H. David Gottlieb, D.P.M., President

Maryland Board of Podiatric Medical Examiners
4201 Patterson Avenue
Baltimore, Maryland 21215

## Re: Surrender of License to Practice Podiatric Medicine License Number: 00908

Case Number: 2020-005; 2020-006; 2021-007
Please be advised that I have decided to SURRENDER my license (License Number 00908) to practice podiatry in the State of Maryland. I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender to the Board.

I understand that I may not perform, attempt/offer to perform or otherwise practice podiatry; prescribe medication of any kind; provide podiatric medical treatment to any individual, with or without supervision and/or compensation; provide consultation, diagnose or provide any podiatric related therapy to people or otherwise engage in the practice of podiatric medicine, as it is defined in the Podiatric Medicine Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") § 16-101 et seq. (2014 Repl. Vol. \& 2017 Supp.).

I will refrain from identifying myself as a practitioner of podiatric medicine. I will remove all public and non-public signs, websites, internet postings, email signatures, or similar advertisements that indicate authority to practice podiatric medicine. I will not use letterhead or business cards indicating authority to practice podiatric medicine in Maryland.

As of the effective date of this Letter of Surrender, I understand that the surrender of my license means that I am in the same position as an unlicensed individual in the State of Maryland. I understand that this Letter of Surrender is a PUBLIC document and on the Board's acceptance becomes a FINAL ORDER of the Board.

The Board voted to accept a surrender of my license, in lieu of prosecution prior to the issuance of any disciplinary charges. If the Board had issued formal disciplinary charges against me, I understand that I would have been charged and disciplined under the Maryland Podiatric Medical Examiners Act (the "Act"), codified at Md. Code Ann., Health Occ. ("Health Occ.") §§ 16-101 et seq. (2014 Repl. Vol. \& 2017 Supp.), and the regulations adopted by the Board, at Md. Code Regs. ("COMAR") §§ 10.40 .01 et seq. Specifically, based on the Findings of Fact set forth below, the Board had reason to believe I violated the following pertinent provisions of the Act and COMAR:

Health Occ. § 16-311. Denials, reprimands, probations, suspensions, and revocations -Grounds
(a) Subject to the hearing provisions of § 16-313 of this subtitle, the Board, on the affirmative vote of a majority of its members then serving, may deny a license or a
limited license to any applicant, reprimand any license or holder of a limited license, impose an administrative monetary penalty not exceeding $\$ 50,000$ on any licensee or holder of a limited license, place any licensee or holder of a limited license on probation, or suspend or revoke a license if the applicant, licensee, or holder:
(5) Provides professional services while
(i) under the influence of alcohol
(6) Has a condition, illness or disease that may impair the ability of the individual to perform podiatric services; and
(18) Is professionally or mentally incompetent;
(22) Violates any rules or regulations adopted by the Board.

