BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **BRYAN SCOTT WILLIAMS, M.D.** 1808 S. MICHIGAN AVENUE #29 CHICAGO, IL 60616 **PHYSICIAN'S AND SURGEON'S CERTIFICATE NO. A116522** **RESPONDENT.**	Case No. 800-2016-022915 **DEFAULT DECISION AND ORDER** [Gov. Code, §11520]

On May 23, 2017, an employee of the Medical Board of California (Board) sent by certified mail a copy of Accusation No. 800-2016-022915, Statement to Respondent, Notice of Defense in blank, copies of the relevant sections of the California Administrative Procedure Act as required by sections 11503 and 11505 of the Government Code, and a request for discovery, to Bryan Scott Williams, M.D. (Respondent) at his address of record with the Board, 1808 S. Michigan Avenue #29, Chicago, IL 60616. United States Post Office records show that notice was left, but no authorized recipient was available. (Accusation package, proof of service, USPS printout, Exhibit Package, Exhibit 1[1]).

There was no response to the Accusation. On June 20, 2017 an employee of the Attorney General's Office sent by certified mail, addressed to Respondent at his address of record and to an address in Maryland associated with Respondent, 11405 Piedmont Court, Clarksburg, MD 20871, a courtesy Notice of Default, advising Respondent of the service Accusation, and providing him with an opportunity to file a Notice of Defense and request relief from default. The green certified receipt for the package sent to the Maryland address was signed by Respondent on June 23, 2017. (Exhibit Package, Exhibit 2, Notice of Default, proof of service, return receipt).

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[1] The evidence in support of this Default Decision and Order is submitted herewith as the "Exhibit Package."

Respondent has not responded to service of the Accusation or the Notice of Default. He has not filed a Notice of Defense. As a result, Respondent has waived his right to a hearing on the merits to contest the allegations contained in the Accusation.

FINDINGS OF FACT

I.

Kimberly Kirchmeyer is the Executive Director of the Board. The charges and allegations in the Accusation were at all times brought and made solely in the official capacity of the Board's Executive Director.

II.

On April 6, 2011, Physician's and Surgeon's Certificate No. A116522 was issued by the Board to Bryan Scott Williams, M.D. The certificate is delinquent, having expired on October 31, 2012, and is SUSPENDED based on an order issued on April 14, 2017 pursuant to Business and Professions Code section 2310(a). (Exhibit Package, Exhibit 3, license certification).

III.

On May 23, 2017, Respondent was duly served with an Accusation, alleging causes for discipline against Respondent. A courtesy Notice of Default was thereafter served on Respondent. Respondent failed to file a Notice of Defense.

IV.

The allegations of the Accusation are true as follows:

On May 18, 2016, the Maryland State Board of Physicians issued an Order for Summary Suspension of License to Practice Medicine against Respondent. The Order for Summary Suspension was based on findings that Respondent, an anesthesiologist with a sub-specialty in pain medicine, was the subject of numerous complaints from female patients regarding inappropriate touching during examinations. The inappropriate conduct included medically unindicted genital touching, digital vaginal and rectal penetration, and requesting patients to disrobe during examinations without providing appropriate draping. The May 18, 2016 Order of Summary Suspension was upheld by the Maryland Board following a May 26, 2016 order to

show cause hearing.[2] (Copies of the Order for Summary Suspension of License to Practice Medicine and the May 26, 2016 Letter issued by the Maryland Board of Physicians are attached to the Accusation, Exhibit Package, Exhibit 1).

DETERMINATION OF ISSUES

I.

Pursuant to the foregoing Findings of Fact, Respondent's conduct and the action of the Maryland Board of Physicians constitute cause for discipline within the meaning of Business and Professions Code sections 2305 and 141(a).

DISCIPLINARY ORDER

Physician's and Surgeon's certificate No. A116522 issued to Bryan Scott Williams, M.D. is hereby **REVOKED.**

Respondent shall not be deprived of making a request for relief from default as set forth in Government Code section 11520(c) for good cause shown. However, such showing must be made in writing by way of a motion to vacate the default decision and directed to the Medical Board of California at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815 within seven (7) days of the service of this Decision.

