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

In re:

Paul V. Beals, M.D. 9101 Cherry Lane, Suite 205 Laurel, Maryland 20708

:

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 Board of Medicine.

Background

On January 2, 2004 the Maryland State Board of Physician's Quality Assurance charged Paul Beals, M.D. with violation of Md. Health Occ. Code An. § 14-101, et seq. (2000).¹

On April 7, 2004, as a result of negotiations with the Case Resolution Conference Dr. Beals entered into a Consent Order with the State Board.² The "Findings of Fact"

In general - Subject to the hearing provision of § 14-405 of this subtitle, the Board, on the affirmative vote of a majority of its full authorized membership, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

- Is professionally, physically, or mentally incompetent, and (4)
- (18)Practices medicine with an unauthorized person or aids an unauthorized person in the practice of medicine.

Specifically, H.O. § 14-404(a) provides:

² The Board noted that Dr. Beals had previously entered into a Consent Agreement (Case #85-0081). In a June 1988 agreement Dr. Beals agreed to limit the use of non-traditional treatments, i.e. intravenous

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proffered one hundred thirty two (132) points detailing the conduct of the Respondent.³

The Board found that between October 1997 and June 2000:

- (1) Dr. Beals had delegated his physician duties and the practice of medicine by knowing referring medically compromised patients to William Emberlin a renal dialysis technician for treatment with an illegal medical device; 4 and
- (2) Had knowingly referred medically compromised patients from his private practice to Mr. Eberlin, a renal dialysis technician, while aware of the fact that Mr. Eberlin was not competent or certified in the performance of physical medical examinations, taking of medical histories and other actions within the scope of the practice of medicine.⁵

On April 28, 2004 the Maryland Board issued the Respondent a Consent Order with the following conditions:

(1) The Respondent's license is suspended for two (2) years from the date of the Consent Order;

chelation therapy, Laetrile, Indican tests and xanthine oxidose analysis for patients. Dr. Beals was also prohibited from providing medical or psychiatric services to psychiatric patients and placing advertisements without Board approval. Peer review of his practice was also ordered. In October 1991 Dr. Beals was charged with violating the June 1988 agreement. In July 1996 a Modified Consent Order was issued granting him the right to perform chelation therapy provided that the patients sign an approved consent form. In February 1999 the Board again charged Dr. Beal with violation of his probation. The Consent Order was modified again to further restrict Dr. Beals practice and mandated additional peer review of his practice.

³The Maryland Board noted that the facts leading to the charges result from, inter alia, Dr. Beals' employment as a medical director by Innovative Medical Clinics, Inc., ("IMC") and from medical care provided to certain patients in his private medical practice.

⁴On May 20, 2000 the Food and Drug Administration ("FDA") Consumer Safety Officer visited IMC and observed two (2) patients in a room, connected to intravenous tubing and having blood pumped from their bodies through tubing into a tabletop device. The devices did not have FDA or other regulatory approval. Mr. Eberlin was observed monitoring the patients along with another "nurse" who was not licensed in the state of Maryland. Dr. Beals was not present. Dr. Beals had referred at least twelve (12) of his private patients for the blood treatment.

⁵Dr. Beals referred the following patients to William Eberlin for treatment: Patient A presented to the Respondent with fatigue, fibromyalgia, headaches, and "sinuses"; Patient B – severe chronic asthma; Patient C – lung problems; Patient D – sore throat, sore neck, headaches, joint and muscle pain and a rash; Patient E – breast lump; Patient F – weight loss/gain, diabetes, substance abuse, hypertension, chronic diarrhea, arthritis, muscle spasm, numbness in his right index toe, and a hip replacement; Patient G – fatigue and weight gain; Patient H – stomach problems, venereal disease, thyroid problems, hypoglycemia, high cholesterol, shortness of breath, sleep disorder, liver disease, depression, back problems, arthritis, ear problems, chest pains, colitis, and anxiety; Patient I – sinus and ear problems; Patient J – burning during urination; Patient K – multiple selerosis, sleep disorder and headaches; and Patient L – arteriosclerosis.

