GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH BOARD OF MEDICINE

In Re:

JOEL COHEN, M.D.

License No.: MD 4567

Licensee

TERMINATION OF CONSENT ORDER

Jurisdiction

This matter comes before the District of Columbia Board of Medicine (the "D.C. Board") pursuant to the Health Occupations Revision Act (HORA), D.C. Official Code § 3-1201.01 ff. (2009). The HORA, at D.C. Official Code § 3-1202.03 (2009), authorizes the Board to regulate the practice of Medicine in the District of Columbia.

Background

The D.C. Board issued a Consent Order against Licensee, effective May 8, 2007, in reciprocity to disciplinary action imposed against Licensee by the Maryland State Board of Physicians (the "Maryland Board"). The D.C. Board's Consent Order required that Licensee's license be reprimanded and suspended, but that Licensee's suspension be stayed subject to the following conditions of probation: (1) Licensee be on probation for five (5) years, whereby he may then apply to have his probation terminated; (2) Licensee assume all costs of complying with the Consent Order; (3) Licensee provide the D.C. Board with a "fitness-to-practice" letter; (4) Licensee's practice be monitored by a board-approved psychiatrist; (5) Licensee use at all times numbered prescription pads with carbon copies, unless employed in his then-present

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GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH

IN THE MATTER OF:)	
)	
JOEL COHEN, M.D.)	Case No.
)	
Respondent)	

NOTICE OF SUMMARY ACTION TO SUSPEND LICENSE

To: Joel Cohen, M.D.

4308 Molesworth Terrace Mount Airy, MD 21771

In accordance with the provisions of the District of Columbia Administrative Procedure Act, D.C. Official Code §2-509 (2001) and the District of Columbia Health Occupations revision Act of 1985, D.C. Official Code § 3-1205.15 (b) (2001), notice is hereby given of the summary suspension of your license to practice medicine in the District of Columbia, License No. MD4567, pursuant to D.C. Official Code § 3-1205.15(a) (2001).

Your license is hereby suspended, effective immediately upon your receipt of this notice. The basis of the Department of Health's summary suspension of your license is set forth in the charge and specification stated below.

Charge I:

You have been disciplined by a licensing or disciplinary authority for conduct that would be grounds for disciplinary action under D.C. Official Code § 3-1205.14(a)(26) (2001), for which the Board may take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(3) (2001), and which conduct presents an imminent danger to the health and safety of the residents of the District of Columbia, for which your license may be summarily suspended pursuant to D.C. Official Code § 3-1205.15(2001).

Specification A:

By Order dated July 14, 2006, the Maryland State Board of Physicians ("Maryland Board") suspended your medical license ("license") for a minimum of two years with all but a minimum of six months stayed, and furthered ordered that your license be actively suspended beginning July 14, 2006 for a minimum of six months subject to certain conditions.

The suspension was based upon the Maryland Board's conclusion that you committed the following violations of Maryland's Medical Practice Act in that you:

- 1) failed to keep adequate medical records;
- 2) prescribed dangerous drugs inappropriately;
- engaged in repeated, egregious and longstanding violations of professional boundaries with the same patient whom you inappropriately prescribed dangerous drugs;
- 4) committed other boundary violations with other patients; and
- committed immoral and unprofessional conduct in the practice of medicine.

Charge II:

You failed to conform to standards of acceptable conduct and prevailing practice, the practice of medicine, for which the Board may take the proposed action, pursuant to D.C. Official Code § 3-1205.14(a)(26)(2001), and which conduct presents an imminent danger to the health and safety of the residents of the District of Columbia, for which your license may be summarily suspended pursuant to D.C. Official Code § 3-1205.15(2001).

Specification A:

Specification A in support of Charge I is incorporated by reference herein and made a part hereof.

If you wish to appeal this summary suspension of your license, you must file a written request for a hearing within seventy-two (72) hours after service of this notice on you. Should you request a hearing, a hearing will be held within seventy-two (72) hours of receipt of a timely request. The request for a hearing must be submitted to Dr. Feseha Woldu, Administrator, Health Professional Licensing Administration, Department of Health, 717 14th Street, N.W., Room 1019, Washington, D.C. 20005. A copy of your request should also be delivered to Stephane J. Latour, Assistant Attorney General, Office of the Attorney General for the District of Columbia, Civil Enforcement Section, Public Safety Division, Suite 450- North, 441 4th Street, N.W., Washington, D.C. 20001.

You may appear personally at such a hearing and you may be represented by legal counsel. You have the right to produce witnesses and evidence in your behalf and to cross-examine witnesses against you, to examine evidence produced, and to have subpoenas issued in your behalf to require the production of witnesses and evidence.