This Decision will become effective August 18, 2017 at 5:00 p.m.

It is so ordered on July 21, 2017.

MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By _____
KIMBERLY KIRCHMEYER
EXECUTIVE DIRECTOR

[2] In response to the Maryland Order of Summary Suspension, Respondent's Virginia and Washington, D.C. licenses have been suspended, and his Illinois license placed in "refuse to renew" status. (Exhibit Package, Exhibit 4).

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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **Bryan Scott Williams, M.D.** **1808 S. Michigan Avenue #29** **Chicago, Il 60616** **Physician's and Surgeon's Certificate No. A116522,** Respondent.	Case No. 800-2016-022915 **A C C U S A T I O N**

PARTIES

1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California, Department of Consumer Affairs, and brings this Accusation solely in her official capacity.

2. On April 6, 2011, Physician's and Surgeon's Certificate No. A116522 was issued by the Medical Board of California to Bryan Scott Williams, M.D. (Respondent.) The certificate is delinquent, having expired on October 31, 2012, and is SUSPENDED by virtue of an Order issued on April 14, 2017, pursuant to Business and Professions Code section 2310(a).

JURISDICTION

3. This Accusation is brought before the Medical Board of California (Board) under the authority of the following sections of the California Business and Professions Code (Code) and/or other relevant statutory enactment:

A. Section 2227 of the Code provides in part that the Board may revoke, suspend

for a period not to exceed one year, or place on probation, the license of any licensee who has been found guilty under the Medical Practice Act, and may recover the costs of probation monitoring.

B. Section 2305 of the Code provides, in part, that the revocation, suspension, or other discipline, restriction or limitation imposed by another state upon a license to practice medicine issued by that state, or the revocation, suspension, or restriction of the authority to practice medicine by any agency of the federal government, that would have been grounds for discipline in California under the Medical Practice Act, constitutes grounds for discipline for unprofessional conduct.

C. Section 141 of the Code provides:

> "(a) For any licensee holding a license issued by a board under the jurisdiction of a department, a disciplinary action taken by another state, by any agency of the federal government, or by another country for any act substantially related to the practice regulated by the California license, may be a ground for disciplinary action by the respective state licensing board. A certified copy of the record of the disciplinary action taken against the licensee by another state, an agency of the federal government, or by another country shall be conclusive evidence of the events related therein.
>
> "(b) Nothing in this section shall preclude a board from applying a specific statutory provision in the licensing act administered by the board that provides for discipline based upon a disciplinary action taken against the licensee by another state, an agency of the federal government, or another country."

FIRST CAUSE FOR DISCIPLINE

(Discipline, Restriction, or Limitation Imposed by Another State)

4. On May 18, 2016, the Maryland State Board of Physicians issued an Order for Summary Suspension of License to Practice Medicine against Respondent. The Order for Summary Suspension was based on findings that Respondent, an anesthesiologist with a sub-specialty in pain medicine, was the subject of numerous complaints from female patients regarding inappropriate touching during examinations. The inappropriate conduct included medically unindicated genital touching, digital vaginal and rectal penetration, and requesting patients to disrobe during examinations without providing appropriate draping. The May 18,

2016 Order of Summary Suspension was upheld by the Maryland Board following a May 26, 2016 order to show cause hearing.[1] Copies of the Order for Summary Suspension of License to Practice Medicine and the May 26, 2016 Letter issued by the Maryland Board of Physicians are attached as Exhibit A.

5. Respondent's conduct and the action of the Maryland Board of Physicians as set forth in paragraph 4, above, constitute cause for discipline pursuant to sections 2305 and/or 141 of the Code.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A116522 issued to respondent Bryan Scott Williams, M.D.;

2. Revoking, suspending or denying approval of Respondent's authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent, if placed on probation, to pay the costs of probation monitoring; and

4. Taking such other and further action as the Board deems necessary and proper.

DATED: May 23, 2017

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant

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[1] In response to the Maryland Order of Summary Suspension, Respondent's Virginia and Washington, D.C. licenses have been suspended, and his Illinois license placed in "refuse to renew" status.

