IN THE MATTER OF	BEFORE THE
TYRONE MALLOY, M.D.	MARYLAND STATE
Respondent	BOARD OF PHYSICIANS
License Number: D0018916	Case Number: 2225-0076B

CONSENT ORDER

On February 12, 2026, Disciplinary Panel B ("Panel B") of the Maryland State Board of Physicians (the "Board") charged **TYRONE MALLOY, M.D.** (the "Respondent"), License Number **D0018916**, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. §§ 14-101 *et seq.* with the following provisions of Health Occ. § 14-404:

> (a) 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:
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> ....
>
> (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[.]

AMA Code of Medical Ethics[1]

4.2.7 Abortion
Abortion is a safe and common medical procedure, about which thoughtful individuals hold diverging, yet equally deeply held and well-considered perspectives. Like all health care decisions, a decision to terminate a pregnancy should be made privately within the relationship of trust between patient and physician in keeping with the patient's unique values and needs and the physician's best professional judgment. The Principles of Medical Ethics of the AMA permit physicians to perform abortions in keeping with good medical practice.

[1] COMAR 10.32.02.16 provides, "The Board and the disciplinary panels may consider the Principles of Ethics of the American Medical Association, but these principles are not binding on the Board or the disciplinary panels."

2024 National Abortion Federation Clinical Policy Guidelines for Abortion Care[2]

11. Medication Abortion After First Trimester[3]

Standard 11.4 Facilities must have a policy that addresses whether and when to induce fetal demise.

Recommendation 11.4.1 When induced fetal demise is used, it should be provided through a standard protocol.

Standard 11.5 Evidence based regimens of medication abortion must be used.

Recommendation 11.5.1 Mifepristone[4] 200 mg followed in 24 to 48 hours by repeat doses of misoprostol[5] should be used, when available and feasible.[6]

Standard 11.9 The facility or clinician should continue care of the patient until completion of the abortion or transfer of care to an appropriate provider is made.

12. Analgesia and Sedation[7]

Standard 12.5 Prior to moderate sedation, a pre-sedation evaluation of the patient must take place.

Recommendation 12.5.1 Evaluation should include a relevant history and review of systems; medication review; targeted exam of the heart, lung, and airway as indicated by the patient's history and review of systems; and baseline vital signs.

Standard 12.12 When sedation is provided, monitoring must be adequate to detect the respiratory, cardiovascular, and neurological effects of the drugs being administered, and this monitoring must be documented.

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[2] The National Abortion Federation ("NAF"), established in 1976, is the professional association of abortion providers, and provides standards and recommendations based on evidence-based guidance for reproductive health. Standards are intended to be applied in virtually all cases. Deviations will be rare and difficult to justify. Recommendations are steering in nature. They do not have the force of standards, but when not adhered to, there should be documented, rational clinical justification. They allow some latitude in clinical management.

[3] Medication abortion is a safe and effective method for abortions beyond the first trimester when performed by trained clinicians in medical offices, freestanding clinics, ambulatory surgery centers, and hospitals. Induced fetal demise may be particularly important at later gestational ages.

[4] Mifepristone is a drug taken to induce abortion by blocking the body's use of progesterone, which is necessary to continue pregnancy.

[5] Misoprostol is a drug used in combination with mifepristone that is used to induce contractions and cause a woman's body to expel tissue.

[6] Mifepristone increases the efficacy and decreases the total time and doses needed for misoprostol to cause pregnancy expulsion. Misoprostol dosing can be repeated until expulsion with no limit on the number of doses. For abortion over 12 weeks, the World Health Organization recommends a regimen of mifepristone 200 mg orally followed in one to two days by misoprostol, 400 mg buccally, vaginally, or sublingually every four hours until pregnancy expulsion.

[7] Anxiolysis, analgesia, or anesthesia should be provided during abortion procedures for any patient for whom the benefits outweigh the risks, with the aim of providing the appropriate level of analgesia and sedation required for each patient's needs. Patients should be involved in a shared decision-making process about pain control and sedation during the procedure.

On April 29, 2026, Panel B was convened as a Disciplinary Committee for Case Resolution ("DCCR") in this matter. Based on negotiations occurring as a result of this DCCR, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law, Order, and Consent.

FINDINGS OF FACT

Panel B finds:

I. Background

1. At all times relevant to these charges, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent's license is scheduled to expire on September 30, 2027, subject to renewal.

2. The Respondent holds active medical licenses in the District of Columbia, license number MD210002791; and in Georgia, license number 23086.[8]

3. At all times relevant, the Respondent worked in an office-based practice in Montgomery County, Maryland, focusing on reproductive health, specifically conducting abortions (hereinafter, "the Clinic").[9]

II. Prior Disciplinary History

Maryland

4. The Maryland Board initially licensed the Respondent on January 30, 1976. The Respondent allowed his license to expire on September 30, 1981.

