

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

IN THE MATTER OF :
 :
VINCENT HOLLIS, M.D. :
 :
 :
Applicant. :
 :
 :
Respondent :

ORDER TO DENY LICENSURE

Jurisdiction

This matter comes before the District of Columbia Board of Medicine (“the Board”) pursuant to the Health Occupations Revision Act (HORA), D.C. Official Code § 3-1201.01 *et seq.* (2016 Repl.). The Board has broad jurisdiction to regulate the practice of medicine and to impose a variety of disciplinary sanctions upon a finding of a violation of the HORA. D.C. Official Code, § 3-1202.03; *Mannan v. District of Columbia Board of Medicine*, 558 A.2d 329, 333 (D.C.1989). D.C. Official Code § 3-1205.19 authorizes the Board to conduct hearings and issue final decisions.

Background

On March 20, 2019, the Board issued to Dr. Vincent Hollis (Dr. Hollis) a Notice of Intent (the “Notice”) to Deny his application for medical licensure. The Notice based the application denial on:

1. Dr. Hollis’ license to practice medicine was revoked in California for conduct that would be grounds for revocation in the District of Columbia under D.C. Official Code §§ 3-1205.14(a)(4), (23), and (26).
2. Dr. Hollis was convicted of a crime involving moral turpitude in the state of California that bears directly on his fitness to be licensed and would be

grounds for denial of a license under D.C. Official Code §§ 3-1205.03(a)(1) and 3-1205.14(a)(4).

3. Dr. Hollis' application failed to meet the regulatory requirements. Dr. Hollis has not practiced medicine since 1999 and the Board determined that he did not establish that he possessed appropriate skills, knowledge, judgement, and character to practice medicine, pursuant to 17 DCMR § 4600.4. Additionally, Dr. Hollis failed to submit to the Board three "letters of reference from licensed physicians, in good standing in a jurisdiction of the United States, who have personal knowledge of your abilities and qualifications to practice medicine," as required under 17 DCMR § 4600.6.

The District of Columbia Municipal Regulations provide that a respondent may request a hearing within twenty (20) days after the service of the notice. 17 DCMR § 4102.4(c)(1). After Dr. Hollis filed a timely request for a hearing, counsel for the Board transmitted notice of the Board's referral of the matter to the Office of Administrative Hearings (OAH) to conduct a hearing. The Board requested the ALJ render a recommended decision for consideration by the Board, as authorized by 17 DCMR 4114 and DC Official Code § 2-1831.03(c). Prior to the hearing, Dr. Hollis requested and was granted an interview with the Board on June 26, 2019. However the Board did not change its position as a result of the interview.

Before the hearing commenced, Dr. Hollis contacted counsel to the Board, via email on July 2, 2019, to withdraw his application. Dr. Hollis was advised by counsel that the Board would not agree to a withdrawal. At the status conference held on July 2, 2019 between Dr. Hollis, the ALJ, and litigation counsel for the Board, Dr. Hollis announced he intended to withdraw his request for a hearing. As a result, on July 2, 2019, the ALJ dismissed the case for mootness in accordance with OAH Rule 2817.1 and declared all further proceedings to be before the Board. Thus, the Board is issuing this final order on the NOI, in accordance with 17 DCMR § 4103, as if no hearing had been requested.

Findings of Facts

Based upon the preponderance of the evidence, the Board hereby makes the following findings of fact:

1. Dr. Hollis graduated medical school in 1977 at Howard University Hospital (“HUH”) in Washington, D.C. He subsequently completed one year of postgraduate clinical training at HUH in 1978 and a three-year General Psychiatry Internship program at Walter Reed Army Medical Center in October 1981. Dr. Hollis served in the U.S. Army, where he ran a drug treatment program and was a disciplinary consultant until he was honorably discharged in 1984. Dr. Hollis had a Kansas medical license from August 1983 until it expired in September 1984. He also held a California medical license from April 1984 until the Medical Board of California revoked it in June 2002. He has not worked as a medical doctor since 1999.

2. The California Board’s revocation was based on Dr. Hollis’ grossly negligent and extreme departure from the standards of ordinary care in that he had a sexual relationship with a patient; he was charged with violating Penal Code section 273.5(a) (corporal injury to a cohabitant) as a result of allegedly striking the patient after an altercation; and he was ultimately convicted for pleading guilty to making a terrorist threat, in violation of Penal Code section 422.

3. Dr. Hollis’ application failed to meet regulatory requirements because it did not establish that he possessed skills, knowledge, judgement, and character to practice medicine. Further, it did not include letters of reference from three “licensed physicians, in good standing in a jurisdiction of the United States, who have personal knowledge of

[his] abilities and qualifications to practice medicine,” as required under 17 DCMR § 4600.6.

Conclusions of Law

The Board has grounds to deny Dr. Hollis’ application for a medical license. The Board “may deny a license to an applicant whose license to practice a health occupation was revoked . . . in another state if the basis of the license revocation . . . would have caused a similar result in the District...” D.C. Official Code § 3-1205.03(c). Additionally Dr. Hollis had a relationship with a patient that the Medical Board of California determined to be grossly negligent and an extreme departure from the standards of ordinary care; he was convicted of “making a terrorist threat” to this same patient after allegedly striking her in the face; and his application for a medical license failed to meet regulatory requirements.