EXHIBIT A

IN THE MATTER OF	*	BEFORE THE
BRYAN S. WILLIAMS, M.D.	*	MARYLAND STATE
Respondent	*	BOARD OF PHYSICIANS
License Number: D66774		Case Numbers: 2015-0725B; 2016-0824B; 2016-0830B; 2016-0860B & 2016-0904B

* * * * * * * * * * * * *

ORDER FOR SUMMARY SUSPENSION OF LICENSE TO PRACTICE MEDICINE

Disciplinary Panel B ("Panel B") of the Maryland State Board of Physicians (the "Board") hereby **SUMMARILY SUSPENDS** the license of Bryan S. Williams, M.D., (the "Respondent"), license number D66774, to practice medicine in the State of Maryland. Disciplinary Panel B takes such action pursuant to its authority under Md. Code Ann., State Govt § 10-226(c)(2)(2014 Repl. Vol) concluding that the public health, safety or welfare imperatively requires emergency action.

PROCEDURAL HISTORY

On April 4, 2016, Panel B charged the Respondent with immoral and unprofessional conduct in the practice of medicine in violation of the Maryland Medical Practice Act, Md. Code Ann., Health Occ. § 14-404(a)(3)(i) and (ii), after investigating complaints received from Patients 1, 2 and 3 that the Respondent touched them inappropriately during physical examinations, as set forth in ¶¶ 8 – 60, below.[1]

After the Panel's charging document was made public, the Board received additional complaints from female patients of the Respondent that he had

[1] Panel B also charged the Respondent with willfully making or filing a false report in the practice of medicine and willfully making a false representation when making an application related to the practice of medicine, in violation of Health Occ. § 14-404(a)(11) and (36).

inappropriately touched them during physical examinations. *See* Patients 4 – 7, ¶¶ 61 – 122, below.

INVESTIGATIVE FINDINGS

Based on information received by, and made known to Panel B and the investigatory information obtained by, received by and made known to and available to Panel B, including the instances described below, Panel B has reason to believe that the following facts are true:[2]

1. At all times relevant hereto, the Respondent was and is licensed to practice medicine in Maryland. The Respondent was initially licensed to practice medicine in Maryland on October 18, 2007. His license is scheduled to expire on September 30, 2017.
2. The Respondent holds active licenses in the District of Columbia and Virginia and inactive licenses in California, Illinois and Michigan.
3. The Respondent is board-certified in anesthesiology and the sub-specialty of pain medicine.
4. From November 2010 through October 2014, the Respondent was employed as an interventional pain management specialist[3] at a medical group with offices in Maryland and Virginia ("Medical Group").[4]
5. The Medical Group terminated the Respondent's employment on October 28; 2014 after receiving complaints that the Respondent had inappropriately touched

[2] The statements regarding the Respondent's conduct are intended to provide the Respondent with notice of the basis of the suspension. They are not intended as, and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this matter.

[3] Interventional pain management is a subspecialty of pain management in which techniques such as facet joint injections and nerve blocks are utilized.

[4] Names of patients, other individuals and facilities are confidential. The Respondent may obtain the names from the Administrative Prosecutor.

two patients ("Patient 1" and "Patient 2") during his examination or treatment of them.

6. On or about April 9, 2015, Panel B received a complaint from the Medical Group regarding the Respondent. The Medical Group had received a report in March 2015 from a primary care physician that one of his patients ("Patient 3") had complained to him that the Respondent had touched her inappropriately during an examination in December 2013. The Medical Group reported to the Board that three separate patients had lodged complaints over the previous year and a half that the Respondent had touched each patient inappropriately while he treated or examined her.

7. Panel B thereafter initiated an investigation that included subpoenaing the patients' records and conducting under-oath interviews of the patients, relevant Medical Group physicians and the Respondent. The results of the Panel's investigation are summarized below.