## FINDINGS OF FACT

## Background

1. On or about June 13, 1985 the Respondent was initially authorized to practice podiatric medicine in the State of Maryland.
2. On October 27, 2021, the Board issued an Order for Summary Suspension of License to Practice Podiatric Medicine regarding the Respondent's license.
a. On or about March 5, 2020, the Board received a notice of Civil Health Care Claim by a Patient against the Respondent.
b. On or about March 11, 2020, the Board received a second complaint from a patient against the Respondent.
c. On or About April 9, 2021, the Board received a third complaint from a patient against the Respondent.
d. On June 20, 2021, a licensed psychologist evaluated the Respondent and prepared a Neuropsychological Report regarding the Respondent. The Neuropsychological report was based on neuropsychological testing of the Respondent as well as interviews with a close family member of the Respondent and a member of the Respondent's office staff.
e. During its investigation of all three complaints, the Board referred the Respondent for an evaluation by a licensed physician (the "Expert").
f. The Expert completed a direct evaluation of the Respondent, consulted with the Respondent's primary care physician, reviewed the Respondent's medical history, interviewed the Respondent's office staff, and relied on and incorporated the prior Neuropsychological Report.
g. The Expert concluded that although Respondent was able to "largely hide the extent of his impairment" in brief, day-to-day interactions, but was "clearly impaired and not currently capable of functioning as a podiatrist."
h. As a result of the Expert's evaluation, the Board emergently and summarily suspended the Respondent's license.
3. On November 29, 2021, the Board issued a Consent Order Regarding the Respondent. The Board suspended the Respondent's license for a minimum of six months, as of the date of the Order, to continue until the Respondent complied with the following terms of suspension:
a. Respondent was to enroll in an appropriate substance abuse rehabilitative program, comply with the terms of that program, and provide the Board with release/consent forms to authorize the Program to provide the Board with full access to the Respondent's records.
b. Respondent was to be subject to ongoing random toxicology screenings arranged by the program during his suspension, with a positive result being a violation of the terms of the Consent Order.
c. Respondent or Respondent's Counsel was to submit quarterly written reports from the Program to the Board
d. After six months of full sobriety and no earlier than 30 days before the end of the minimum period of suspension, the Board was to arrange an independent evaluation to assess Respondent's ability to return to the practice of podiatric medicine.
i. Respondent was to sign and update the consent forms for the Board and the Board-Approved Evaluator;
ii. Respondent was to sign release/consent forms to authorize the Evaluator to exchange information with Respondent's current therapists and treatment providers, as well as access Respondent's medical records.

## Complaint

1. On or about March 5, 2020, the Board received notice of a Civil Health Care Claim by a patient against the Respondent.
2. On or about March 11, 2020, the Board received a second complaint against the Respondent.
3. On or about April 9, 2021, the Board received a third complaint from a patient against the Respondent.

## Investigation

1. The Board's investigation revealed several instances of fraudulent and/or inaccurate billing and deficient record keeping in Respondent's medical files.
2. Respondent's handwritten notes were illegible, and the transcribed notes were incomplete, with little to no information regarding the patients' symptoms, diagnoses, and treatments.
3. Respondent also failed to completely and fully document his billing levels and coding.
4. On July 6, 2021, the Board received a copy of Respondent's Psychological Evaluation.
a. The Evaluation, performed by an Expert Psychologist, concluded that Respondent's cognitive functioning "clearly impaired" and Respondent was "not currently capable of functioning as a podiatrist."
b. The Evaluation noted that Respondent's cognitive condition was "more likely than not due to long standing alcohol abuse."
c. The Evaluation concluded that Respondent would "most likely benefit from evaluation and treatment in a substance abuse rehabilitation facility."
5. On November 29, 2021, Respondent enrolled with the Maryland HealthCare Professionals Program for his initial treatment consultation.
a. After a comprehensive clinical interview and assessment, the Maryland HealthCare Professionals Program recommended "abstinence challenge" monitoring.
b. Respondent was to participate in daily toxicology monitoring and check-ins, as well as regular, ongoing face-to-face meetings with the clinical staff at the Program.
c. On February 2, 2022, the Maryland HealthCare Professionals Program (MHP) issued a letter to the Board, which terminated Respondent's case "for cause," after Respondent failed to maintain contact with the Program staff and did not appear for several toxicological check-ins.
d. The letter noted that Respondent would have to complete the Caron evaluation and follow all treatment recommendations in order to be reenrolled with the Program.
6. On or about February 28, 2022, Respondent underwent a three-day assessment at a Healthcare Professional Program, after a positive PEth test with his treatment program.
a. The assessment found that Respondent's self-reported alcohol consumption did not explain his high PEth levels.
b. The assessment found that Respondent met the criteria for alcohol use order, severe.
c. Respondent was also diagnosed with "unspecified neurocognitive disorder."
d. The assessment recommended that Respondent undergo inpatient treatment for substance abuse, as well as a follow-up neurocognitive battery.
e. The assessment also found that Respondent had not had adequate past treatment for his substance use disorder.
f. The assessment concluded that Respondent was not able to return to the practice of medicine at this time.
7. On or About April 27, 2022, the Board received a letter from Respondent's counsel with an update regarding Respondent's progress.
a. The letter stated that MHP recommended that Respondent enroll in a residential treatment program, and recommended programs in Pennsylvania, Georgia, or Florida.
b. Respondent claimed to be unable to commit to participating in a two to threemonth residential treatment program.
c. Respondent instead chose to see an addiction counselor in Annapolis, Maryland, and to undergo random urine testing.
8. On or about June 1, 2022, the Board received a letter from Respondent's counsel with an update regarding Respondent's progress.
a. Respondent's last contact with MHP was on March 15, 2022.
b. Respondent stated that he was unable and unwilling to attend an in-patient rehabilitation program because he "was involved in a divorce, bankruptcy, that his house had been broken into 4 times and many things were stolen. Since he lived alone there was no one to take care of the house and protect it."
c. Respondent requested to simply continue with his individual therapy and asked for an alternative to residential treatment.
9. On July 20, 2022, Respondent, through counsel, responded to the Board's letter regarding in-patient substance abuse treatment.
a. Respondent claimed to be unable to enroll in an in-patient substance abuse facility "at this time."
b. Respondent cited financial difficulties as a result of unrelated legal proceedings as the reason behind his inability to complete in-patient substance abuse treatment.
c. Respondent requested instead to continue seeing his current psychologist, in conjunction with a local day program, and frequent testing.
10. The Consent Order signed by Respondent on November 29, 2021 states that Respondent must comply with all Program referrals, rules, requirements, and recommendations. Failure to comply with the recommendations and referrals of Respondent's Program constitutes a violation of the Consent Order.

