

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
HEALTH PREPAREDNESS AND SYSTEMS ADMINISTRATION**



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**IN THE MATTER OF:**

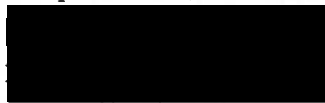
**JOSEPH JEMSEK, M.D.**

**Respondent.**

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**NOTICE OF SUMMARY ACTION TO SUSPEND LICENSE**

To: Joseph Jemsek, M.D.



In accordance with the provisions of the District of Columbia Administrative Procedure Act, D.C. Code § 2-509; the District of Columbia Health Occupations Revision Act of 1985, D.C. Code § 3-1205.15(a); and 17 DCMR § 4118, the District of Columbia Department of Health (DC Health) gives you notice of the summary suspension of your medical license, MD038331, under D.C. Code § 3-1205.15(a).

Your license is **summarily suspended** effective immediately upon receipt of this notice. If you wish to appeal this summary suspension of your license, you must file a request for a hearing within 72 hours after service of this notice. Should you request a hearing, one will be held within 72 hours of a timely request, and a decision will be rendered within 72 hours after the close of the hearing. The request for a hearing must be submitted in writing to Suzanne Fenzel, Senior Assistant General Counsel, DC Health. The request may be submitted by email to [Suzanne.Fenzel3@dc.gov](mailto:Suzanne.Fenzel3@dc.gov) or by mail to 2201 Shannon Place, SE, 4th Floor, Washington, DC 20020. Ms. Fenzel can be reached at (202) 724-8915.

The District of Columbia (the District) is represented by the Office of the Attorney General for the District of Columbia. A copy of your hearing request and any pleading or other written communication addressed to DC Health must also be delivered to Alycia Hogenmiller, Assistant Attorney General (AAG), Office of the Attorney General for the District of Columbia, Civil Enforcement Section, 400 6th Street, NW, Washington, DC 20001. AAG Hogenmiller can be reached at (202) 256-9692 or by email at [Alycia.Hogenmiller@dc.gov](mailto:Alycia.Hogenmiller@dc.gov).

You may appear personally at the hearing, and you may be represented by legal counsel. You have the right to produce witnesses and evidence, to cross-examine witnesses against you,

to examine evidence produced, and to have subpoenas issued to require the production of witnesses and evidence.

All hearings are conducted in the English language. If you or any witnesses to be called are deaf, have a hearing impediment, or cannot readily understand or communicate the spoken English language, an application may be made to the Administrative Law Judge for the appointment of a qualified interpreter.

A request for a hearing will not stay the suspension of your license.

The summary suspension is based upon the following charge as set forth below.

**Charge:                      Your conduct presents an imminent danger to the health and safety of the public, for which DC Health can summarily suspend your license under D.C. Code § 3-1205.15(a)(1)(D).**

DC Health received a complaint from four of your former employees expressing concerns about your cognitive impairment and medical practice. The complaint states that your staff noticed cognitive changes after you contracted COVID-19 in 2020, 2021, and 2023, and after you suffered a head injury in the summer of 2023. For example, in December 2023, you texted your business manager that you would not be in work that day and she responded, "Today is Sunday." In response, you said, "Right. Just shows how confused I am. So Sorry. I am not well. Hopefully better tomorrow." The next day, you again were not well enough to go into work.

From October 1, 2023 through January 23, 2024, you did not reliably show up to work citing various illnesses. Over that period, your staff had to reschedule 159 patients because of your absence from the clinic. Many of your patients would travel to your office from out of the state and out of the country and had to cancel travel plans on short notice. Patients and their family members reported to staff that you appeared disheveled and smelled of alcohol during your office visits. Your physician assistants also worked without a supervising physician during your frequent absences.

Your staff also noted three patient confidentiality violations. First, on November 17, 2023, when you disclosed patient information (including the patient's last name and state of residence) while you were on a Facebook livestream. Second, on January 25, 2024, your marketing assistant posted a photo of a shirtless, frail IV patient on your practice's Facebook and LinkedIn pages. This violation was reported to you but you did not take any action to remove the offending photo. Third, you erroneously disclosed a patient's medical history in office visit notes pertaining to another patient.

