

ORIGINAL

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania  
Bureau of Professional and  
Occupational Affairs

vs.

Joni Lahr Magee, M.D.,  
Respondent

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Docket No. 1376-49-06  
File No. 04-49-05901

PROSECUTING ATTORNEY  
2006 APR 22 11 09 AM  
Department of State

**NOTICE**

Formal disciplinary action has been filed against you. You may lose your license, certificate, registration or permit to practice your profession or occupation. You may be subject to civil penalties of up to \$10,000 for each violation.

If you wish to defend against the charges in the attached order to show cause or to present evidence to mitigate any penalty that may be imposed, the procedures for doing so are explained in the order to show cause.

You have the right to retain an attorney. Although you may represent yourself without an attorney, you are advised to seek the help of an attorney.

All proceedings are conducted under the Administrative Agency Law and the General Rules of Administrative Practice and Procedures.

You are directed to respond to the charges by filing a written answer within 30 days of the date on the order to show cause. IF YOU DO NOT FILE AN ANSWER, DISCIPLINARY ACTION MAY BE TAKEN AGAINST YOU WITHOUT A HEARING. To file your answer, you must bring or send an original and three copies of your answer and any pleadings or other documents related to this matter to the following address:

Deanna S. Walton, Prothonotary  
Bureau of Professional and Occupational Affairs  
2601 North Third Street  
P.O. Box 2649  
Harrisburg, PA 17105

You must also send a separate copy of your answer and any other pleadings or documents related to this case to the prosecuting attorney named in the order to show cause.

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BEFORE THE STATE BOARD OF MEDICINE**

<b>Commonwealth of Pennsylvania</b>	:	
<b>Bureau of Professional and</b>	:	
<b>Occupational Affairs</b>	:	
	:	
vs.	:	<b>Docket No.</b>
	:	<b>File No. 04-49-05901</b>
<b>Joni Lahr Magee, M.D.,</b>	:	
<b>Respondent</b>	:	

**ORDER TO SHOW CAUSE**

AND NOW, this <sup>22<sup>nd</sup></sup> day of August 2006, **Joni Lahr Magee, M.D.** (Respondent) is hereby **ORDERED TO SHOW CAUSE** why the State Board of Medicine (Board), upon consideration of the Factual Allegations and the applicable law, should not suspend, revoke or otherwise restrict Respondent's license, certificate, registration or permit, or impose a civil penalty. This action is brought pursuant to the Medical Practice Act, Act of December 20, 1985, P.L. 457, No. 112, as amended, (Act), 63 P.S. § 422.1 et seq. and Medical Care Availability and Reduction of Error (MCARE) Act, Act of March 20, 2002, P.L. 154, No. 13, 40 P.S. §§1303.101-1303.910, and will be conducted in accordance with the Administrative Agency Law, 2 Pa. C.S. §§ 501-508, 701-704, 63 P.S. §§2201-2207; and the General Rules of Administrative Practice and Procedure, 1 Pa. Code §§ 31.1-35.251.

**IT IS FURTHER ORDERED** that Respondent file an Answer to this Order to Show Cause in writing within thirty (30) days of the date of this Order stated above, in accordance with 1 Pa. Code §35.37.

## FACTUAL ALLEGATIONS

1. Respondent holds a license to practice medicine and surgery in the Commonwealth of Pennsylvania, License No. MD-011227-E.
2. Respondent's license is active through December 31, 2006, and may be renewed thereafter upon the filing of the appropriate documentation and payment of the necessary fees.
3. At all times pertinent to the Factual Allegations, Respondent held a license to practice medicine and surgery in the Commonwealth of Pennsylvania.
4. Respondent's last known address on file with the Board is 418 Meadow Lane, Merion, PA 19066, however the Commonwealth has received information that Respondent has an address at 8413 Suffolk Place, Philadelphia, PA 19153.

## COUNT ONE

5. Paragraphs 1 through 4 are incorporated by reference.
6. Pursuant to an Order by the Probable Cause Screening Committee of the State Board of Medicine, dated January 24, 2006, Respondent underwent a mental/physical examination conducted by George M. Woody, M.D.
7. In a June 26, 2006 report, Dr. Woody concluded based upon a reasonable degree of medical certainty that Respondent is currently unable to practice medicine with the requisite skill and safety, due to mental infirmity.
8. Based upon the foregoing Factual Allegations, the Board is authorized to suspend or revoke, or otherwise restrict Respondent's license/certificate/registration or permit, or impose a civil penalty under 63 P.S. § 422.41(5) in that Respondent is unable to practice medicine with reasonable skill and safety to patients by reason of illness.

