

Mehrdad Aalai, M.D.

March 12, 2014

Andrea L. Mathias, M.D., M.P.H., Chair
Disciplinary Review Panel B
Maryland State Board of Physicians
4201 Patterson Avenue, 4th Floor
Baltimore, Maryland 21215-2299

RE: Surrender of License to Practice Medicine
License Number: D26712
Case Numbers: 2008-0347

Dear Dr. Mathias and Members of Disciplinary Review Panel B:

I have decided to **SURRENDER** my license to practice as a physician in the State of Maryland, License Number D26712, effective immediately. I understand that upon surrender of my license, I may not engage in the practice of medicine in the State of Maryland, with or without compensation, as it is defined in the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ."), §§ 14-101 *et seq.*, (2009 Repl. Vol. & 2013 Supp.) and other applicable laws. In other words, as of the effective date of this Letter of Surrender, I understand that the surrender of my license means that I am in the same position as an unlicensed individual in the State of Maryland.

I understand that this Letter of Surrender is a **PUBLIC DOCUMENT** and, upon the Board's acceptance, becomes a **FINAL ORDER** of the Board.

My decision to surrender my license to practice as a physician in the State of Maryland arises from an investigation of my license by the Maryland State Board of Physicians (the "Board") and the Maryland Office of the Attorney General based on evidence supporting that I failed to comply with probationary conditions of a March 29, 2012 Final Order of the Board Staying Suspension and Imposing Probation ("Final Order"). The investigation resulted in the Board's issuance of Charges Under the Medical Practice Act and Violation of Probation that are attached hereto and

incorporated herein as **Attachment A**. Specifically, the Board charged me with failing to meet appropriate standards for the delivery of quality medical care as to one patient, and inadequate recordkeeping as to three patients.

I have decided to surrender my license to practice as a physician in the State of Maryland as I plan to retire from the practice of medicine because of my age and present health, and I wish to avoid further investigation and prosecution for violating the Medical Practice Act and the terms and conditions of the Board's Final Order.

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender to avoid prosecution for violating § 14-404(a)(22) and § 14-404(a)(40) of the Health Occupations Article and with violating probationary terms and conditions of the Final Order. I acknowledge that if the case were to proceed to an evidentiary hearing, the Board would submit evidence to support the *charges* that I failed to meet the standard of quality care with regard to one patient, and that my recordkeeping *was* in adequate with regard to three patients. I acknowledge that for all purposes relevant to medical licensure, those *charges* will be treated as if proven and constitute findings that I violated § 14-404(a)(22) and (40) and the Final Order.

I understand that by executing this Letter of Surrender, I am waiving any right I may have to contest the Board's charges in a formal evidentiary hearing at which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf and all other substantive and procedural protections provided by law, including the right to appeal.

Should the Board accept this Letter of Surrender, I agree not to practice as a physician in the State of Maryland. I affirm that I am not currently practicing as a physician in any capacity or location in the State of Maryland. I am notifying all of my active patients that I am no longer practicing medicine in Maryland and am making efforts to refer them to another licensed physician for medical care.

I understand that the Board will advise the Federation of State Medical Boards, the National Practitioners' Data Bank, and the Healthcare Integrity and Protection Databank of this Letter of Surrender, and in any response to any inquiry, that I have surrendered my license in lieu of further disciplinary action. I also understand that in the event I apply for a license in any form in any other state or jurisdiction, this Letter of Surrender and the underlying investigative documents may be released or published by the Board to the same extent as a final order that would result from disciplinary action, pursuant to Md. Code Ann., State Gov't., §§ 10-611 *et seq.* (2009 Repl. & 2013 Supp.), and that this Letter of Surrender is considered a disciplinary action by the Board.

I affirm that upon the Board's acceptance of this Letter of Surrender, I shall present to the Board: 1) my original medical license, number D26712; 2) any and all Medical Assistance prescription forms in my possession; 3) any prescription forms and pads in my possession; 4) any prescription forms or pads on which my name and Drug Enforcement Administration Registration Number are imprinted; 5) any prescribed substances in my possession, other than those prescribed by a licensed physician for me; 6) any controlled dangerous substances in my possession, other than those prescribed by a licensed physician for me; 7) my Drug Enforcement Administration Registration; and 8) my Maryland Controlled Dangerous Substance Registration. I acknowledge that on or before the effective date of this Letter of Surrender, I shall deliver to the Board my most recent wallet-sized renewal card.