[8] The Respondent held a South Carolina medical license from August 1979 through December 1982; and a Virginia medical license from April 1978 through March 1983. He allowed both licenses to expire, and there are no disciplinary records in either jurisdiction.

[9] In order to maintain confidentiality, placeholders will be used in lieu of specific names and places but will be provided to the Respondent on request.

5. On November 22, 2022, the Maryland Board of Physicians reinstated the Respondent's license with an Advisory Letter to the Respondent after reviewing his Application for Reinstatement of Medical License wherein he failed to fully report a criminal event in the State of Georgia in 2008. The Board advised the Respondent that "failing to answer fully and honestly all questions on any applications you may file for licensure could be construed as 'fraudulently or deceptively obtains or attempts to obtain a license for the applicant, licensee, or for another' in violation of Health Occ. § 14-404(a)(1) and/or § 14-404(a)(36)."

6. On June 27, 2023, the Maryland Board issued a second Advisory Letter to the Respondent after receiving a complaint alleging that the Respondent failed to notify a hospital that his patient was being transferred from his clinic, which is a "basic expectation of a transferring physician." The Respondent failed to provide appropriate communication on the patient's care and status that could be construed as a failure to meet appropriate standards for the delivery of quality medical care in violation of Health Occ. § 14-404(a)(22).

Georgia

7. The Georgia Composite Medical Board ("Georgia Board") initially licensed the Respondent on October 7, 1981, and his license is scheduled to expire March 31, 2027, pending renewal.

8. On August 26, 2004, The Georgia Board issued a public Order against the Respondent under Docket Number 20050030 after a Board appointed peer reviewer evaluated the Respondent's treatment of a patient and concluded that the Respondent's treatment "departed from and failed to conform to the minimal standard of acceptable and prevailing medical practice." The Georgia Board Order included a Public Reprimand, twenty (20) hours of continuing medical education in gynecology, and a fine in the amount of $5,000.00.

9. On January 8, 2009, the Georgia Board issued another public Order against the Respondent under Docket Number 20090033 after a Board appointed peer reviewer evaluated the Respondent's treatment of a patient and concluded that the Respondent's treatment "departed from and failed to conform to minimal standards of acceptable and prevailing medical practice." The Board Order included a Public Reprimand, twenty (20) hours of continuing medical education in gynecological surgery, a fine of $10,000.00, and administrative fees of $500.00.

10. On or about May 12, 2015, the Respondent voluntarily surrendered his license to practice medicine in Georgia for disciplinary reasons.[10]

11. On October 6, 2017, the Georgia Board reinstated the Respondent's license to practice medicine in Georgia.

Medicaid / Medicare

12. On or about September 30, 2014, the Department of Health and Human Services' Office of Inspector General ("HHSOIG") notified the Respondent that he was excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act for a minimum period of ten years.

13. On or about March 5, 2025, HHSOIG approved the Respondent's reinstatement to participate in all Federal health care programs, as defined in section 1128B(f) of the Social Security Act.

III. Complaint

14. On or about August 8, 2024, the Board received a complaint from an Emergency Department ("ED") physician in Frederick, Maryland (the "Complainant") alleging the

[10] The Letter of Surrender did not specify the reason for the discipline.

Respondent had provided substandard care for a patient ("Patient 1") who had undergone a third trimester abortion.[11]

15. On or about August 20, 2024, the Board notified the Respondent of the complaint and requested a response. On or about September 2, 2024, the Respondent submitted a response to the Board denying that his care for Patient 1 had been substandard.

16. Shortly after receiving the complaint, the Board initiated an investigation, which included but was not limited to a peer review of the Respondent's practice. The Board transmitted the index case ("Patient 1"), the Respondent's response regarding his care of Patient 1, along with nine randomly selected records of patients for whom the Respondent had conducted abortions and the Respondent's summaries of care for the nine patients, for an independent peer review by two board-certified physicians specializing in reproductive health (the "Reviewers"). After reviewing the records, the Reviewers concurred that the Respondent failed to meet the standard of quality care in seven of the patient records reviewed;[12] and his documentation was inadequate in six of the records reviewed,[13] the details of which are set forth below.