## PENALTIES

If the Board finds that the Factual Allegations are true and correct, and determines that it has the authority to suspend or revoke the Respondent's license/certificate/registration or permit, the Board may, in its discretion, impose one or more of the following penalties:

- The revocation, suspension or other restriction of any licenses, certifications, registrations, permits or other authorizations to practice a profession held by Respondent in the Commonwealth of Pennsylvania, or the imposition of any other disciplinary or corrective action which the Act authorizes the Board to impose.
- The imposition of a civil penalty of up to ten thousand dollars (\$10,000.00) for each and every violation of the Act. Where criminal proceedings are a basis for a violation of the Act, each count for which the Respondent was convicted may be considered a separate violation of the Act.

## PROCEDURES

All proceedings are conducted in accordance with the Administrative Agency Law, 2 Pa. C.S. §§501-508, 701-704; 63 P.S. §§2201-2207; and the General Rules of Administrative Practice and Procedure, 1 Pa. Code §§31.1-35.251. **RESPONDENT IS HEREBY ORDERED TO FILE A WRITTEN ANSWER TO THIS ORDER TO SHOW CAUSE WITHIN THIRTY (30) DAYS OF THE DATE OF THIS ORDER.** The Answer shall specifically admit or deny each of the Factual Allegations made herein, and shall set forth the facts and state concisely the matter of law upon which Respondent relies. If Respondent fails to file an Answer within the time allowed herein, the Factual Allegations may be deemed admitted, and the Board will issue an Order which may impose penalties as set forth above.

If Respondent desires a formal administrative hearing, at which he may defend against the allegations in the Order to Show Cause or to present evidence in mitigation of any penalty which may be imposed upon Respondent or any of Respondent's licenses, certifications, registrations, permits or other authorizations to practice a profession, a written request for hearing must be filed within thirty (30) days of this Order. **IF RESPONDENT FAILS TO FILE A WRITTEN REQUEST FOR HEARING WITHIN THIRTY (30) DAYS OF THIS ORDER, RESPONDENT WILL BE DEEMED TO HAVE WAIVED HIS RIGHT TO A HEARING AND FINAL JUDGMENT MAY BE ENTERED WITHOUT A HEARING.**

If a hearing is scheduled, Respondent will be notified of the specific time and place of the hearing. The hearing will be held before the Board or its duly designated Presiding Officer, in accordance with 1 Pa. Code §35.185. Respondent may appear, with or without counsel, offer testimony or other evidence on his behalf, and confront and cross-examine the Commonwealth's witnesses.

Answers, requests for hearings, preliminary motions, protests, petitions to intervene, or any other pleading must be filed with:

Deanna S. Walton, Prothonotary  
Bureau of Professional and Occupational Affairs  
2601 North Third Street  
Harrisburg, PA 17110  
717-772-2686


Also, you must send a separate copy of the Answer, and any other pleadings or documents, to the prosecuting attorney named below at:

P.O. BOX 2649  
HARRISBURG, PA 17105-2649

Notices and petitions to intervene must be filed within thirty, (30) days of the date of this Order, unless in extraordinary circumstances for good cause shown, a later filing is authorized by the agency.

**BY ORDER:**

**DEPARTMENT OF STATE  
OFFICE OF CHIEF COUNSEL**

  
Anita P. Shekletski  
Prosecuting Attorney  
Commonwealth of Pennsylvania  
Department of State  
P.O. Box 2649  
Harrisburg, PA 17105-2649  
(717) 783-7200

DATE: August 22, 2006

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BEFORE THE STATE BOARD OF MEDICINE

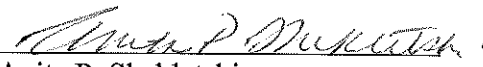
Commonwealth of Pennsylvania :  
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Occupational Affairs :  
 :  
vs. : Docket No.  
 : File No. 04-49-05901  
Joni Lahr Magee, M.D., :  
Respondent :

CERTIFICATE OF SERVICE

I, Anita P. Shekletski, hereby certify that I have this 22<sup>nd</sup> day of August 2006 served a true and correct copy of the foregoing Notice and Order to Show Cause upon all parties of record in this proceeding in accordance with the requirements of Section 33.31 of the General Rules of Administrative Practice and Procedure, 1 Pa. Code §33.31 (relating to service by the agency).

CERTIFIED MAIL, RETURN RECEIPT REQUESTED:

Joni Lahr Magee, M.D.  
8413 Suffolk Place  
Philadelphia, PA 19153

  
Anita P. Shekletski  
Prosecuting Attorney  
Commonwealth of Pennsylvania  
Department of State

P. O. Box 2649  
Harrisburg, PA 17105-2649  
(717) 783-7200