

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN MEDICINE

Middlesex, ss.

Adjudicatory Case No. 2020-051
(RM-19-0487)

In the Matter of

Abebe 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

3. 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.
4. 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.

- A. 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:
1. 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.
 2. 243 CMR 1.03(5)(a)(10), practicing medicine deceitfully, or engaging in conduct that has the capacity to deceive or defraud.
 3. 243 CMR 1.03(5)(a)(18), engaging in misconduct in the practice of medicine.
 4. M.G.L. c. 112, §61(5), engaging in dishonesty, fraud, or deceit which is reasonably related to the practice of medicine.
- B. 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 N. Robinson, M.D.
Chair
Board of Registration in Medicine

ATTACHMENT A

IN THE MATTER OF

ABEBE HAREGEWOIN, M.D.

Respondent

License Number: D80673

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BEFORE THE

*

MARYLAND STATE BOARD OF

*

PHYSICIANS

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Case Number: 2218-0225B

CONSENT ORDER

Disciplinary Panel B ("Panel B") of the Maryland State Board of Physicians (the "Board") voted to charge Abebe Haregewoin, M.D. (the "Respondent"), License Number D80673, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") § 14-101 *et seq.* (2014 Repl. Vol. & 2017 Supp.). The pertinent provision of the Act provides the following:

Health Occ. § 14-404. Denials, reprimands, probations, suspensions, and revocations -- Grounds.

(a) *In general.* -- Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

(3) Is guilty of:

(i) Unprofessional conduct in the practice of medicine[.]

Prior to the issuance of charges, the Respondent agreed to enter into the following Consent Order, consisting of Findings of Fact, Conclusions of Law, Order and Consent.

I. FINDINGS OF FACT

Panel B finds:

BACKGROUND

1. At all times relevant, the Respondent was and is a physician licensed to practice medicine in the State of Maryland. The Respondent was initially licensed to practice on or about November 17, 2015, and his license is currently scheduled to expire on September 30, 2020.
2. The Respondent is actively licensed in Utah.
3. At all times relevant to these charges, the Respondent was employed by a County Department of Behavioral Services ("Facility A")¹ in western Maryland. From March 2016 through April 2018, the Respondent was the medical director of the ambulatory clinic at Facility A and provided outpatient substance abuse treatment and mental health treatment.
4. The Respondent is not board-certified in any specialty.
5. The Respondent does not hold hospital privileges.

THE PRESENT COMPLAINT

6. On or about April 2, 2018, the Board received a complaint from Facility A alleging that the Respondent had pre-signed six blank prescription forms and had authorized an

¹ In order to maintain confidentiality, names of facilities, patients and personnel will not be used in this document.

unlicensed person to complete a prescription form for Suboxone² for a male patient ("Patient A").

7. On receipt of the complaint, the Board initiated an investigation into the complainant's allegations which included obtaining a written response from the Respondent regarding the allegations,³ subpoenaing records from the Respondent's personnel file, and conducting interviews of the clinical coordinator at Facility A, two nurses who worked at Facility A, and the Respondent. The investigative findings are set forth in pertinent part below.

INVESTIGATION BY FACILITY A

8. On or about March 30, 2018, a Social Worker who worked as the Division Clinical Coordinator at Facility A reported to the Human Resources Officer that she had been notified by an employee ("Employee A") that the Respondent had instructed Employee A to "write a script" for Patient A.⁴ Employee A stated that the Respondent had provided to her blank pre-signed prescriptions. Employee A stated that she felt uncomfortable with the process as Patient A had reported to her that he had "thrown away" a prescription he had received the day before, and that did not "make sense" to her.

9. According to Employee A, the Respondent had provided to Employee A six pre-signed prescriptions that Employee A stored in her office file cabinet. The Human Resources Officer photographed the pre-signed prescriptions.

² Suboxone is a Schedule II controlled dangerous substance ("CDS") that contains the active ingredients buprenorphine and naloxone, used to treat adults who are dependent on opioids.

³ Board staff notified the Respondent of its investigation by letter dated April 13, 2018.

⁴ Employee A was not a nurse, physician assistant or a physician. According to her supervisor, she was a "pharmacotherapy" office worker.

10. Facility A obtained written statements from two nurses who worked with the Respondent (Nurses A and B). The Nurses stated that the Respondent had pre-signed 10 prescriptions in response to a request from an administrator that Facility A's clinic have a "plan" in place in order to prevent the "possible relapse/overdose of scheduled patients unable to be seen due to unforeseen issues." The prescriptions were stored in a safe in Nurse B's office and according to both Nurses, they were the only two individuals who had access to the safe.

11. According to Nurse B's written statement, she had completed pre-signed prescriptions for two patients pursuant to the Respondent's verbal order.

12. By email dated April 3, 2018, from the Respondent to the County Health Officer, he acknowledged that he had provided pre-signed prescriptions to Employee A and Nurse B, stating that they were to be completed "strictly" under his instructions by phone and only under emergency circumstances.

13. During the course of her investigation of the allegations, the Human Resources Officer obtained copies of 15 blank prescriptions that had been pre-signed by the Respondent. Additionally, she photocopied the following prescriptions that had been pre-signed by the Respondent and had been subsequently completed by staff for five patients (Identified as B through F):

- July 19, 2017 prescription for Suboxone issued to Patient B;
- Two August 28, 2017 prescriptions for buprenorphine issued to Patient C;⁵

⁵ One of the prescriptions was voided.

