

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

**IN RE:** :  
 :  
**Donna Lee, M.D.** :  
 :  
**License No.: MD040037** :  
 :  
**Respondent** :

**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.* (2009). The HORA authorizes the Board to regulate the practice of medicine in the District of Columbia and, in doing so, 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 and surgery in the District of Columbia since August 3, 2012. Respondent is also licensed in Virginia.

By an order dated May 12, 2015 (the "Virginia Order"), the Virginia Board of Medicine (the "Virginia Board") reprimanded Respondent for multiple violations, for among other things, failing to effectively and appropriately monitor and manage patient usage of narcotic and/or benzodiazepine medications, and failing to maintain adequate and accurate records, as detailed in the Virginia Order.

The Board received notice of the Virginia Order and determined to take reciprocal action. The Virginia Board recited specific allegations regarding six patients whom Respondent treated as follows:

- Respondent allowed patients whose records were reviewed to have access to large quantities of controlled substances and failed to address the escalation or abuse of narcotics and other noncompliance with her medication regimen and treatment plan, and failed to appropriately treat or timely refer these patients for treatment for substance abuse.
- Respondent did not effectively and appropriately monitor and manage the controlled substance usage of patients whose records were reviewed as Respondent failed to employ pain rating scales and did not execute and/or enforce pain management contracts.
- Respondent failed to order routine drug screenings and, on the few occasions when such drug screenings were performed, Respondent failed to appropriately respond when the screening results were inconsistent with the prescribed medication regimen.
- Respondent failed to access the Virginia Department of Health Professions' Prescription Monitoring Program, to determine whether the six subject patients were receiving medications from other practitioners, until after the Virginia Board began its investigation.
- Respondent regularly authorized early renewals or refills enabling the patients whose records were reviewed to ingest quantities of narcotics in excess of the prescribed dosage.

- Respondent failed to follow up on referrals to other practitioners or to consult and coordinate her care and treatment of these patients with physicians to whom she referred her patients or with physicians who were otherwise involved in the care of her patients.
- Contrary to sound medical judgment, Respondent or Respondent's colleagues administered intramuscular injections of Dilaudid (hydromorphone) (Schedule II) and Phenergan (Schedule IV) on at least 47 occasions to treat a patient's headaches and nausea. Furthermore, when a consulting neurologist indicated that the medication regimen was compounding the patient's headaches Respondent failed to make any treatment plan adjustments.
- Respondent prescribed, on July 5, 2013 and September 14, 2013, Suboxone/Subutex (Schedule III) to treat a patient's narcotic addiction without coordinating care with the patient's dependency or psychiatric care providers. Moreover, Respondent was not qualified or registered to prescribe such medication under federal law and regulation.
- Respondent diagnosed medical conditions and prescribed narcotics and/or other controlled substances to two of the six subject patients whose records were reviewed without sufficient objective evidence or diagnostic testing or studies to justify the prescriptions.
- Respondent failed to properly manage and maintain accurate and complete records for the patients whose records were reviewed.
- Respondent regularly prescribed narcotics, benzodiazepines or other controlled substances for patients whose records were reviewed when those patients did not present to her office for an examination.

Each of the foregoing allegations was supported by specific factual information set forth in the Virginia Order. The foregoing allegations are also the factual basis on which the Virginia Board issued the reprimand.

On July 29, 2015, the D.C. Board considered the terms of the Virginia Order and determined that the Respondent's conduct warranted reciprocal action with respect to Respondent's District of Columbia medical license. Accordingly, the D.C. Board voted to issue the instant Consent Order to Respondent.

### 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 licensee under the Board's governance 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)

The foregoing allegations demonstrating inappropriate controlled substance prescribing and mismanagement of controlled substance usage by patients, as evidenced in the Findings of Fact and Conclusions of Law, had they occurred in the District, would be a violation of numerous statutory and regulatory provisions under D.C. law, including D.C. Official Code §§ 3-1205.14(a)(24), (25), (26) and (37), as well as 17 DCMR §§ 4612.1, 4612.7, 4612.8, 4616.1, 4616.4, 4616.5, 4616.6, 4616.7, 4616.8, 4616.9, 4616.10, 4616.11, 4616.12 and 4616.14. Therefore, The Board may impose reciprocal discipline against Respondent's license to practice medicine in the District under D.C. Official Code § 3-1205.14(a)(3).

