

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

IN RE:

REGINALD M. BIGGS, M.D.

License No.: MD31121

Respondent

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CONSENT ORDER

This matter comes before the District of Columbia Board of Medicine (the “Board” or “D.C. Board”) pursuant to the Health Occupations Revision Act (HORA). D.C. Official Code § 3-1201.01, *et seq.* (2016 Repl.). The HORA authorizes the Board to regulate the practice of medicine in the District of Columbia. The Board has broad jurisdiction to impose a variety of disciplinary sanctions upon a finding of a violation of the HORA. D.C. Official Code, § 3-1201.03; *Mannan v. District of Columbia Board of Medicine*, 558 A.2d 329, 333 (D.C. 1989). The Council of the District of Columbia, in amending the HORA, “intended to strengthen enforcement of its licensing laws.” *Davidson v. District of Columbia Board of Medicine*, 562 A.2d 109, 113 (D.C. 1989). And the HORA “was designed to ‘address modern advances and community needs *with the paramount consideration of protecting the public interest.*’” *Joseph v. District of Columbia Board of Medicine*, 587 A.2d 1085, 1088 (D.C. 1991) (*quoting* Report of the D.C. Council on Consumer and Regulatory Affairs on Bill 6-317, at 7 (November 26, 1985)) (emphasis added by court).

Background

Respondent has been licensed to practice medicine in the District of Columbia since July 21, 1998. He is a self-reported psychiatry and neurology specialist. Respondent is also licensed

in Maryland, where he has a medical office. The Maryland Board of Physicians (the “Maryland Board”) had received a complaint about Respondent’s prescribing practices on June 15, 2016. Based on a review of five patients’ records, the Maryland Board determined that Respondent had violated Health Occ. II § 14-404(a)(22) of the Maryland Code, regarding four of the five patients (patients A, B, C and D). Specifically, the Maryland Board found that Respondent:

- failed to perform or document adequate mental status examinations for patients A, B, C and D;
- failed to utilize adequate trials of anti-depressant medication or consider alternative medications prior to prescription for patients A, C and D;
- failed to document and address patient A’s prior difficulties with anti-depressants; inappropriately prescribed benzodiazepines by prescribing escalating doses, concomitant prescribing of multiple benzodiazepines, prescribing inappropriately high doses of benzodiazepines along with stimulants, and/or prescribing benzodiazepines on a long-term basis for patients A, B, C and D;
- failed to document or address long-term benzodiazepine with patients A, B and D;
- failed to adequately address or document patient history of drug or alcohol use in conjunction with benzodiazepine prescriptions for patients A and B;
- failed to adequately address or document patient histories of drug or alcohol abuse in patients A, B and D;
- failed to adequately document or develop information to establish a diagnosis for patients A, C and D;
- failed to adequately document or develop signs, symptoms, duration and severity of symptoms which led to diagnoses in patients A, C and D;

- failed to document amount of methadone or Suboxone prescribed or possible medical interactions for patient B;
- mismanaged suspected attention deficit hyperactivity disorder for patient C; and
- failed to document adequate rationale for prescribing Lithium and/or failing to document Lithium levels or other blood tests associated with the prescription for patient D.

The Maryland Board entered into a Consent Order (“Maryland Consent Order”) with the Respondent effective January 5, 2018. The Maryland Consent Order reprimanded Respondent and also placed him on probation with the conditions that Respondent not treat patients for chronic pain; that Respondent take a panel-approved course in pharmacologic management of psychiatric conditions and another course in medical recordkeeping; and that Respondent implement a variety of practice changes. The Maryland Board stated it would also monitor Respondent’s controlled substance prescriptions on a quarterly basis and that Respondent would continue to be subject to chart and/or peer review.