- Two March 15, 2017 prescriptions for Zubsolv issued to Patient D;
- Two March 17, 2017 prescriptions for Zubsolv issued to Patient D;
- March 15, 2017 prescription for Suboxone issued to Patient D;
- March 17, 2017 prescription for Zubsolv issued to Patient E; and
- October 26, 2017 prescription for Suboxone issued to Patient F.

BOARD'S INVESTIGATION

14. On or about April 19, 2018, the Respondent submitted a written response to the Board acknowledging that he had provided blank pre-signed prescriptions to a registered nurse (R.N.) for emergency "potentially life threatening or dangerous situations."

15. The Respondent stated that he had only given five orders for the blank prescriptions to be issued.

16. The Respondent stated that he had dictated the orders by telephone to a R.N.⁶

17. On or about June 7, 2018, Board staff interviewed Nurse B under oath. She stated that the Respondent had provided her with 11 blank pre-signed prescriptions for use in the event the Respondent was unable to make it into work. According to Nurse B, the supervisor at the time had requested that an emergency plan be instituted.⁷

II. CONCLUSIONS OF LAW

Based on the foregoing facts, Panel B concludes that the Respondent's pre-signing of blank prescriptions that were subsequently issued for generic and brand name

⁶ The Respondent failed to acknowledge that Employee A, to whom he had dictated an order was not an R.N., but an unlicensed pharmacotherapy worker.

⁷ On or about June 16, 2018, Board staff interviewed the supervisor, who denied she had endorsed the pre-signing of prescriptions.

buprenorphine products constitutes evidence of unprofessional conduct in the practice of medicine in violation of Health Occ. § 14-404(a)(3)(ii).

III. ORDER

It is thus by Panel B of the Board, hereby:

ORDERED that the Respondent is **REPRIMANDED**; and it is further

ORDERED that the Respondent is required to take a course in ethics. The following terms apply:

- (a) it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the course before the course is begun;
- (b) the disciplinary panel will not accept a course taken over the internet;
- (c) the Respondent shall enroll in and successfully complete a panel-approved course within six months;
- (d) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the course;
- (e) the course may not be used to fulfill the continuing medical education credits required for license renewal;
- (f) the Respondent is responsible for the cost of the course; and it is further

ORDERED that if the Respondent allegedly fails to comply with any term or condition imposed by this Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If there is a genuine dispute as to a material fact, the hearing shall be before an Administrative Law Judge of the Office of Administrative Hearings followed by an exceptions process before a disciplinary panel; and if there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before a disciplinary panel; and it is further

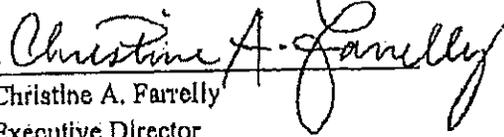
ORDERED that after the appropriate hearing, if the disciplinary panel determines that the Respondent has failed to comply with any term or condition imposed by this Consent Order, the disciplinary panel may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend or revoke the Respondent's license to practice medicine in Maryland. The disciplinary panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine on the Respondent; and it is further

ORDERED that the effective date of the Consent Order is the date the Consent Order is signed by the Executive Director of the Board or her designee. The Executive Director signs the Consent Order on behalf of the disciplinary panel which has imposed the terms and conditions of this Consent Order and it is further

ORDERED that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

ORDERED that this Consent Order is a public document. See Md. Code Ann., Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

01/02/2019
Date


Christine A. Farrelly
Executive Director
Maryland State Board of Physicians

CONSENT

I, Abebe Haregewoin, M.D., assert that I am aware of my right to consult with and be represented by counsel in considering this Consent Order and in any proceedings that would otherwise result from the charges currently pending. I have chosen to proceed without counsel and I acknowledge that the decision to proceed without counsel is freely and voluntarily made.

By this Consent, I agree to be bound by this Consent Order and all its terms and conditions and understand that the disciplinary panel will not entertain any request for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 *et seq.* concerning the pending charges. I waive these rights and have elected to sign this Consent Order instead.

I acknowledge the validity and enforceability of this Consent Order as if entered after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on their behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of the disciplinary panel to initiate these proceedings and to issue and enforce this Consent Order.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Order as a resolution of the charges. I waive any right to contest the findings

of Fact and Conclusions of Law and Order set out in the Consent Order. I waive all rights to appeal this Consent Order.

I sign this Consent Order, without reservation, and fully understands the language and meaning of its terms.

Signature on File

12/27/2018
Date

Abebe Haregewoin, M.D.
Respondent

NOTARY

STATE OF MARYLAND
CITY/COUNTY OF Montgomery

I HEREBY CERTIFY that on this 27th day of December 2018, before me, a Notary Public of the foregoing State and City/County, personally appeared Abebe Haregewoin, M.D., and made oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

AS WITNESSETH my hand and notarial seal.

T. Tesfaye Deresse
12/27/18
Notary Public

TESFAVE DERESSE
NOTARY PUBLIC STATE OF MARYLAND
My Commission Expires 09-04-2022

My Commission expires: _____