



### Conclusions of Law

In the Order of Default and Recommended Decision, the Magistrate concluded that the Board may discipline the Respondent based on her failure to respond to the complaint, notification letter, and the Complaint Committee's Ten-Day Order. Based upon the facts set out in the SOA, *see Lawless v. Bd. of Registration in Pharmacy*, 466 Mass. 1010, 1011–12, 996 N.E.2d 878, 880 (2013), the Board makes the following Conclusions of Law:

A. Pursuant to G.L. c. 112, §5, eighth par. (h) and 243 CMR 1.03(5)(a)(11), the Respondent has violated any rule or regulation of the Board governing the practice of medicine. More specifically, the Respondent has:

- a. Violated 243 CMR 2.07(12)(a) by failing to respond to a written communication from the Board within thirty days;
- b. Violated 243 CMR 1.03(5)(a)(16) by failing to respond to a subpoena or to furnish the Board, its investigators or representatives, documents, information or testimony which the Board is legally entitled; and
- c. Violated 243 CMR 1.03(7) and 243 CMR 2.07(12)(b) by failing to respond within ten days to an Order to Respond issued by the Complaint Committee.

### Discussion and Sanction

In this matter, the Respondent failed to respond to the complaint, a notification letter from the Board, and a Ten-Day Order issued by the Complaint Committee. She also failed to appear for a scheduled prehearing at DALA and to respond to DALA's Order to Show Cause. The Respondent's lack of communication in connection with this action demonstrates her utter disregard for the Board's statutory mandate. 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 her, 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.").

The Board has historically imposed license revocation when there is a determination of default. See In the Matter of Mavis Jaworski, Adjudicatory Case No. 2023-027 (Final Decision and Order, December 21, 2023)(where physician defaulted, revocation imposed for her false statement that she was board certified in family medicine and that she was not aware of any open or pending investigation into her professional conduct); In the Matter of Thomas W. Stinson, M.D., Board of Registration in Medicine, Adjudicatory Case No. 2022-024 (Final Decision and Order, February 2, 2023)(in case of default, revocation for a physician who admitted that he failed to check the MassPat system before prescribing to his patients); In the Matter of Abebe Haregewoin, M.D., Board of Registration in Medicine, Adjudicatory Case No. 2020-051 (Final Decision and Order, November 4, 2021)(revocation for physician who defaulted and whose license was also reprimanded in Maryland for pre-signing blank prescriptions and allowing an unlicensed person to fill them out for suboxone and buprenorphine); and In the Matter of Paul M. Willette, M.D., Board of Registration in Medicine, Adjudicatory Case No. 2017-035 (Final Decision and Order, September 13, 2018)(in case of default, revocation for physician whose license was also revoked in New Mexico for failure to provide emergency care, for fraudulent medical records and billing for services never rendered, being disruptive with staff, and failure to access prescription monitoring reports for 8-10 patients). In these cases, the Board reasoned that

a default demonstrates a physician's utter disregard for the Board's statutory mandate, preventing the Board from investigating the allegations concerning his or her misconduct.


In the present case, it does not appear that any discipline other than a revocation is sufficient as the Respondent repeatedly failed to respond to the Board and DALA. As noted above, the Board could impose a revocation based on the default alone. 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. Given the foregoing, the Board hereby **REVOKES** the Respondent's inchoate right to renew her license to practice medicine. This sanction is imposed for each violation of law listed in the Conclusion 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 she practices medicine; any in- or out-of-state health maintenance organization with whom she has privileges or any other kind of association; any state agency, in- or out-of-state, with which she has a provider contract; any in- or out-of-state medical employer, whether or not she practices medicine there; the state licensing boards of all states in which she 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 she becomes associated for

the duration of this revocation. The Respondent is further directed to certify to the Board within ten (10) days that she 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: April 10, 2025

  
\_\_\_\_\_  
Booker T. Bush, M.D.  
Board Chair