COMMONWEALTH OF MASSACHUSETTS

BOARD OF REGISTRATION IN MEDICINE

Middlesex, ss. Adjudicatory Case No. 2020-051

 (RM-19-0487)

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| In the Matter ofAbebe Haregewoin, M.D. |

**FINAL DECISION AND ORDER**

 This matter came before the Board for final disposition on the basis of the Administrative Magistrate’s Order of Default Recommended Decision (“Recommended Decision”), dated June 14, 2021, which found Abebe Haregewoin, M.D. (“Respondent”) in default. After full consideration of the Recommended Decision, which is attached hereto and incorporated by reference, and Complaint Counsel’s Memorandum on Disposition, the Board adopts the Recommended Decision, and adds:

Findings of Fact

In light of the Respondent’s failure to respond to the Statement of Allegations (“SOA”), failure to appear via telephone for a scheduled prehearing conference at the Division of Administrative Law Appeals (hereinafter “DALA”), and failure to respond to the Magistrate’s Order to Show Cause, DALA found the Respondent in default. M.G.L. c. 30A, § 10(2), and 801 CMR 1.01(7)(a)(1). Therefore, the allegations contained in the SOA are deemed admitted. See *In the Matter of Christopher D. Owens, M.D.*, Board of Registration in Medicine, Adjudicatory Case No. 2017-031 (Final Decision and Order, April 25, 2018). The Board therefore makes the following findings:

Biographical Information

1. The Respondent was born on January 4, 1950. He is not certified by any medical specialty board. The Respondent lists his practice specialty as Radiation Oncology. He is a 1976 graduate of the Addis Ababa University in Ethiopia. He was first licensed to practice medicine in Massachusetts on June 29, 1994 under certificate number 79781. His license to practice medicine lapsed on January 4, 2011.
2. The Respondent holds a license to practice medicine in Maryland. He previously held a license to practice in Utah; however, that license lapsed on January 1, 2020.

Factual Findings

1. The Respondent was employed by a County Department of Behavioral Services in western Maryland. From March 2016 through April 2018, the Respondent was the medical director of the ambulatory clinic and provided outpatient substance abuse treatment and mental health treatment.
2. The Maryland State Board of Physicians (“Maryland Board”) received a complaint from the facility alleging that the Respondent had pre-signed blank prescription forms and had authorized an unlicensed person to complete the prescription forms for Suboxone and buprenorphine for various patients. During the course of their investigation, they obtained copies of 15 blank prescriptions that had been pre-signed by the Respondent and reviewed 7 prescriptions that had been pre-signed by the Respondent and subsequently completed by staff.

5. The Respondent submitted a written response to the Maryland Board. He acknowledged that he had provided pre-signed prescriptions to a registered nurse (“R.N.”) for emergency “potentially life threatening or dangerous situations.” The Respondent stated that he had only given five orders for the blank prescriptions to be issued. he did not include that he had also given orders to an unlicensed pharmacotherapy employee.

6. On January 2, 2019, the Respondent entered into a Consent Order with the Maryland Board reprimanding the Respondent and ordering him to take a course in ethics.

7. A copy of the Maryland Board’s Consent Order is attached hereto as Attachment A and is incorporated herein by reference.

8. On July 12, 2019, a notification letter requesting that the Respondent contact the Board was sent to the Respondent. USPS confirmed delivery of the letter on July 15, 2019.

9. As of this date, the Board has not received a response from the Respondent.

Conclusions of Law

 Since the matter was decided on the basis of a default at DALA, the Magistrate made no determinations as to Conclusion of Law. Based upon the facts set forth in the SOA, and now admitted, the Board makes the following Conclusions of Law.

1. The Respondent was disciplined in another jurisdiction by the proper licensing authority for reasons substantially the same as those set forth in M.G.L. c. 112, § 5 or 243 CMR 1.03(5) -to wit:
2. M.G.L. c. 94C, §19(a), issuing prescriptions for controlled substances that were not for legitimate purposes and in the usual course of the physician’s medical practice.
3. 243 CMR 1.03(5)(a)(10), practicing medicine deceitfully, or engaging in conduct that has the capacity to deceive or defraud.
4. 243 CMR 1.03(5)(a)(18), engaging in misconduct in the practice of medicine.
5. M.G.L. c. 112, §61(5), engaging in dishonesty, fraud, or deceit which is reasonably related to the practice of medicine.
6. The Respondent has engaged in conduct that undermines the public confidence in the integrity of the medical profession, a basis for discipline pursuant to *Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979); *Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982).