I further recognize and agree that by tendering this Letter of Surrender my license will remain permanently surrendered. In other words, I agree that I have no right to reapply for a license to practice medicine in the State of Maryland. I further agree that the Board is not obligated to consider any application for licensure that I might file at a future date and that I waive any hearing rights that I might possess regarding any such application.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have consulted with counsel before signing this Letter of Surrender. I understand both the nature of the Board's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Letter of Surrender. I make this decision knowingly and voluntarily.

Sincerely,



Mehrdad Aalai, M.D.

Read and Approved:



Ian I. Friedman, Esquire
Attorney for Mehrdad Aalai, M.D.

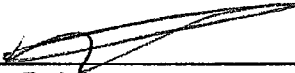
NOTARY

STATE OF MARYLAND

CITY/COUNTY OF Montgomery

I HEREBY CERTIFY that on this 5 day of March, 2014, before me, a Notary Public of the State and City/County aforesaid, personally appeared Mehrdad Aalai, M.D., and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was his voluntary act and deed.

AS WITNESS my hand and Notarial seal.




Notary Public

My Commission expires: 1/18/2016

**STEVE FUENTES
NOTARY PUBLIC
MONTGOMERY COUNTY
MARYLAND
MY COMMISSION EXPIRES JANUARY 18, 2016**

ACCEPTANCE

On this 12th day of March, 2014, I, Andrea L. Mathias, M.D., M.P.H., on behalf of Disciplinary Panel B, accept Mehrdad Aalai, M.D.'s **PUBLIC SURRENDER** of his license to practice as a physician in the State of Maryland.



Andrea L. Mathias, M.D., M.P.H., Chair
Disciplinary Panel B

ATTACHMENT A

IN THE MATTER OF * BEFORE THE MARYLAND
Mehrdad Aalai, M.D. * STATE BOARD OF
Respondent * PHYSICIANS
License Number: D26712 * Case Number: 2008-0347

**CHARGES UNDER THE MARYLAND MEDICAL PRACTICE ACT
AND VIOLATION OF PROBATION**

The Maryland State Board of Physicians (the "Board"), hereby charges Mehrdad Aalai, M.D. (the "Respondent"), License Number D26712, under the Maryland Medical Practice Act (the "Act"), Md. Health Occ. Code Ann. ("Health Occ.") § 14-404(a).

The pertinent provisions of the Act provide the following:

- (22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State;
- ...
- (40) Fails to keep adequate medical records as determined by appropriate peer review[.]

Additionally, the Board charges the Respondent with violating the terms and conditions of its March 29, 2012 Order Staying Suspension and Imposing Probation,¹ providing in pertinent part:

...

ORDERED that the Respondent is placed on **PROBATION** for **TWO YEARS**, subject to the following terms and conditions, which are terms and conditions of probation and also of the stay of suspension:

...

¹ The Board reiterated the terms and conditions set forth in its Final Decision and Order dated December 28, 2011, and for purposes of this document the March 29, 2012 Order Staying Suspension and Imposing Probation will be referred to as the Probationary Order.

2. During the period of probation, the Board, or its agents, may conduct a peer review and/or chart review of Dr. Aalai's medical practice;
3. Dr. Aalai shall comply with the Maryland Medical Practice Act and all laws, statutes, and regulations pertaining to the practice of medicine in Maryland;

...

IT IS FURTHER ORDERED that if the Respondent violates any term or condition of this Order or of probation, the Board, after notice and an opportunity to be heard, may impose an additional sanction, including a reprimand, an additional period of probation or additional conditions of probation, or an additional period of suspension or the revocation of his license to practice medicine in Maryland. Additionally the Board may lift the stay of suspension if, after notice and a show cause hearing before the Board, the Board determines that the Respondent has violated a term or condition of this Order...