17. On or about August 25, 2025, Board staff provided the Respondent with copies of the peer review reports and an opportunity to provide a supplemental response to the Reviewers' opinions. On September 8 and 12, 2025, the Respondent provided to the Board supplemental responses to the Reviewers' reports.[14] The Respondent denied his care was substandard for the remaining nine patients reviewed. The Reviewers concurred with the following care and

[11] The third trimester of a pregnancy begins at approximately 28 weeks of pregnancy.
[12] Patients 3 ,5, 6, 7, 8, 9 and 10.
[13] Patients 1, 4, 5, 6, 7 and 9.
[14] On September 8, 2025, the Respondent's supplemental response primarily addressed the comments from Peer Reviewer #2, and on September 12, 2025, the Respondent submitted comments in response to Peer Reviewer #1.

recordkeeping deficiencies following receipt of the Respondent's supplemental responses to their reports:

Standard of Quality Care Deficiencies

18. The Respondent failed to meet the standard of quality care for Patients 3, 5, 6, 7, 8, 9 and 10. The deficiencies included, *inter alia,* the following:

a. The Respondent failed to administer mifepristone and misoprostol according to evidence-based medical guidance for third trimester abortions (Patients 3, 5, 6, 7, 8 and 10);

b. The Respondent failed to confirm and/or document fetal asystole prior to placement of cervical dilators (Patient 3);

c. The Respondent failed to document the rationale for the administration of sedation several hours before the actual abortion procedure for Patient 3;

d. The Respondent administered large amounts of misoprostol and released Patients 5 and 9 from the clinic setting;

e. For Patient 9, the Respondent failed to complete and document a pre-sedation physical examination prior to patient sedation; and

f. For Patient 10, the Respondent failed to administer medication to ensure hemostasis after delivery.

Recordkeeping Deficiencies

19. The Respondent's documentation was inadequate for Patients 1, 4, 5, 6, 7 and 9 based on the following, *inter alia*:

a. The Respondent failed to document any communication regarding Patient 1's ED admission(s) after her discharge from the Clinic, despite the Respondent being notified of clinical issues by both Patient 1's family and the ED physician;

b. The Respondent failed to document any of the cervical examinations for Patient 4 prior to her release from the clinic and subsequent delivery;

c. The Respondent failed to document the reason Patient 4 was given flumazenil, a reversal agent for benzodiazepines;

d. The Respondent failed to ensure that the oxytocin infusion rate was documented for Patients 5, 6, and 9;[15]

e. The Respondent failed to document the indication for oxytocin for Patient 5;

f. The Respondent failed to document a sedation examination for Patients 5 and 6 despite having risk factors for anesthesia complications (Class III obesity);[16]

g. The Respondent left the pre-populated documentation for informed consent / procedure in the charts for Patients 5 and 7 for a Dilation and Evacuation,[17] when an induction was conducted for Patient 5 and an induction was planned for Patient 7;[18]

h. The Respondent's electronic charting with pre-populated fields, and the failure to deselect appropriate fields creates confusion and inconsistency in documentation for Patients 5, 6, and 7;

i. The Respondent's charting and documentation is missing information including, but not limited to, medication administration, dosing, infusion rates, examinations/evaluations and is insufficient to determine the full course of events prior to delivery for Patients 1, 4, 5, and 6;

j. For Patient 7, the Respondent failed to document the date, time and location of the discharge / transfer, or how the discharge / transfer took place;[19]

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[15] Oxytocin used as a medication is a synthetic form of the naturally produced hormone. Oxytocin is used during labor and delivery to induce or improve uterine contractions during delivery and to prevent hemorrhage after delivery. Sarfaroj Khan, MD, *What is Oxytocin, and What is it Used for?* MEDICINENET, https://www.medicinenet.com/oxytocin/article.htm, (last visited Jan 28, 2026).

[16] Class III obesity is defined as a body-mass index (BMI) of 40 kg/m^2 or higher, or at least 35 kg/m^2 when paired with an obesity-related condition such as type 2 diabetes or sleep apnea.
Class III Obesity, CLEVELAND CLINIC (February 19, 2025), https://my.clevelandclinic.org/health/diseases/21989-class-iii-obesity-formerly-known-as-morbid-obesity.

[17] Dilation and Evacuation ("D&E") is typically conducted in abortions up to 24 weeks. *Different Types of Abortion Explained*, HEALTHLINE (July 3, 2025). https://www.healthline.com/health/types-of-abortion#procedures. The D&E procedure consists of two components: preparation of the cervix (dilating the cervix with osmotic, pharmacologic, and/or mechanical dilators) and evacuation of the products of conception (with suction, extraction forceps, and curettage). Cassing Hammond, M.D., *Induced abortion in the second trimester: Procedures (dilation and evacuation)*, UPTODATE (Dec. 12, 2025), https://www.uptodate.com/contents/induced-abortion-in-the-second-trimester-procedures-dilation-and-evacuation. All of the patients included in the charges either underwent or planned to undergo induction procedures in which medications are used to induce labor.

[18] The Respondent discharged / transferred Patient 7 before the abortion procedure was completed. The documentation was insufficient to determine what occurred and to what facility the Respondent transferred Patient 7.