If you, or any witnesses you intend to call, are deaf or because of a hearing impediment cannot readily understand or communicate the spoken English language, you or your witnesses may apply to the Department of Health for the appointment of a qualified interpreter.

A request for a hearing will not stay this summary suspension.

8/30/06 Jeseha Woldu DR. FESEHA WOLDU, Ph.D.

Administrator Health Professional Licensing Administration, DOH **DISTRICT OF COLUMBIA OFFICE OF ADMINISTRATIVE HEARINGS**825 North Capitol Street, NE, Suite 4150
Washington, DC 20002-4210

DISTRICT OF COLUMBIA OFFICE OF ADMINISTRATIVE HEARINGS

2006 OCT -2 P 12: 05

IN RE:

JOEL COHEN, M.D.

Respondent

Case No.: DH-B-06-800037

FINAL ORDER

I. Introduction

This case arises under the District of Columbia Health Occupations Revision Act of 1985, D.C. Official Code § 3-1205.15. On September 25, 2006, this administrative court received a copy of a request for a hearing by Respondent Joel Cohen, M. D., regarding a Notice of Summary Action to Suspend License issued by the Administrator, Department of Health, Health Professional Licensing Administration, on August 30, 2006, and served on Respondent on September 13, 2006 (the "Notice"). The Notice charged that Respondent "committed immoral and unprofessional conduct in the practice of medicine," and that this conduct "presents an imminent danger to the health and safety of the residents of the District of Columbia." D.C. Official Code §§ 3-1205.14(a) and 3-1205.15(a). There were two charges with multiple grounds specified in the Notice:

Charge I:

Respondent was disciplined by a licensing or disciplinary authority for conduct that would be grounds for disciplinary action under D.C. Official Code § 3-1205.14(a)(26)(2001), and which conduct presents an imminent danger to the health and safety of the residents of the District of Columbia. Specifically, by Order dated July 14, 2006, the Maryland State Board of Physicians ("Maryland Board") suspended Respondent's medical license for a minimum of two years with all but a minimum of six months stayed, and

further ordered that Respondent's license be actively suspended beginning July 14, 2006 for a minimum of six months subject to certain conditions. The suspension was based upon the Maryland Board's conclusion that Respondent committed the following violations of Maryland's Medical Practice Act:

- 1) failed to keep adequate medical records;
- 2) prescribed dangerous drugs inappropriately;
- engaged in repeated, egregious and longstanding violations of professional boundaries with the same patient whom Respondent inappropriately prescribed dangerous drugs;
- 4) committed other boundary violations with other patients; and
- 5) committed immoral and unprofessional conduct in the practice of medicine

Charge II:

Respondent failed to conform to standards of acceptable conduct and prevailing practice with a health profession, and which conduct presents an imminent danger to the health and safety of the residents of the District of Columbia.

On September 26, 2006, the undersigned issued a Case Management Order scheduling a hearing for September 28, 2006, pursuant to D.C. Official Code § 3-1205.15(c) (a hearing shall be held within 72 hours of receipt of a timely request.) On September 28, 2006, the hearing commenced. The Government was represented by Stephanie Latour, Esquire, Assistant Attorney General, and Respondent was represented by Edward Horowitz, Esquire.

The Government did not present any witnesses. The Respondent testified on his own behalf.

The following Government exhibits were admitted into evidence: Petitioner's Exhibit "PX" 100, a certified copy of a Consent Order entered July 11, 2001, before the Maryland State Board of Physician Quality Assurance in Case Number 2000-0773, and PX 101, a certified copy

of a Final Order before the Maryland State Board of Physicians in Case Number 2001-0377 entered July 14, 2006.

The following exhibits presented by the Respondent were received into evidence: Respondent's Exhibit "RX" 200, Proposed Decision dated December 27, 2005, before the Maryland Office of Administrative Hearings in the case of State Board of Physicians v. Joel Cohen, M.D. (Maryland OAH No. DHMH-SBP-71-05-07751); RX 201, Respondent's Motion to Supplement the Record dated August 4, 2005 in Board Case Number 2001-0377 before the Office of Administrative Hearings (Maryland OAH No. DHMH-SBP-71-05-07751); RX 202, Respondent's Second Motion to Supplement the Record filed November 1, 2005 in Board Case Number 2001-0377 before the Office of Administrative Hearings (Maryland OAH No. DHMH-SBP-71-05-07751); transcript of the entire hearing conducted on July 26, 2005, July 26, 2005, and July 28, 2005 RX 204, Respondent's Exhibits presented at the hearing before the Maryland Office of Administrative Hearings (Maryland OAH No. DHMH-SBP-71-05-07751); RX 205, Termination of Probation dated February 1, 2006; and RX 206, letter dated September 27, 2006 from Philip Seibel, Respondent's supervisor pertaining to Respondent's character.