Patient 1

8. Patient 1, a female in her 50s, had been treated by the Respondent approximately six times from November 2012 to January 2014.

9. During Patient 1's course of treatment, the Respondent administered transforaminal epidural steroid injections ("TFESI") to her sacroiliac and lumbar facet joints. The Respondent administered Patient 1's TFESIs at two of the Medical Group's offices in Maryland.

10. Patient 1 was initially examined by the Respondent on or about November 21, 2012. Patient 1 presented with complaints of low back pain and had previously undergone a surgical fusion of her sacroiliac joint.

11. The Respondent documented that Patient 1 had left posterior buttock/hip/groin pain. The Respondent noted that Patient 1 had declined surgery in the past, but "[a]t this time symptoms *(sic)* reduction may be achieved with [TFESI] procedure to address the symptoms."

12. At Patient 1's initial office visit on November 21, 2012, the Respondent explained the TFESI procedure to Patient 1, advising her that he would anesthetize her during the procedure. Patient 1 had undergone previous spinal injections and had found them to be very painful. She agreed to the Respondent's treatment plan in large part because he represented that he would anesthetize her during the procedure.

13. On November 21, 2012, Patient 1 was escorted to an examination room by a staff person and was told to wait for the Respondent. Patient 1 remained in her street clothes. A female chaperone was not present at any time during the examination. While examining Patient 1's back, the Respondent instructed Patient 1 to lower her pants. The Respondent, who was not wearing gloves, separated the cheeks of Patient 1's buttocks and "went inside [Patient 1's] behind," but did not digitally penetrate her anus . The Respondent then reached around and came close to, but did not touch Patient 1's vagina. The Respondent did not explain to Patient 1 what he was doing or the purpose of this type of examination.

14. On or around June 14, 2013, Patient 1 presented to the Respondent for a TFESI. Patient 1's boyfriend ("Person 1") had accompanied her, but remained in the waiting room during the procedure.

15. Prior to the procedure, the Respondent examined Patient 1. A female chaperone was not present. Patient 1 wore a surgical gown. During part of the examination, the Respondent was seated behind Patient 1 who was standing. The Respondent, who was wearing gloves, moved up Patient 1's legs with both hands. The Respondent continued to Patient 1's vagina and with both hands separated Patient 1's labia and moved his hands up and down along the inside of her vaginal walls; his knuckles were touching her clitoris. Patient 1 asked the Respondent with alarm what he was doing. The Respondent replied that Patient 1 was not to worry, "it'll be alright."

16. The Respondent did not explain why he touched Patient 1 in this manner.

17. Patient 1 was shocked and concerned about the Respondent's conduct, and thereafter did not go to appointments with him without being accompanied by a family member or friend.

18. On or about July 26, 2013, Patient 1 returned to the Respondent for a TFESI. After the procedure, Person 1 was taken to Patient 1's post-surgical recovery area where Patient 1 was lying down. A female chaperone was not present. Person 1 observed the Respondent enter the area and lift Patient 1's surgical gown.

19. Person 1 was uncomfortable with the Respondent's conduct.

20. On or about September 27, 2013, Patient 1 returned to the Respondent for a TFESI. Patient 1 was accompanied by one of her sisters; the Respondent did not engage in any inappropriate conduct during this visit.

21. On or about January 24, 2014, Patient 1 returned to the Respondent for a TFESI. She was accompanied on this visit by Person 1 who remained with Patient 1 during the Respondent pre-procedure examination. A female chaperone was not present during the examination.

22. During the examination, the Respondent asked Patient 1, who was wearing a surgical gown, to stand. The Respondent who was seated behind her and wearing gloves, began to move up her legs with both hands. As he had done previously (see ¶15), the Respondent separated Patient 1's labia with both hands and moved his hands up and down the walls of her vagina, while his knuckles touched her clitoris repeatedly. As he did so, he looked up at Patient 1. Finally, Patient 1 demanded to know what he thought he was doing. Patient 1 observed that the Respondent had an erection.