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- (2) The Respondent is placed on probation for a minimum of five (5) years beginning the date the suspension is terminated and shall continue until all of the following terms and conditions are met:
 - (a) The Respondent shall submit to supervision of his practice by, de minimis, a peer review entity, or a chart review by a Board designee, to be determined at the discretion of the Board. After a chart review, the Board may recommend a peer review of the Respondent's medical practice. The records to be reviewed in the chart shall consist of records documenting patient care provided.
 - (b) The Respondent shall obtain a physician-supervisor for the duration of the probation with Board approval of the supervisor and his credentials prior to entering into the supervisorsupervisee arrangement under the following conditions:
 - The supervisor-supervisee shall have no prior or current business, personal or financial relationship;
 - (ii) The supervisor shall notify the Board in writing of his or her acceptance of the role; and
 - (iii) The Respondent shall provide the supervisor with a copy of the charging document, Consent Order, and other documents that the Board deems relevant.
 - (c) The Respondent shall meet with the physician-supervisor once a month for the term of the probation. The physiciansupervisor shall randomly select a minimum of ten (10) patient records of the Respondent's patients and review and discuss with the Respondent his treatment plan, medical decisionmaking, and compliance with the appropriate standards of care. The physician-supervisor shall review the patient records and discuss his/her assessment of the Respondent's practice performance with the Respondent.
 - (d) The physician-supervisor shall submit written reports to the Board on a quarterly basis stating his or her assessment of the Respondent's compliance with appropriate standards of care and his medical judgment/decision making; and
 - 2. The Respondent shall have sole responsibility for ensuring that the physician-supervisor submits the required quarterly

reports to the Board in a timely manner.

In addition to the aforementioned the Maryland Board assessed a fine of twenty five thousand dollars (\$25,000) which had to be paid within one hundred-eighty (180) days of the date of the Consent Order. The Board further ordered that after five (5) years Dr. Beals could file a written petition for termination of his probationary status provided that he has complied with all of the condition of the Consent Order under the proviso that there are no pending complaints again him, that the peer review and physician-supervisor reports are satisfactory, there are no violations of the standard of care and that the peer reviews are performed in a timely manner.

The Board also ordered that there would be no early termination of the five (5) year probation and that Dr. Beals must notify the Board of any change in address (home and business) within five (5) days.

Violation of the terms of the Consent Order would result in any other sanction that Maryland Board deemed appropriate - including summary suspension of the Respondent's license if the Board determined that there is a substantial likelihood of risk of serious harm to the public. Dr. Beals was also ordered to practice in conformity with Maryland law and bear the costs of complying with the Consent Order. Finally, the Board ordered that the Consent Order be deemed a public document. Dr. Beals signed the Consent Order on April 14, 2004.

Action by the District of Columbia Board of Medicine

On September 29, 2004 pursuant to the Maryland Consent Order, the D.C. Board of Medicine requested that a "Notice of Intent to Discipline" be prepared by the Office of the Attorney General.⁶ By letter dated November 15, 2004, Dr. Beals, through counsel, Alan Dumoff, requested a hearing. On December 29, 2005 the Respondent's attorney was advised that the dates of January 26, 2005 and February 23, 2005 would be available for a settlement conference.⁷ A settlement conference was scheduled for February 23, 2005; however, Dr. Beals did not appear. As a result, at the Board's meeting on March 30, 2005, the Board of Medicine voted to request that the Office of Administration Hearings conduct a disciplinary hearing.⁸

On June 29, 2005 Dr. Beals, along with counsel, presented before the Board of Medicine for a settlement conference. Following Dr. Beals' presentation detailing the action by the Maryland Board and the pending action by the District Board, the Board deliberated the matter and voted to offer the Respondent, Paul V. Beals, M.D., the following Consent Order in an effort to settle the pending disciplinary matter.

ORDER

It is hereby ORDERED, that the Respondent shall be placed on PROBATION for a period of SEVEN (7) YEARS, OR AS LONG AS HE MAY BE ON PROBATION IN MARYLAND, nunc pro tunc to April 24, 2004;¹⁰ and

⁶ The Board chairperson, Dr. Matory, signed the "Notice" on October 27, 2004. The "Notice" was predicated on D.C. Official Code §§ 3-1205.14(a)(5), (12) (2001) for which the Board may take action under D.C. Official Code § 3-1205.14(a)(3) (2001). Dr. Beals holds a District of Columbia medical license (# MD 13819).