 Sanction

The Respondent’s failure to respond to the SOA, to appear via telephone for a scheduled hearing at DALA, to respond to the Order to Show Cause, and his default in connection with this action demonstrate his utter disregard for the Board’s statutory mandate. By failing to respond to the Board, the Respondent prevented the Board from investigating the serious allegations concerning his Maryland discipline. In order for the Board to fulfill its mission to protect the public, a physician’s cooperation is essential. By failing to respond to the serious allegations against him, the Respondent hindered the Board’s efforts to fulfill its mission. See *In the Matter of Mark M. Kowalski, M.D.*, Board of Registration in Medicine, Adjudicatory Case No. 97-16-DALA (Final Decision and Order, April 1, 1998) (“A physician who obstructs the Board’s investigation of a complaint and blatantly ignores repeated requests for a response threatens the public’s health, welfare and safety, not only by denying the Board potentially important information, but also by draining the resources of the Board”).

 Revocation has been imposed by the Board “where physicians have repeatedly disregarded the Board’s administrative directives.” See *In the Matter of Anastasia Kucharski, M.D.*, Board of Registration in Medicine, Adjudicatory Case No. 2008-048 (Final Decision and Order, April 14, 2010) (Board revoked physician’s inchoate right to renew her medical license, finding she had continued to practice after her license had lapsed, practiced without malpractice insurance, and engaged in licensing fraud by misrepresenting her malpractice insurance status and failing to report criminal charges).

 The Board has imposed revocation in matters where a physician has provided prescriptions for controlled substances without a legitimate medical basis. See *In the Matter of Christopher D. Owens, M.D.*, Board of Registration in Medicine, Adjudicatory Case No. 2017-031 (Final Decision and Order, April 25, 2018) (Board revoked physician’s inchoate right to renew his license based on California discipline for prescribing controlled substances to his girlfriend and known drug users for non-medical purposes).

 The Board’s paramount responsibility is the protection of the public health, safety, and welfare. See *Levy v. Board of Registration in Medicine*, 378 Mass 519 (1979). In light of the Respondent’s default, which hindered the Board’s efforts in its fulfillment of this responsibility, it is appropriate to impose a sanction in this matter. The Board hereby **REVOKES** the Respondent’s inchoate right to renew his license to practice medicine. This sanction is imposed for each violation of law listed in the Conclusions of Law section and not a combination of any or all of them.

 The Respondent shall provide a complete copy of this Final Decision and Order, with all exhibits and attachments, within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which he practices medicine; any in- or out-of-state health maintenance organization with whom he has privileges or any other kind of association; any state agency, in- or out-of-state, with which he has a provider contract; any in- or out-of-state medical employer, whether or not he practices medicine there; the state licensing board of all states in which he has any kind of license to practice medicine; the Drug Enforcement Administration – Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such designated entities with which he becomes associated for the duration of this revocation. The Respondent is further directed to certify to the Board within ten (10) days that he has complied with this directive.

 The Respondent has the right to appeal this Final Decision and Order within thirty (30) days, pursuant to G.L. c. 30A, §§ 14 and 15, and G.L. c. 112, § 64.

Date: November 4, 2021 Signed by Julian Robinson, M.D.\_\_\_\_\_\_

Julian N. Robinson, M.D.

Chair

Board of Registration in Medicine

 To obtain a copy of the out-of-state disciplinary order, please contact the appropriate state’s medical licensing board directly. A list of state medical boards and contact information is available at <https://www.fsmb.org/contact-a-state-medica-board/>. You may also obtain a copy of the out-of-state disciplinary order by submitting a public records request (PRR) with the Massachusetts Board of Registration in Medicine. PRR forms and additional information can be found at <https://www.mass.gov/board-of-registration-in-medicine-public-records>.