Pursuant to D.C. Official Code § 3-1205.15(c) and OAH Rule 2811.4, this decision is being issued within 72 hours after the hearing. Based upon the testimony of the witness and my evaluation of his credibility, and the admitted documentary evidence, I now make the following findings of fact and conclusions of law.

II. Findings of Fact

Respondent is licensed to practice psychiatry in the District of Columbia and in the state of Maryland. Respondent also holds an inactive license to practice medicine in the state of New

York. He has not practiced in New York since 1968. He has been a licensed and practicing physician for more than thirty-five years.

He received his M.D. degree from New York Medical College in 1967, and became board certified in psychiatry and neurology in 1974. Respondent completed his medical internship in 1968 and first year psychiatric residency at Metropolitan Hospital. He completed his second and third year of residency at Walter Reed Medical Center in Washington, D.C. From 1970-1973, Respondent was in active duty in the military in Southeast Asia in Vietnam. He was discharged from the army in July 1973. After leaving the army, the Respondent worked approximately ten months at St. Elizabeth Hospital, and also served as the clinical director of adolescents during that time period. Respondent has been on the staff of Providence Hospital in Washington, D.C. from 1973-2006. He did not work for the hospital, but saw inpatients at this hospital. Respondent was engaged in private practice. Many of Respondent's patients were referred to him from community mental health centers or nonprofit treatment centers. Among his patients were economically disadvantaged, HIV positive patients, those with developmental disabilities and patients with high substance abuse. His income was derived primarily from any reimbursements received from patients who had health insurance. Respondent was also employed at the Center of Mental Health at 201 Martin Luther King Avenue, S.E. as a senior psychiatrist. There, he treated patients, including at-risk adolescents through December 2005. Even though he remained at the Center of Mental Health through December 2005, he did not receive compensation from October through December 2005. In December 2005, he contracted with Community Connection, a facility that treats and cares for persistently and severely mentally ill patients. RX 206. He worked approximately 28 hours per week, and was supervised by Philip Seibel, the medical director. RX 206. Respondent also worked at the Kennedy Institute

on Buchanan Street, in Northeast Washington, DC. This institution treats developmentally disabled persons.

A. Incident Involving Patient A

Respondent was previously married and has three children. Respondent became romantically involved with Patient A and in 2000 had been engaged to her for six years. (PX 100 at 3, ¶ 5 and 6.) During the time period January 1, 1999 through March 28, 2000, the Respondent knowingly prescribed psychotropic medications and controlled dangerous substances to his fiancée, Patient A, who had a significant history of serious psychiatric problems, including a suicide attempt in 1990. PX 100 at 3 and PX 101 at 8. The medications Respondent prescribed to Patient A included: Prozac, Hydrocodone, Diazepam and Lorazepam. PX 100 at 3, ¶ 8. Patient A's long-term psychiatrist was not Respondent, but someone who moved out of Maryland in December 1998. PX 100 at 3. Patient A sought psychiatric treatment from other doctors. PX 100 at 3. Patient A's long-term psychiatrist previously prescribed the aforementioned medications to Patient A. PX 100 at 3, ¶ 9. Respondent did not keep medical records concerning Patient A. PX 100.

On March 28, 2000, a 911 emergency call was made to respond to Patient A's home. PX 100 at 2. Patient A was found fading in and out of consciousness, and Montgomery County Police Department officers found empty vials of medications Respondent prescribed to Patient A. PX 100 at 2. Patient A was transported by ambulance and admitted to Shady Grove Adventist Hospital. PX 100. Patient A's blood/urine toxicology screen, performed at Shady Grove Hospital Emergency Department was positive for alcohol and benzodiazepines, which Respondent recently prescribed for Patient A. PX 100. Patient A began treatment with another physician specializing in psychiatry on or about April 1, 2000, at which time Respondent and

Patient A were still engaged to be married. PX 100. Respondent testified, and I so find, that he continued taking Patient A to her psychiatrists until she committed suicide.

The Maryland Board of Physician and Quality Assurance investigated Dr. Cohen's actions during the period January 1, 1999 through March 28, 2000, and found as a matter of law that Dr. Cohen was guilty of immoral or unprofessional conduct in the practice of medicine, in violation of Maryland's Health and Occupations Article § 14-404(a)(3). PX 101 at 8. The Respondent entered into a Consent Order to resolve the charges, which was ratified by the Board on July 11, 2001. PX 100 and PX 101 at 8.