ALLEGATIONS OF FACT²

I. BACKGROUND

The Board bases its charges on the following facts that the Board has cause to believe are true:

1. At all times relevant to these charges, the Respondent was and is a physician licensed to practice medicine in the State of Maryland. The Respondent was initially licensed in Maryland on or about July 29, 1981, and his license is presently active.³ The Respondent's license expires on September 30, 2014.
2. At the time of the acts described herein, the Respondent was a physician engaged in the practice of gynecology in Bladensburg, Maryland. The Respondent does not hold hospital privileges.

² The allegations set forth in this document are intended to provide the Respondent with notice of the alleged charges. They are not intended as, and do not necessarily represent, a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with these charges.

³ The Board revoked the Respondent's license in December 1994 following a conviction for Medicaid fraud; he was reinstated in May 1996 with probation. In September 1997, the Board terminated the Respondent's probation.

3. On December 28, 2011, the Board issued a Final Decision and Order ("Final Order") concluding that the Respondent engaged in unprofessional conduct in the practice of medicine, had failed to meet appropriate standards for the delivery of quality medical and surgical care and that he had failed to keep adequate medical records with regard to his care and treatment of a patient undergoing a termination of pregnancy. The Final Order imposed a six month suspension of the Respondent's license to practice medicine, staying the final three months.
4. On March 29, 2012, the Board issued a Probationary Order placing the Respondent on a minimum of two years of probation subject to terms and conditions.
5. On or about February 7, 2013, the Board transmitted six patient records to Permedion, a peer review organization, requesting that a formal peer review be conducted. The results are set forth below.
6. On or about July 2, 2013, the Board's staff sent the Respondent redacted copies of the completed peer review reports and offered him the opportunity to file a supplemental response.
7. On July 11, 2013, the Respondent submitted a supplemental response to the Board.
8. As of the date of these Charges, the Respondent has not yet completed the coursework required under the terms of the Board's Probationary Order: the proper handling of obstetrical emergencies and medical record documentation. The Board's Probationary Order does not impose a specific time frame for completion of the coursework other than placing the Respondent on a minimum

of two years of probation. He began the medical record documentation course in January 2012, but has not yet completed the requirements. He has not yet enrolled in a course addressing the proper handling of obstetrical emergencies.

II. PEER REVIEW

PATIENT A

9. Patient A, a female, was in her twenties when she saw the Respondent on July 14, 2012 for a termination of pregnancy. She had a history of four pregnancies, including two cesarean sections and one previous elective abortion.
10. The Respondent conducted an ultrasound which revealed Patient A's intrauterine pregnancy to be 16 weeks and five days.
11. The Respondent inserted laminaria⁴ into Patient A's cervix, and dispensed "antibiotics" and Cytotec⁵ to her.
12. The Respondent instructed Patient A to return the following morning. On July 15, 2013, the Respondent performed a surgical abortion on Patient A, under conscious sedation and a paracervical block. He documented that there were no complications, and the bleeding was minimal.
13. The Respondent failed to document any intraoperative or postoperative vital signs, pulse oximetry or cardiac rhythms for Patient A.
14. The Respondent discharged Patient A with doxycycline and instructions to follow-up in two weeks. Patient A failed to appear for the appointment.

⁴ Kelp used to dilate the cervix and induce labor.

⁵ Synthetic prostaglandin used to induce labor.

15. The Respondent failed to document any dated or timed entries in Patient A's medical record that his office had made attempts to contact her when she failed to follow up for the postoperative appointment.
16. The Respondent's documentation was inadequate in violation of Health Occ. § 14-404(a)(40).

PATIENT B

17. Patient B, a female, was in her twenties when she presented to the Respondent on October 20, 2012 for an elective abortion. This was Patient B's first pregnancy.
18. The Respondent performed a pregnancy test which was positive, and an ultrasound which showed no gestational sack. According to the Respondent's documentation, Patient B had a six to seven week intrauterine pregnancy according to the date of her last menstrual period.
19. The Respondent failed to perform a pelvic examination on Patient B.
20. According to standard pre-printed documentation, the Respondent (or his staff) administered methotrexate⁶ and provided Patient B with instructions to take misoprostol⁷ at home in five to eight days, and then repeat the dose 24 hours later.
21. The Respondent documented that there was "no [intrauterine pregnancy] yet too early."