Accordingly, the Board concludes that Applicant’s conduct violates:

- 1) D.C. Official Code §§ 3-1205.14(a)(3) in that his license to practice medicine was revoked in California for conduct that would be grounds for revocation in the District of Columbia.
- 2) D.C. Official Code § 3-1205.14(a)(3) in that he was convicted in the Superior Court of California for making a terrorist threat against his patient, who alleged he struck her in the face with a closed fist.
- 3) D.C. Official Code § 3-1205.14(a)(4) in that he was convicted of a crime of moral turpitude in the State of California that bears directly on his fitness to be licensed and is thus grounds for denial of his license.
- 4) D.C. Official Code § 3-1205.14(a)(23) and (26) in that he engaged in a sexual relationship with his patient, demonstrating a grossly negligent and extreme

departure from the standards of ordinary, reasonable, and prudent psychiatric care.

- 5) D.C. Official Code §§ 3-1205.3(a)(1) and (5) and 17 DCMR § 4600.4 in that he failed to establish that he has not been convicted of an offense that bears directly on his fitness to be licensed, and his application failed to establish that he possessed the appropriate skills, knowledge, judgement, and character to practice medicine. In addition to the criminal charge, unprofessional behavior and revocation, Dr. Hollis has not practiced medicine since at least 1999.
- 6) 17 DCMR § 4600.6 in that he failed to submit three “letters of reference from licensed physicians, in good standing in a jurisdiction of the United States, who have personal knowledge of [his] abilities and qualifications to practice medicine.”

Based upon the foregoing, and in consideration of the entire record, the Board has jurisdiction to deny Dr. Hollis’ application for medical licensure. D.C. Official Code § 3-1205.14 (2001) provides, in pertinent part:

(a) Each board, subject to the right of a hearing as provided by this subchapter, on an affirmative vote of a majority of a quorum of its appointed members may take one or more of the disciplinary actions provided in subsection (c) of this section against any . . . person permitted by this subchapter to practice a health occupation regulated by the board in the District who:

(3) Is disciplined by a licensing or disciplinary authority or peer review body or convicted or disciplined by a court of any jurisdiction for conduct that would be grounds for disciplinary action under this section;

(c) Upon determination by the board that an applicant, licensee, person certified, or person permitted by this subchapter to practice in the

District has committed any of the acts described in subsection (a) of this section, the board may:

- (1) Deny a license to any applicant . . .

Dr. Hollis failed to establish to the satisfaction of the Board that his application established the necessary qualifications for licensure pursuant to D.C. Official Code § 3-1205.03(a). The Board also has grounds for denial pursuant to D.C. Official Code § 3-1205.03(c). Additionally the disciplinary action taken by the California Board provided grounds for disciplinary action under D.C. Official Code § 3-1205.14(a)(3), specifically denial of his application for licensure in accordance with D.C. Official Code § 3-1205.14(c)(1).

Dr. Hollis' sexual relationship with a patient demonstrated an extreme departure from the standards of ordinary, reasonable, and prudent psychiatric care and he was convicted of a crime of moral turpitude by the Superior Court of California for making a terrorist threat against his patient who alleges he struck her. As a result, his medical license in California was revoked. Further, Dr. Hollis' application did not meet regulatory requirements because it neither established that he possessed appropriate skills, knowledge, judgement, and character to practice medicine, nor provided sufficient character reference letters. Dr. Hollis has not practiced medicine since at least 1999.

The Board's ultimate decisions must always be guided by its mandate to protect the public. 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).*).


ORDER

Based upon the aforementioned it is hereby

ORDERED that Vincent Hollis' medical license application is **DENIED**.

DISTRICT OF COLUMBIA BOARD OF MEDICINE

10/30/19
Date


By: Andrea Anderson, MD, FAAFP
Chairperson

Judicial and Administrative Review of Actions of Board

Pursuant to D.C. Official Code § 3-1205.20 (2016 Repl.):

Any person aggrieved by a final decision of a board or the Mayor may appeal the decision to the **District of Columbia Court of Appeals** pursuant to D.C. Official Code § 2-510 (2001).

Pursuant to D.C. Court of Appeals Rule 15(a):

Review of orders and decision of an agency shall be obtained by filing with the clerk of this court a petition for review within thirty (30) days after the notice is given.

This Order is the Final Order of the Board in this disciplinary matter and a public record and, as mandated by federal law, 42 USC § 11101 and 45 CFR § 60, “the National Practitioner Data Bank – Health Integrity and Protection Data Bank,” this disciplinary action shall be reported to the U.S. Department of Health and Human Services.

Copies to:

Vincent Hollis
9 Tynewick Ct.
Silver Spring, MD 20906

Fernando Rivero,
Assistant Attorney General
Office of the Attorney General
Civil Enforcement Section
441 4th Street, NW, Suite 630 South
Washington, DC 20001

Lindsay Marks
Assistant Attorney General
Office of the Attorney General
Civil Enforcement Section
441 4th Street, NW, Suite 630 South
Washington, DC 20001