B. Incident Involving Patient B

In 2000, the Maryland Board of Physician Quality Assurance also reviewed a claim filed against the Respondent before the Maryland Health Claims Arbitration Office alleging that Respondent was negligent and breached appropriate standards of care with respect to an adult woman patient, Patient B, to whom he provided psychiatric care from 1977 through 1998. PX 101 at 8. Patient B was 27 at the time she began treatment with Respondent in 1977. Patient B was also a practicing attorney, and a battered spouse, married to another attorney. The Maryland Board began an investigation by referring this matter to the Peer Review Management Committee of the Medical and Chirurgical Faculty of Maryland, who then referred the investigation to the Suburban Maryland Psychiatric Society Peer Review Committee (hereinafter "SMPS PRC"). PX 101 at 9 and RX 200 at 206-208. SMPS PRC prepared findings to the Maryland Board on June 19, 2002. RX 200 at page 207 and PX 101 at 9. SMPS PRC found that the Respondent committed multiple boundary violations and other violations of the standard of care involving Patient B. PX 101 at 11. The boundary violations included the following:

- Respondent was notified by Patient B that he was a trustee of her corporation, the executor of her will and the custodian of her adopted child. PX 101 at 11.
- Respondent referred patients to Patient B for malpractice advice, served as an expert witness for her in several cases she brought as an attorney, spent time during treatment sessions discussing cases they shared, allowed Patient B to serve as a malpractice attorney for Respondent's wife in a dental malpractice claim; served as godparent for a child that patient B had in 1980, attended the child's christening, and also attended a victory party for a case in which Respondent testified. PX 101 at 11.
- Respondent's recordkeeping of Patient B was below the standard of care, including illegible notes, no accurate medication records, and the loss of records due to an office move in June 1998. PX 101 at 11.
- 4) Respondent practiced outside the standard of care by prescribing for various medical complaints, including asthma and "spider bites" for which he prescribed steroids. Respondent also allowed Patient B to manipulate him into obtaining drugs as one of several practitioners prescribing the same medications, not taking into account Patient B's history of alcoholism. PX 101.

Respondent had diagnosed Patient B with significant psychiatric disorders, including borderline personality disorder, polydrug abuse, and major recurrent depression. PX 101 at 12. By mid-1990, Respondent became aware that Patient B was abusing prescription medications

and was receiving medications from other physicians. PX 101 at 10. Respondent could not produce to the Maryland Board of Physician Quality Assurance, upon its request, any psychotherapy treatment records for Patient B for the entire treatment period. PX 101 at 12.

In addition to the findings of the SMPS PRC, the Board also found additional impermissible boundary violations and inappropriate professional practices of the Respondent. They were identified in the Final Order as:

- 1) employing or having patients answer office telephones at his office;
- 2) employing or having a former patient do yard work for him;
- permitting one or more of his children to provide babysitting services for the Patient;
- 4) retaining an attorney to whom Patient B routinely referred cases to provide legal services for him;
- 5) being retained on, or working as an expert witness on, cases Patient B brought in her capacity as an attorney;
- 6) providing advice to Patient B on a real estate purchase, and visiting the property which Patient B proposed to purchase;
- 7) providing Ritalin prescriptions for Patient B's son upon Patient B's request, without personally evaluating or seeing Patient B's son as a patient;
- 8) failing to maintain psychiatric records on Patient B's son to whom he prescribed medications;
- 9) giving gifts to Patient B's children on holidays;
- 10) giving sports tickets to Patient B;

- 11) giving Patient B the names of his friends for her to contact while she went on an out-of-state vacation;
- 12) permitting Patient B to take one or more of his children to the beach for a vacation:
- 13) permitting Patient B to use her professional contacts to assist Dr. Cohen's son in purchasing a vehicle at an automobile dealership, and participating in this activity;
- 14) referring patients to Patient B for legal advice/assistance;
- 15) working as a consultant for Patient B on cases she was handling in her professional capacity;
- 16) permitting Patient B to represent Respondent's wife in a dental malpractice lawsuit;
- 17) giving Patient B and/or other patients stock tips;
- 18) writing a reference letter for Patient B when she was seeking employment;
- 19) accepting Patient B's prepayment of large sums of money, i.e. \$15,000 for future psychotherapy services, which is an inappropriate billing practice;
- 20) failing to prevent Patient B from having access to Respondent's professional offices;
- 21) failing to prevent Patient B from entering Respondent's professional offices and taking a shower;
- 22) obtaining information from a current patient in order to hire movers to move the contents of Respondent's office;
- 23) losing Patient B's psychiatric records;
- 24) failure to maintain complete psychiatric records with respect to Patient B;

- 25) failure to maintain complete medical records documenting Respondent's rationale for non-psychiatric treatments provided or medications prescribed;
- 26) failure to maintain documentation with respect to ordering periodic laboratory/diagnostic studies to assess any medications prescribed;
- 27) discussing with Patient B legal matters involving other patients; and
- 28) failure to maintain complete billing records.

PX 101 at 13-14.

