himself at least four times and to a family member at least once. Finally, the Respondent’s recent treatment providers have warned against the Respondent’s continued practice in the health care field, and his medical records show that his current condition is incompatible with the safe and competent practice of dentistry in the State of Maryland.

CONCLUSIONS OF LAW

Based on the Board’s Investigative Findings stated above, and pursuant to Md. Code Ann., State Gov’t § 10-226(c)(2) (2014 Repl. Vol. & 2018 Supp.), the Board concludes that the public health, safety, and welfare imperatively require this emergency action of summary suspension. In addition, pursuant to COMAR 10.44.07.22, the Board concludes that there is a substantial likelihood that the Respondent poses a risk of harm to the public health, safety, or welfare.

ORDER

Based on the foregoing, it is by the Board, hereby:

ORDERED that the license of the Respondent, John W. Brooks, D.D.S., to practice dentistry in Maryland, License Number 14841, is **SUMMARILY SUSPENDED**; and it is further

ORDERED that upon the Board's receipt of a written request from the Respondent, a Show Cause Hearing shall be scheduled at the Board's next regularly scheduled meeting, not to exceed thirty (30) days from the Board's receipt, at which the Respondent will be given an opportunity to be heard as to why the Order for Summary Suspension should not continue; and it is further

ORDERED that if the Respondent files a written request for a Show Cause Hearing and fails to appear, then the Board shall uphold and continue the summary suspension of the Respondent's license; and it is further

ORDERED that upon service of this Order for Summary Suspension, the Respondent shall immediately surrender to the Board all indicia of licensure to practice dentistry issued by the Board that are in his possession, including but not limited to his original license, renewal certificates, and wallet size license; and it is further

ORDERED that this document constitutes an Order of the Board and is therefore a public document for purposes of public disclosure, as required by Md. Code Ann., Gen. Prov. §§ 4-101 – 4-601 (2014).

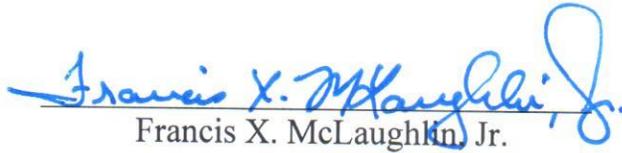
NOTICE OF HEARING

Following the Board's receipt of a written request for hearing filed by the Respondent, a Show Cause Hearing will be held at the offices of the Maryland Board of Dental Examiners, Spring Grove Hospital Center, Benjamin Rush Building, 55 Wade Avenue, Catonsville, Maryland 21228. The Show Cause Hearing will be scheduled for the Board's next regularly scheduled meeting, not to exceed thirty (30) days.

At the conclusion of the Show Cause Hearing before the Board, the Respondent, if dissatisfied with the result of the hearing, may, within ten (10) days, file a written request for an evidentiary hearing. Unless otherwise agreed to by the parties, the Board shall provide a hearing within forty-five (45) days of the Respondent's written request. The Board shall conduct an evidentiary hearing under the contested case provisions of Md. Code Ann., State Gov't §§ 10-210 *et seq.* (2014 Repl. Vol. & 2018 Supp.).

09/04/2019

Date



Francis X. McLaughlin, Jr.

Executive Director

Maryland State Board of Dental Examiners