I have decided to surrender my license to practice podiatric medicine in the State of Maryland to avoid prosecution by the Board. I acknowledge that the Board has legally sufficient evidence to prove by a preponderance of the evidence at an administrative hearing that I engaged in behavior that constitutes a violation of the Act.

I understand that by executing this Letter of Surrender I am waiving any right to a formal evidentiary hearing at which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf and all other substantive and procedural protections provided by law, including the right to appeal.

I acknowledge that on or before the effective date of this Letter of Surrender, I shall present to the Board my Maryland podiatric medical license, including any renewal certificates and wallet-sized renewal cards.

I understand that the Board will advise the Association of State Boards of Podiatric Medical Examiners, the National Practitioner's Data Bank, and any other required entities of this Letter of Surrender, and in response to any inquiry, will advise that I have surrendered my license in lieu of disciplinary action under the Health Occupations Article as a resolution of the
matters pending against me. I also understand that, if I would apply for licensure in any form in any other state or jurisdiction, that this Letter of Surrender may be released or published by the Board to the same extent as a Final Order that would result from disciplinary action pursuant to Md. Code Ann., State Gov’t II. § 10-611 et seq. (2014 Repl. Vol.); and that all underlying documents may be released to the other state or jurisdiction.

Finally, I understand that this Letter of Surrender is considered a disciplinary action by the Board. I further recognize and agree that by submitting this Letter of Surrender my license will remain surrendered. I may submit an application to the Board for reinstatement of my license which may be accepted or denied by the Board in its sole discretion. If my petition for reinstatement is accepted by the Board, I understand that upon reinstatement, I must comply with any such terms and conditions which the Board deems appropriate.

I also understand that I bear the burden of demonstrating to the Board that I meet the requirements to practice podiatric medicine under the Act, including compliance with all the laws and regulations for reinstatement of licensure, and that I possess good moral character, as required under Health Occ. § 16-302(b).

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason. Finally, I wish to make clear that I understand both the nature of the Board's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning, terms and effect of this Letter of Surrender. I make this decision knowingly and voluntarily.


## NOTARY SEAL

## STATE OF MARYLAND

 CITY/COUNTY:I HEREBY CERTIFY that on this $\frac{76}{}$ day of April, 2023, before me, a Notary Public of the State and City/County aforesaid personally appeared Brian Bach and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was his voluntary act and deed.


Notary Public

## ACCEPTANCE

On behalf of the Maryland Board of Podiatric Medical Examiners, on this 28th day of April , 2023, I accept the VOLUNTARY SURRENDER of Brian Bach's license to practice podiatric medicine in the State of Maryland, license number 00908.


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[^0]:    H. David Gottlieb, D.P.M., President Maryland Board of Podiatric Medical Examiners