During the treatment period of Patient B, Respondent provided in-person psychotherapy to Patient B, and also conducted sessions by phone. PX 101 at 9-10. During that time, Respondent prescribed to Patient B Haldol, Decanoate, Ritalin, Cogentin, Prozac, Ativan, Ambien, Depakote, Sinequan, Librium, and Zyprexa. In treating Patient B's somatic complaints, Respondent also prescribed Premarin, vitamin E, Synthroid, Imitrex, Entex LA, Lorcet, various antibiotics (e.g. Cipro Biaxin), steroids (Medrol dosepak), asthma preparations (e.g. Theodur) and nasal inhalers. PX 101 at 9-10.

In 1998, Respondent suggested to Patient B that she receive care from another physician who could follow her medications, and advised her that he would not prescribe further medications because of her lack of attendance at appointments and refusal to take medications as indicated. PX 101 at 10.

C. Respondent's Rehabilitation and Termination of Probation

The Maryland Board of Physicians Quality Assurance acknowledged in its Final Order entered July 14, 2006, that Respondent had attained substantial rehabilitation. PX 101 at 17. This Maryland Board issued a formal public reprimand against the Respondent's license and

placed him on probation for a period of two years, subject to various terms and conditions, including but not limited to: mandatory psychiatric evaluation and psychotherapy, it recommended; continuing medical education coursework in medical ethics, management of substance abuse, and psychopharmacology; practice mentoring/supervision; and chart/peer review. PX 101 at 8.

Since the Consent Order was entered in 2001, Respondent has completed an approved course in medical ethics, psychopharmacology, and management of substance abuse, and authored a paper on the dilemma faced by physicians in private practice with government agencies and insurance companies. Respondent also acknowledged that he received a psychiatric evaluation, but based on that evaluation, the Board did not require the Respondent to see a psychiatrist or a mentor as set forth in the Consent Order, PX 100 at 7-9. On August 29, 2001, Respondent was evaluated pursuant to the Consent Order by Dr. Ben Zeichner. RX 204 at 634, Tab 11. Dr. Zeichner's report was based upon a review of the Board's Consent Order of June 2002, a supervisory report by Dr. Harold Eist made in August 2001, and a two hour interview of Respondent completed on August 21, 2001. RX 204 at 634.

The report disclosed the following about the Respondent's mental status:

"Dr. Cohen arrived promptly and presented as a well-groomed, kempt man appearing somewhat younger than his stated age, nervous, ingratiating and embarrassed in manner. He was alert and well oriented in all spheres. Recent and remote memory were intact. Cognitive abilities, intellect, abstract reasoning were all superior. No evidence or report of any psychotic symptoms; no hallucinations, delusions nor ideas of reference were noted. Speech was coherent, logical and responsive with no evidence of loosening nor pressure. Mood was one of anxiety mild depression, embarrassment and remorse; affect was appropriate to the material expressed. Dr. Cohen's self esteem has been hurt by recent events and he attempted to gain the examiner's respect by pointing out his strengths. He was generally rather open about his problems. Social understanding and judgment showed no impairment. Dr. Cohen denied vegetative symptoms, insomnia, violent thoughts or intent to self or others as well as alcohol, substance abuse, or

any history of criminality. He denies any physical problems other than some arthritis."

Dr. Zeichner's August 2001 report also made the following conclusions about the Respondent:

...Dr. Cohen does not suffer from any major mental illness, intellectual impairment, or characterological problems that would impair his capacity to practice his medical specialty or to understand the nature of physician boundary issues and medical ethics. He therefore does not require psychiatric treatment to discharge the duties of his specialty at his customarily high level of competence.

Dr. Cohen is acutely aware of his ethical violation, feels quite remorseful about it, and is apparently working well with his supervisor, Dr. Eist¹ to deepen his appreciation of boundary and ethical issues in his practice.

Currently Respondent sees approximately 60 patients per week and all patients have his notes documented in a computer. All prescriptions on patients are copied and placed in their medical records. Respondent's work is supervised on a daily basis by Dr. Philip Seibel, RX 206.

Respondent has worked for Providence Hospital in the District of Columbia since 1974.

There are no meritorious complaints related to his work that have been substantiated against him ²

On February 1, 2006, the executive director of the Maryland Board of Physicians and Quality Assurance entered an Order terminating the probation of the Respondent, and concluded that the Respondent had complied with the probationary terms and conditions imposed by the Consent Order dated July 11, 2001. RX 205. Respondent is also eligible to apply for

That complaint was subsequently dismissed

¹ Dr. Harold Eist is Respondent's board approved supervisor appointed in 2001. RX 201 at 241. ²Respondent admitted in 1980 a patient filed a complaint in the District of Columbia. The substance of the case was that the Respondent saw a patient, and the patient said that the Respondent did not see her, and she requested medical records for the Internal Revenue Service.

reinstatement of his physician's license in the state of Maryland in less than four months, in January 2007.