Accordingly, Respondent's violation of the HORA and the Board's regulations provide the D.C. Board with a basis in law and fact to warrant reciprocal, disciplinary action.

**ORDER**

Based upon the foregoing, it is by the District of Columbia Board of Medicine hereby,

**ORDERED**, that Respondent's license to practice medicine in the District of Columbia be sanctioned with the following terms and conditions and Respondent is hereby issued a public **REPRIMAND**; and it is further

**ORDERED**, that Respondent shall satisfactorily comply with all terms of the Virginia Order, dated May 12, 2015; and it is further

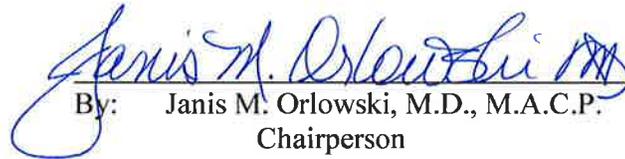
**ORDERED**, that within twelve (12) months from the entry of this order, but not before December 2015, Respondent shall submit evidence to the D.C. Board verifying that she has completed the fifteen (15) hours of continuing medical education ("CME") in the subject of chronic pain management and proper prescribing as required by the May 12, 2015 Virginia Order. Such CME credits must be completed through face-to-face, interactive sessions (i.e., no home study, journal, or Internet courses) as required by the May 12, 2015 Virginia Order. Any CME hours obtained in compliance with this Consent Order shall not be used toward compliance with the D.C. Board's continuing education requirements for license renewal; and it is further

**ORDERED**, that Respondent shall comply with all laws, rules, and regulations of the District of Columbia; and it is further

**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 formal disciplinary action against Respondent's license.

DISTRICT OF COLUMBIA BOARD OF MEDICINE

11.25.15  
Date

  
By: Janis M. Orłowski, M.D., M.A.C.P.  
Chairperson

### CONSENT OF RESPONDENT

- My signature on the foregoing Consent Order signifies my acceptance of the terms and conditions of the Consent Order and my agreement to be bound by its provisions. DL  
(initial)
- I acknowledge the validity of this Consent Order, as if made after a 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 due process protections provided by the laws of the District of Columbia and the United States of America. DL (initial)
- I also recognize that I am waiving my right to appeal any adverse ruling of the Board had this matter gone to a hearing. DL (initial)
- I expressly acknowledge that by signing this Consent Order, I am voluntarily waiving my right to require the Board to charge me through a notice of intent to take disciplinary action with a violation of this agreement and to require the government to prove such violation by a preponderance of the evidence before suspending my license based upon the failure to satisfactorily fulfill the terms of the Consent Order. DL (initial)
- I also expressly acknowledge by signing this Consent Order, I am waiving my right to confront witnesses, give testimony, to call witnesses on my behalf, and to other substantive and procedural due process protections provided by the laws of the District of Columbia and the United States of America. DL (initial)
- I further expressly acknowledge that by signing this Consent Order, I am waiving my right to appeal this Consent Order, as well as waiving any and all rights, whatsoever, I would have to challenge or appeal that Board's decision to suspend my license based on the failure to satisfactorily fulfill the terms of the Consent Order. DL (initial)

• I acknowledge that in the event that the Board suspends my license based on the failure to satisfactorily fulfill the terms of the Consent Order, my sole remedy and recourse will be to respond within the time period set forth in this Consent Order with proof of my compliance and that if I fail to do so, my sole remedy and recourse will be to comply with the terms of this Consent Order to the satisfaction of the Board. DL (initial)

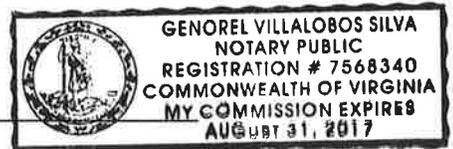
• I have had an opportunity to review this document and to consult with my own legal counsel. I choose willingly to sign this Consent Order, and I understand its meaning and effect. DL (initial)

11/11/2015  
Date

Donna Lee  
Donna Lee, M.D.  
License No. MD040037

Sworn to and subscribed before me this 11<sup>th</sup> day of NOVEMBER, 2015.

gsilva  
Notary Public  
My Commission Expires:



**THIS CONSENT ORDER CONSTITUTES A DISCIPLINARY ACTION AND SHALL BE DEEMED A PUBLIC DOCUMENT AND SHALL BE DISTRIBUTED AS APPROPRIATE.**