In January 2024, your staff implemented a mandatory sabbatical for you, which extended through February 2024. During your sabbatical, you

continued to communicate with your patients and told them to come into the office to see you. During this time, your staff reviewed your previously prescribed medications and found that prescriptions were illegible and often exceeded the appropriate refill quantity. For example, you prescribed controlled substances at a refill quantity of six months. You also prescribed patients multiple controlled substances at the same time. During your absence, your physician assistants stopped practicing medicine because you could not communicate with them and therefore, they no longer had a supervising physician. Your abrupt absence caused seven employees to resign: two physician assistants, two nurse practitioners, one registered nurse, and one billing manager. Your clinic closed on March 19, 2024. The abrupt closing of the clinic left many of your patients without care and interrupted the continuity of their care.

From February 20, 2024 to April 4, 2024, [REDACTED] treatment center for [REDACTED] disorder. Your discharge status was "routine with exception" because you did not complete any of your treatment work. The treatment team informed you that they did not recommend that you return to practicing medicine because they diagnosed you with an [REDACTED]. You were advised to have [REDACTED] testing to determine when you could return to patient care. You were also advised to stop [REDACTED].

In July 2024, you reopened your clinical practice.

On September 4, 2024, the District of Columbia Board of Medicine (the Board) issued you an Order for Physical and Mental Examination to Determine Fitness to Practice. The order required you to submit to a mental and physical examination to evaluate whether you suffered from a condition or disorder which rendered you incapable of practicing medicine. The evaluator needed to be from a list attached to the Board's order.

On October 8, 2024, you submitted a response to the Board's order. You acknowledged that you had [REDACTED] "a condition that has been treated and . . . which no longer exists." You requested that the Board modify the order to only evaluate your medical conditions and not your mental condition. You also submitted a neuropsychological evaluation from September 24, 2024. The neuropsychologist said there were "no compelling signs of a neurodegenerative condition" but there was some risk factor for [REDACTED].

[REDACTED] The neuropsychologist also strongly recommended ongoing support from a treatment program or counselor. The neuropsychologist did not evaluate if you were able to practice medicine safely.

On December 19, 2024, you submitted an application to renew your license. On your application, you answered “No” to screening question no. 5, “Since your last application, have you been diagnosed with or suffered a medical condition that impairs or limits or may impair or limit your ability to practice your profession?” This answer was false because the treatment center diagnosed you with [REDACTED] disorder. Both disorders limit or impair your ability to practice medicine.

On December 27, 2024, the Board issued an Amended Order for Physical and Mental Examination to Determine Fitness to Practice. The amended order required you to undergo a comprehensive evaluation, which included a psychological assessment with psychometric testing, with the Medical Society of the District of Columbia Physician Health Program (DCPHP).

DCPHP referred you to the University of Florida College of Medicine (UF) for an evaluation. UF conducted neuropsychological testing, a psychiatric consultation, and a comprehensive multi-day evaluation. You admitted during the evaluation that you were using [REDACTED]. You also tested positive for [REDACTED]. UF found that you could not practice medicine with reasonable skill and safety because you had not adequately been treated for your [REDACTED] disorders, you continued to use [REDACTED] that could significantly alter your cognitive functioning, and you had [REDACTED].

DC Health’s investigation has determined that your practice of medicine poses an imminent danger to the health and safety of the public. You are professionally or mentally incompetent or physically incapable of practicing medicine in violation of D.C. Code § 3-1205.14(a)(4); are addicted to or habitually abused a narcotic or controlled substance in violation of D.C. Code § 3-1205.14(a)(6); provided or attempted to provide services while under the influence of alcohol or while using a narcotic or controlled substance in violation of D.C. Code § 3-1205.14(a)(7); willfully breached a statutory, regulatory, or ethical requirement of confidentiality with respect to a person who is a patient in violation of D.C. Code § 3-1205.14(a)(16); failed to exercise appropriate supervision over persons who are authorized to practice only under the supervision of you in violation of D.C. Code § 3-1205.14(a)(20); filed a false statement with the Board in violation of D.C. Code § 3-1205.14(a)(24); demonstrated a willful or careless disregard for the health, welfare, or safety of patients in violation of D.C. Code § 3-1205.14(a)(28); and engaged in conduct in your practice that creates a deleterious impact on the public’s impression of the profession in violation of D.C. Code § 3-1205.14(a)(53).

Please note under 1 DCMR § 2818, your failure to appear at the time and place set for the hearing, either in person or through counsel, or both, will not preclude DC Health proceeding in this matter.

05/13/2025  
DATE

Aisha Nutor on behalf of  
J. SAM HURLEY, MPH, EMPS  
Senior Deputy Director  
District of Columbia Department of Health  
Health Systems and Preparedness Administration