III. Conclusions of Law

The Government has the burden of proving by the preponderance of the evidence that Respondent has failed to conform to standards of acceptable conduct and prevailing practice, and demonstrated a willful or careless disregard for health, welfare or safety of his patients and that this conduct either individually or collectively "presents an imminent danger to the health and safety of the residents of the District of Columbia." D.C. Official Code §§ 3-1205.14(a) and 3-1205.15(a).

Here, the essence of the Government's case is the determination made by the Maryland Board of Physicians Quality Assurance. It is true that the Final Order acknowledges that Respondent's "egregious boundary violations were not a one-time, short-term lapse of judgment with one patient, but rather a long-standing documented pattern of unethical behavior dating back to 1977 and continuing until 1998 with more than one patient." PX 101 at 16. However, Respondent's present work performance, the termination of his probation, and the rehabilitative efforts of the Respondent must be acknowledged given the age of the incidents. These violations occurred during the time period 1977 through 2000. The Government does not offer any evidence indicating that since 2000, or even since the Respondent completed his probationary terms he has done anything that poses a present and imminent danger to the health and safety of the residents of the District of Columbia. Respondent has worked for Providence Hospital in the District of Columbia for over 30 years. All terms of Respondent's probation have been met. Respondent remains under supervision where he is currently employed. The charges that are the subject of this summary suspension are more than six years old. For these reasons, I conclude

that the Respondent has been rehabilitated and he does not present an imminent danger to the health and safety of the residents of the District of Columbia. There must be substantial evidence to support the summary suspension of Respondent's license. Substantial evidence means more than a mere scintilla of proof; it means "such relevant evidence as a reasonable mind might accept as adequate to support a conclusion." *Children's Defense Fund v. District of Columbia department of Employment Servs.*, 726 A.2d 1242 at 1247 (D.C. 1999). *See also Sherman v. Comm'n on Licensure to Practice the Healing Art*, 407 A.2d 595, 600-601 (D.C. 1979) (holding that due process does not require use of a higher standard of proof than preponderance of the evidence in disciplinary proceedings against health professionals).

Accordingly, I conclude that the Government has not proved by the preponderance of the evidence that the Respondent presents an imminent danger to the health and safety of the residents of the District of Columbia and the summary suspension of Respondent's license will be vacated.

IV. Order

ORDERED, that the August 30, 2006, Notice of Summary Action to Suspend License issued to Respondent Joel Cohen, M.D., is hereby **VACATED**; and it is further

ORDERED, that the appeal rights of any person aggrieved by this Order are stated below.

Claudia Barber

Administrative Law Judge

APPEAL RIGHTS

Pursuant to D.C. Official Code § 2-1831.16(c)-(e), any party suffering a legal wrong or adversely affected or aggrieved by this Order may seek judicial review by filing a petition for review and six copies with the District of Columbia Court of Appeals at the following address:

Clerk
District of Columbia Court of Appeals
H. Carl Moultrie I Courthouse
500 Indiana Avenue, N.W.
Sixth Floor
Washington, DC 20001
202-879-2700

The petition for review (and required copies) may be mailed or delivered in person to the Clerk of the Court of Appeals, and must be received by the Clerk of the Court of Appeals within 30 calendar days of the mailing date of this Order, pursuant to D.C. App. R. 15(a)(2). Information on petitions for review to the Court of Appeals can be found in Title III of the Rules of the District of Columbia Court of Appeals.

IMPORTANT NOTICES:

- 1. By law, the amount of a lawfully imposed fine cannot be modified or reduced on appeal. D.C. Official Code § 2-1831.16(g).
- 2. Filing of a petition for review does not stay (stop) the requirement to comply with a Final Order, including any requirement to pay a fine, penalty or other monetary sanction imposed by a Final Order. If you wish to request a stay, you must first file a written motion for a stay with the Office of Administrative Hearings. If the presiding Administrative Law Judge denies a stay, you then may seek a stay from the Court of Appeals.

Certificate of Service:

By Facsimile & U.S. Mail (Postage Paid):

Edward S. Horowitz, Esquire Jeremy R. Krum, Esquire Armstrong, Donohue, Ceppos and Vaughan, Chartered 204 Monroe Street, Suite 101 Rockville, MD 20850 FAX: (301) 279-5929

I hereby certify that on 10/2/06, 2006 this document was caused to be served upon the parties named on this page at the addresses listed and by the means stated.