⁷ 17 DCMR § 4108.1 provides:

A Board, in its discretion, may request a respondent against whom an action is proposed to attend a settlement conference.

The administrative law judge issued a Case Management Order on May 5, 2005 setting a telephone status conference for May 12, 2005.

⁹ Alan Dumoff, Esq. and James Turner, Esq.

¹⁰ The date of the Maryland Consent Order.

It is further ORDERED that the Respondent shall comply with ALL of the conditions and terms ordered by the Maryland Board of Physician Quality Assurance during the five (5) year probationary period pursuant to the Maryland Consent Order dated April 28, 2004.

It is further ORDERED that the Respondent shall submit to supervision of his District of Columbia medical practice as follows:

- (a) The Respondent's practice shall be subject to, de minimis, annual peer review by an appropriate peer review entity, or a chart review by a Board designee, to be determined at the discretion of the Board. After a chart review, the Board may recommend a peer review of the of the Respondent's medical practice. The medical records to be reviewed shall consist of records documenting patient care provided.
- **(b)** Within twenty (20) days of the date of this Consent Order, the Respondent shall obtain a Board-approved physician-supervisor who is Board-certified in family practice medicine or internal medicine and licensed in the District of Columbia, to supervise his practice. The Respondent shall obtain prior approval from the Board of the physician-supervisor before entering into this supervisory arrangement. As part of the approval process, the Respondent shall provide the Board with the curriculum vitae and any other information requested by the Board regarding the qualifications of the practitioner who is submitted for approval. The supervisory arrangement shall continue for the duration of the Respondent's probationary period, subject to the following:
 - **(i)** The physician-supervisor shall have no prior or current business, personal or financial relationship with the Respondent;
 - (ii) The physician-supervisor shall notify the Board in writing of his/her acceptance of the supervisory role with the Respondent;
 - (iii) The Respondent shall provide to the physician-supervisor a copy of the charging document, Consent Order, and any other documents that the Board deems relevant:
 - The Respondent shall meet wit the physician-supervisor once per (iv) month for the term of the probation. The physician-supervisor shall randomly select a minimum of ten (10) patient records per quarter of the Respondent's patients and review and discuss with the Respondent his treatment plan, medical decision-making, and

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compliance with appropriate standards of care. The physiciansupervisor shall review the patient records and discuss his/her assessment of the Respondent's practice performance with the Respondent.

- (v) The physician-supervisor shall submit written reports to the Board on a quarterly basis stating his/her assessment of the Respondent's compliance with appropriate standards of care and his medical judgment/decision making; and
- The Respondent shall have sole responsibility for ensuring that the (vi) physician-supervisor submits the required quarterly reports to the Board in a timely manner; and
- (vii) The Respondent shall bear the cost of complying with this Consent Order.

Failure of the Respondent to abide with any of the aforementioned shall result in such further disciplinary action as the District of Columbia Board of Medicine deems appropriate.

7-27-05 Date

illiam E. Matory, M.D.

Chairperson

D.C. Board of Medicine

CONSENT OF APPLICANT

My signature on this Consent Order signifies my acceptance of the terms and conditions of the Consent Order and my agreement to be bound by its provisions.

I acknowledge the validity of this Order which is in lieu of a hearing in 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 due process protections provided by the laws of the District of Columbia.

I also recognize that, by this Consent Order, I am waiving my right to appeal this Consent Order, I am also waiving my right to appeal any adverse ruling of the Board of Medicine had this matter gone to a hearing.

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I have had an opportunity to review this document. I choose willing to sign this Consent Order and I understand its meaning and effect.

Paul V. Beals, 1

Sworn and subscribed to before me this 21 day of 1111,

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Pursuant to federal law this Consent Order shall be reported to the National Practicitioners Data Bank. In addition, this Consent Order shall be deemed a public record.