Conclusions of Law

The D.C. Board is authorized, pursuant to D.C. Official Code § 3-1205.14(a)(3), to take reciprocal action when a respondent has been disciplined by a licensing authority of another jurisdiction for conduct that would be grounds for Board action. In pertinent part, D.C. Official Code § 3-1205.14(a)(3) states:

Each board, subject to the right of a hearing as provided by this subchapter, on an affirmative vote of a quorum of its appointed members may take one or more of the disciplinary actions...against any person permitted by this subchapter to practice a health occupation regulated by the board in the District who **is disciplined by a licensing or disciplinary authority...of any jurisdiction for conduct that would be grounds for disciplinary action under this section.** (emphasis added)

Also, under the D.C. Official Code, a physician licensed in the District must conform to standards of acceptable conduct and prevailing practice within a health profession and may not

demonstrate a willful or careless disregard for the health, welfare or safety of a patient, regardless of whether the patient sustains actual injury as a result, or be subject to disciplinary action. *See* D.C. Official Code §§ 3-1205.14(a)(26) and (28). Respondent's conduct in Maryland during the course of his treatment of patients A, B, C and D did not conform to the standards of acceptable conduct in the practice of medicine and demonstrated a willful or careless disregard for the health, welfare or safety of patients A, B, C and D, as such they would be a violation of D.C. Official Code §3-1205.14(a)(26) had that conduct occurred in the District of Columbia.

Accordingly, Respondent's conduct has provided the D.C. Board with a basis in law and fact to take reciprocal action against Respondent under the authority of D.C. Official Code § 3-1205.14(a)(3).

ORDER

Based on the forgoing, it is by the District of Columbia Board of Medicine hereby,

ORDERED, that Respondent be **REPRIMANDED**; and it is further

ORDERED, that Respondent be placed on **PROBATION** with the following conditions, to conform with the conditions required by the Maryland Consent Order, including:

1. That Respondent not treat patients for chronic pain,
2. That within SIX (6) MONTHS, Respondent shall successfully complete a Maryland Board disciplinary panel-approved course in **pharmacological management of psychiatric conditions and substance use disorders**. The course may not be taken over the internet. The course may not be used to fulfill the continuing medical education required for license renewal. Respondent must provide documentation to the Board when the Respondent has successfully completed the course.
3. That within SIX (6) MONTHS, Respondent shall successfully complete a Maryland Board disciplinary panel-approved course in **Medical Documentation**. The course may not be taken over the internet. The course may not be used to fulfill the continuing medical education required for license renewal. Respondent must provide documentation to the Board when the Respondent has successfully completed the course.

4. That Respondent make the following practice changes:

- a. Respondent's patient charts shall include a section for the performance of a mental status examination. Respondent shall perform a mental status examination on each patient at each office visit,
- b. Respondent's progress notes shall include a section for assessment of current medications and the rationale for maintenance or adjustment of medications. Respondent shall review medications at the end of each patient office visit and shall document his rationale for the maintenance or adjustment of medications, and
- c. Respondent shall perform complete psychiatric examinations for all patients annually.

It is further

ORDERED, that the probation period shall continue until such time as the Respondent completes all the probationary requirements. Respondent may petition the Board to terminate the probation under this Consent Order only after the Maryland Board has terminated the probation pursuant to the Maryland Consent Order;

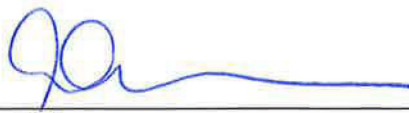
ORDERED that Respondent shall comply with all laws, rules, and regulations of the District of Columbia, while within its jurisdiction;

ORDERED, that if Respondent fails to satisfactorily fulfill the terms of this Consent Order the D.C. Board may issue a notice of intent to take additional formal disciplinary action against Respondent's license; and it is further

ORDERED, that this is a public document.

DISTRICT OF COLUMBIA BOARD OF MEDICINE

4/24/19
Date



By: Andrea Anderson, MD, FAAFP
Chairperson

AGREEMENT OF RESPONDENT

By signing this public consent order, I agree to accept and abide by its terms. I acknowledge its validity and acknowledge that I have agreed to the terms set forth in this agreement. I fully acknowledge that by signing this consent order, I am waiving my right to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections provided by law. I also recognize that I am waiving my right to appeal any adverse ruling by the Board that might have followed any such hearing. By signing this settlement agreement, I waive all such rights.

I have had the opportunity to review this document and to seek the advice of my own legal counsel. I choose to sign this consent order willingly and without reservation and am fully aware of its meaning and effect.

2/13/19
Date

[Signature]
Reginald Biggs, M.D.
License No.:MD31121

Sworn to and subscribed before me this 13 day of Feb., 2019.



[Signature]
Notary Public
(1000 m/s 202 @ p. RES. 11-37-9021

This Consent Order shall be deemed a public document and shall be distributed as appropriate.