Clerk / Deputy Clerk

Stephanie Latour, Esquire Assistant Attorney General Office of the Attorney General Public Protection and Enforcement 441 4th Street, NW Suite 450-North Washington, DC 20001-2714 FAX (202) 727-6546

Dr. Feseha Woldu
Administrator
Department of Health
Health Professional Licensing
Administration
717 14th Street, N.W., 6th Floor
Washington, DC 20005
FAX: (202) 727-8471

James R. Granger, Jr.
Executive Director
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717 14th Street, N.W.
Suite 1007
Washington, DC 20005
FAX (202) 727-8677

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH BOARD OF MEDICINE

IN THE MATTER OF:)
JOEL COHEN, M.D.)
Medical License No. MD 4567)
Respondent)

CONSENT ORDER

JURISDICTION

This matter comes before the District of Columbia Board of Medicine pursuant to D.C. Official Code § 3-1202.03 (a) (2) (2001) otherwise known as the Health Occupations Revision Act ("HORA"). The "HORA" provides for the regulation of the practice of medicine by the D.C. Board of Medicine.

BACKGROUND

On or about October 26, 2006, pursuant to the District of Columbia

Administrative Procedure Act, D.C. Official Code § 2-509(a) (2001); the District of

Columbia Health Occupations Revision Act of 1985; D.C. Official Code § 3-1205.19(a)

(2001) and Title 17 Section 4102 of the District of Columbia Municipal Regulations

(hereinafter "DCMR"), the Board of Medicine (hereinafter "the Board") issued a Notice

of Intent to Take Disciplinary Action (the "Notice") against Joel Cohen, M.D., or his

license to practice medicine in the District of Columbia (hereinafter "the District"),

License No. MD 4567.

Specifically, the Notice charged Dr. Cohen as follows:

Charge I:

You have been disciplined by a licensing or disciplinary authority for conduct that would be grounds for disciplinary action under D.C. Official Code § 3-1205.14(a)(26) (2001), for which the Board may take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(3) (2001).

Specification A:

By Order dated July 14, 2006, the Maryland State Board of Physicians ("Maryland Board") suspended your medical license ("license") for a minimum of two years with all but a minimum of six months stayed, and further ordered that your license be actively suspended beginning July 14, 2006 for a minimum of six months subject to certain conditions.

The suspension was based upon the Maryland Board's conclusion that you committed the following violations of Maryland's Medical Practice Act in that you:

- 1) failed to keep adequate medical records;
- 2) prescribed dangerous drugs inappropriately over a long period of time;
- engaged in repeated, egregious and longstanding violations of professional boundaries with the same patient for whom you inappropriately prescribed dangerous drugs;
- 4) committed other boundary violations with other patients;
- 5) committed immoral and unprofessional conduct in the practice of medicine; and
- 6) failed to meet appropriate standards for the delivery of quality medical care.

Charge II:

You failed to conform to standards of acceptable conduct and prevailing practice in the practice of medicine, for which the Board may take the proposed action pursuant to D.C. Official Code § 3-1205.14(a)(26)(2001).

Specification A:

Specification A in support of Charge I is incorporated by reference herein and made a part hereof.

In response to the Notice from the Board, the Respondent requested a hearing.

The Board and the Respondent have now agreed to settle this matter.

Joel Cohen, M.D., represented by counsel licensed to practice law in the District of Columbia, gives his consent to the Board's following Order:

ORDER

WHEREFORE, on the basis of the Final Decision and Order by the Maryland State Board of Physicians, and on the basis of the consent of the Respondent, the Board of Medicine hereby **ORDERS** as follows:

- 1. That the medical license of Dr. Joel Cohen is hereby immediately **SUSPENDED**;
- 2. That the suspension of Dr. Joel Cohen's medical license is hereby indefinitely **STAYED** subject to the conditions set forth below in paragraphs four (4) through twelve (12);
- 3. That Dr. Joel Cohen is hereby REPRIMANDED;
- 4. That Dr. Joel Cohen is hereby placed on **PROBATION** for a minimum period of five (5) years effective the date of execution of this Consent Order, and that at the end of five (5) years from the effective date of this Consent Order, Dr. Cohen may apply to the Board to have the Probation terminated:
- 5. That all conditions of PROBATION as set forth below in paragraphs seven (7) through twelve (12) shall be in full force and effect for the duration of the PROBATION period;
- 6. That Dr. Joel Cohen shall assume all of the costs of complying with this Consent Order to include all costs associated in any manner with complying with paragraphs seven (7) through nine (9) below;
- That Dr. Joel Cohen shall provide the Board of Medicine within fourteen (14) days of the effective date of this Consent Order a fitnessto-practice letter from a psychiatrist acceptable to the Board of Medicine;
- 8. That Dr. Joel Cohen shall have his practice monitored by a psychiatrist acceptable to the Board of Medicine and shall present to the Board of Medicine within thirty (30) days of the effective date of this Consent