[19] The Board obtained hospital records for Patient 7 from Hospital A, as identified by the Respondent in his summary of care. Hospital A's records for Patient 7 however, did not include any delivery information for Patient 7. There was only prenatal documentation of care that took place before Patient 7's visit to the Respondent's clinic.

k. Pre-populated post-delivery discharge instructions were in Patient 7's chart, despite her being discharged / transferred before the abortion was completed;

l. For Patient 9, the Respondent only documented one fetal injection despite this being a twin gestation, requiring two fetal injections; and

m. Patient 9's record contains a pre-populated form for a post procedure examination despite not having completed her procedure on that day.

CONCLUSIONS OF LAW

Based on the foregoing findings of fact, Disciplinary Panel concludes as a matter of law that the Respondent failed to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient facility, office, hospital, or any other location in this State, in violation of Health Occ. § 14-404(a)(22); and failed to keep adequate medical records as determined by appropriate peer review, in violation of Health Occ. § 14-404(a)(40).

ORDER

It is thus, on the affirmative vote of the quorum of Disciplinary Panel B of the Board, hereby:

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

ORDERED that the Respondent is placed on **PROBATION**[20] for a minimum of **TWO (2) YEARS** from the effective date of the Consent Order. During probation, Dr. Malloy shall comply with the following terms and conditions of probation:

1. Within **ONE (1) YEAR**, Respondent shall pay a civil fine of $5,000.00. The Payment shall be by money order or bank certified check made payable to the Maryland Board of Physicians and mailed to P.O. Box 37217, Baltimore, Maryland 21297. The Board will not renew or reinstate the Respondent's license if the Respondent fails to timely pay the fine to the Board.

[20] If Dr. Malloy's license expires during the period of probation, the probation and any conditions will be tolled.

2. Within **THIRTY (30) DAYS**, the Respondent shall enroll in for assessment and monitoring, a comprehensive board-approved educational program such as CPEP or PACE in the area of reproductive health, specifically addressing the performance of medication induced abortions during second and third trimesters, as follows:

    a. The Respondent shall comply with the program's recommendations.

    b. Failure to comply with the program's recommendations shall be considered a violation of this Consent Order.

    c. The Respondent shall remain in the program for monitoring for a minimum period of ONE (1) YEAR and until the program recommends the Respondent is ready to resume practice without monitoring. It shall be the Respondent's responsibility to ensure the Program submits monthly progress reports to the Board by the fifth of each month during the monitoring process. Late or missing reports may be considered a violation of this Consent Order;

    d. After Panel B's receipt of a minimum of twelve satisfactory monthly reports, and the Program's recommendation to the Panel that the Respondent has satisfactorily completed monitoring, the Respondent shall appear before Panel B to request termination of this probationary condition. It shall be the Respondent's burden to prove that he is ready to resume practice without monitoring conditions, and the decision shall be within the discretion of the Panel as to whether to terminate the condition and/or whether to impose additional conditions consistent with public safety; and it is further

ORDERED that the Respondent shall not apply for early termination of probation; and it is further

ORDERED that, after the Respondent has complied with all terms and conditions of probation and the minimum period of probation imposed by the Consent Order has passed, the Respondent may submit to the Board a written petition for termination of probation. After consideration of the petition, the probation may be terminated through an order of the disciplinary panel. The Respondent may be required to appear before the disciplinary panel to discuss his petition for termination. The disciplinary panel may grant the petition to terminate the probation, through an order of the disciplinary panel, if the Respondent has complied with all probationary terms and conditions and there are no pending complaints relating to the charges; and it is further

ORDERED that a violation of probation constitutes a violation of the Consent Order; 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 the disciplinary panel determines 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 the disciplinary panel determines 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 with appropriate terms and conditions, 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 this Consent Order shall not be amended or modified and future requests for modification will not be considered; 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 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 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).

CONSENT

I, Tyrone Malloy, M.D., acknowledge that I have consulted with counsel before signing this document.

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 this right 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 my 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 understand the language and meaning of its terms.

18 May 2026
Date

Signature on File
Tyrone Malloy, M.D.

NOTARY

STATE OF MARYLAND

CITY / COUNTY OF MONTGOMERY

I HEREBY CERTIFY that on this 18TH day of MAY 2026, before me, a Notary Public of the foregoing State and City/County, personally appeared Tyrone Malloy, 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.

JAMES G MANNAH
Notary Public - State of Maryland
Montgomery County
My Commission Expires Mar 17, 2029

Notary Public

My Commission expires: MARCH 17TH 2029

ACCEPTANCE

I, Christine A. Farrelly, sign this **CONSENT ORDER** on behalf of Disciplinary Panel B.

05/20/2026
Date

Signature on File
Christine A. Farrelly
Executive Director
Maryland State Board of Physicians