⁶ Chemotherapeutic agent used in the induction of a medical abortion.

⁷ Generic for Cytotec.

22. In a typed, unsigned discharge summary, the Respondent documented that he had "advised" Patient B of the risk of an ectopic pregnancy. He subsequently sent her home, advising her to return for a follow-up visit in four weeks.
23. The Respondent failed to ensure through an adequate workup including a quantitative beta HCG within 48 hours and a follow-up ultrasound, that Patient B did not have an ectopic pregnancy.
24. On November 19, 2012, Patient B contacted the Respondent's office complaining of lower abdominal pain and vaginal bleeding. The Respondent instructed her to come to his office.
25. The Respondent performed an ultrasound which revealed retained tissue. He subsequently performed a dilation and suction curettage and removed a "fair amount" of tissue. The Respondent performed a follow-up ultrasound which revealed an empty uterus. The Respondent discharged Patient B and instructed her to follow up in a week, which she did.
26. The Respondent failed to meet the standard of quality medical and surgical care for Patient B in violation of Health Occ. § 14-404(a)(22).

PATIENT C

27. Patient C, a female, was in her thirties on September 11, 2012 when she presented to the Respondent for a termination of her pregnancy. She had been pregnant on one other occasion and had a spontaneous abortion.
28. The Respondent performed an ultrasound which revealed a seven and a half week intrauterine pregnancy. The Respondent provided Patient C with a

termination of pregnancy protocol involving methotrexate and misoprostol. The Respondent instructed Patient C to return to his office in four weeks.

29. The Respondent documented on Patient C's summary sheet that she had been called "several times" but never answered her telephone, and failed to return for follow-up.
30. The Respondent failed to document any dated or timed entries regarding the follow-up telephone calls to Patient C.
31. The Respondent failed to sign the discharge summary for Patient C.
32. The Respondent's documentation was inadequate in violation of Health Occ. § 14-404(a)(40).

PATIENT D

33. Patient D, a female, was in her thirties on October 8, 2012, when she presented to the Respondent for a surgical termination of an eight week intrauterine pregnancy. She had a history of seven prior pregnancies, with one vaginal delivery, one cesarean section delivery and five previous abortions. The Respondent discharged her instructing her to follow-up in two weeks.
34. Patient D failed to appear for her follow-up appointment.
35. The Respondent failed to document any dated or timed entries in the medical record regarding attempts to contact Patient D.
36. The Respondent failed to sign the discharge summary.
37. The Respondent's documentation was inadequate in violation of Health Occ. § 14-404(a)(40).

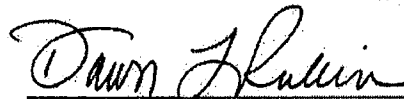
NOTICE OF POSSIBLE SANCTIONS

If, after a hearing, the Board finds that there are grounds for action under Md. Health Occ. § 14-404(a)(22) and/or (40) and/or its March 29, 2012 Order Staying Suspension and Imposing Probation, the Board may impose disciplinary sanctions against Respondent's license, including revocation, suspension, reprimand and/or probation and/or may impose a fine.

**NOTICE OF DISCIPLINARY COMMITTEE FOR
CASE RESOLUTION⁸**

A Disciplinary Committee for Case Resolution in this matter is scheduled for **February 5, 2014, at 10:00 a.m.** at the Board's office, 4201 Patterson Avenue, Baltimore, Maryland 21215. The nature and purpose of the case resolution conference is described in the attached letter to the Respondent. If this matter is not resolved on terms accepted by the Board, an evidentiary hearing will be scheduled.

**DOUGLAS F. GANSLER
ATTORNEY GENERAL OF MARYLAND**



Dawn L. Rubin
Assistant Attorney General
Administrative Prosecutor
Maryland Office of the Attorney General
Health Occupations Prosecution & Litigation
Division
300 West Preston Street, Suite 201
Baltimore, Maryland 21215
(410) 767-1874

9/30/2013
Date

⁸ Md. Code Regs. 10.32.02.03E(9) (2013), effective January 21, 2013, renamed the Case Resolution Conference ("CRC") to the Disciplinary Committee for Case Resolution ("DCCR") without any changes as to its functions.