Order a proposed monitoring plan presented by Dr. Cohen and the psychiatrist deemed acceptable to the Board of Medicine. The monitoring plan shall include a reporting schedule to the Board of Medicine and a recommendation concerning therapy should the psychiatrist see a need for such subsequent to the fitness-to-practice letter referenced in paragraph seven (7) above;

- 9. That Dr. Joel Cohen at all times shall use numbered prescription pads with carbon copies; said carbons to be available at all times on site for inspection, however said requirement shall be waived so long as Dr. Cohen is in his present employment and prescribing oversight is included in the monitoring plan addressed in paragraph eight (8) above:
- 10. That Dr. Joel Cohen is fined five hundred dollars (\$500.00); and,
- 11. That Dr. Joel Cohen understands and hereby consents that if he commits any violation of this Consent Order, to include compliance with any and all suspense dates as enumerated above, or receives any new charges either criminal or administrative in this or any other jurisdiction, that the Stay of suspension of his medical license will be immediately lifted without benefit of hearing or decision on a motion or otherwise as to the lifting of the STAY and Dr. Cohen shall then have his medical license remain suspended pending the outcome of any hearing in this or any other jurisdiction as to any new charges or charged violation of this Consent Order.

5/8/07 DATE

Frederick C. Finelli, M.D., J.D.

. Chairperson

Board of Medicine

CONSENT

By this Consent, I agree to accept and abide by this Order. I acknowledge its validity and acknowledge that I have agreed to this Consent Order in lieu of the hearing which I previously requested at which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections provided by law. I acknowledge that the

Board of Medicine has jurisdiction over me and the offenses of which I am charged. I acknowledge that I committed the violations as charged in the Notice and as I admitted to Maryland authorities by stipulation and as set forth in the Maryland Final Decision and Order dated July 14, 2006. Further, I agree to waive any right to a hearing or any form of legal redress before the Board of Medicine or before any court of competent jurisdiction regarding the lifting of the Stay of my medical license suspension should I in the future be charged in this or any other jurisdiction with any new charges or charges relating to a violation of this Consent Order if at anytime the Stay of my license suspension should be lifted by the Board of Medicine and my license to practice be suspended. The Stay shall be lifted and the suspension shall then be effective immediately and shall remain in effect pending the outcome of a hearing on any charge brought against me by any jurisdiction in which I am licensed. I fully understand that the Stay is for an indefinite period of time and that I voluntarily, after consulting with counsel, agree to waive any right I may have to appeal any portion of this Consent Order now or in the future for any reason.

I also recognize that I am waiving my right to appeal any adverse ruling by the Board of Medicine that might have followed any such hearing regarding the Charges against me as contained in the Notice. By this Consent, I waive all such rights. I have had an opportunity to review this document. I sign this consent without reservation and am fully aware of its meaning.

5 2 0 (DATE Joel Johen, M.D.

Sworn and subscribed to before me this 2nd day of May, 2007.

my Commission Expires: Namy Ea Bland

12/107 Notary Public

Return this signed Consent Order along with a check or money order made payable to "D.C. Treasurer" to James Granger, Executive Director, D.C. Board of Medicine, 717 14th Street, N.W., 10th Floor, Washington, D.C. 20005 within ten (10) days of receipt of the Consent Order.

This Consent Order is a public record and shall be filed with the National Practitioner's Data Bank and elsewhere as appropriate.

employment and prescribing oversight be included in Licensee's monitoring plan; and (6) Licensee be fined five hundred dollars (\$500.00).

On October 11, 2012, Licensee appeared before the Board for a monitoring exit interview to determine whether the Consent Order would be terminated. After a complete evaluation of the record and receiving Licensee's representations, the Board determined that the terms of the Consent Order had been satisfied and voted unanimously to terminate the Consent Order.

ORDER

ORDERED that the terms and conditions imposed by the District of Columbia Board of Medicine Consent Order, effective May 8, 2007 for Joel Cohen, M.D., is hereby

TERMINATED; and it is further

ORDERED that the Consent Order, effective May 8, 2007, is no longer in effect.

Janis M. Orlowski, M.D., MACP

Chairperson

District of Columbia Board of Medicine

This Order of Termination of Consent Order shall be deemed a Public Order and shall be distributed as appropriate.

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ORDER

Based upon the aforementioned, it is this _____ day of December, 2012, hereby

ORDERED that the terms and conditions imposed by the District of Columbia Board of Medicine Consent Order, effective May 8, 2007 for Joel Cohen, M.D., is hereby

TERMINATED; and it is further

ORDERED that the Consent Order, effective May 8, 2007, is no longer in effect.

Janis M. Orlowski, M.D., MACP

Chairperson

District of Columbia Board of Medicine

This Order of Termination of Consent Order shall be deemed a Public Order and shall be distributed as appropriate.