23. Person 1 observed that when the Respondent completed the examination, he lifted one of his gloved hands to his nose before discarding the glove. When exiting the room, the Respondent raised both of his hands over his head.

24. On or about January 30, 2014, Patient 1 reported to her primary care physician ("Physician 1") that she felt as if she had been "molested" during her last examination by the Respondent.

25. Upon receipt and investigation of Patient 1's complaint, the Respondent's supervising physician ("Physician 2") mandated that the Respondent attend a

Continuing Medical Education ("CME") seminar on professional boundaries, which included a discussion of the necessity for and benefits of chaperones for both patient and physician.

26. In his under-oath interview with Board staff, Physician 2 stated that in addition to instructing the Respondent to attend the chaperone CME seminar, he had personally discussed with the Respondent the importance of chaperones and had instructed the Respondent to have a chaperone present whenever he was examining a female patient. Physician 2 told the Respondent that family members were not to be used as chaperones.

27. In his interview, Physician 2 stated that the Respondent had affirmed his understanding of the directive that a chaperone was to be present any time the Respondent examined a female patient. Physician 2 stated that the Respondent had told him that he (the Respondent) had learned a valuable lesson from Patient 1's complaint.

28. The Respondent told Medical Group personnel that he had attended the chaperone seminar. The Respondent, however, failed to complete the process by which to obtain certification for the seminar.

Patient 2

29. Patient 2, a female in her 40s, presented to the Respondent on one occasion, on or about August 18, 2014. Patient 2 had been referred to the Respondent by her primary care physician for a consultation regarding Patient 2's back, leg and arm pain.

30. On August 18, 2014, Patient 2 was escorted to an examination room and was told to wait for the Respondent. Patient 2 remained in her street clothes.

31. A female chaperone was not present during the Respondent's examination of Patient 2.

32. Patient 2 told the Respondent that she was in a lot of pain and asked if it was possible that she had fractured her spine as a result of a fall in December 2013.

33. The Respondent documented in Patient 2's medical record that he performed a number of musculoskeletal tests on Patient 2 involving manipulation of her head and neck as well as her legs. The Respondent further documented that Patient 2 had pain on palpation at the lumbar facet joints.

34. At one point during the Respondent's examination, he stood behind Patient 2 and "touched [her] spine from the top to the bottom," while asking if she experienced any pain.

35. The Respondent asked her to pull her pants down. When she complied, the Respondent, who was not wearing gloves, touched the area of Patient 2's coccyx and then moved to her anus.

36. The Respondent stopped to put on a glove and then inserted his finger in Patient 2's anus, asking her if she felt any pain.

37. The Respondent then instructed Patient 2 to pull up her pants and told her that it was unlikely that she had fractured her spine. The Respondent told Patient 2 that if she had fractured any bones in her lower spine, the fracture would have healed with the passage of time.

38. The Respondent ordered MRIs of Patient 2's cervical and thoracic spine and x-rays of her coccyx and lumbosacral spine.

39. Patient 2 then told the Respondent that she also had pain in her foot. The Respondent entered some information on the computer in the exam room and advised Patient 2 that he could not do anything about her foot pain. He referred her for a podiatric consultation. He also prescribed prednisone, a corticosteroid medication.

40. As the Respondent continued to enter information on the computer, someone knocked on the closed examination room door and told the Respondent that he was needed elsewhere. The Respondent replied that he was with a patient and was almost finished.

41. The Respondent, who was seated on a rolling stool, instructed Patient 2 to approach him. He positioned Patient 2 between his legs and instructed her to pull down her pants. The Respondent put on a glove and once again inserted his finger in her anus, this time further than the first insertion.

42. After removing his finger, the Respondent rose and washed his hands, repeating to Patient 2 that he did not think that she had a broken bone.

43. At no time did the Respondent explain to Patient 2 the reason why he inserted his finger in her anus on two occasions.

44. Patient 2 felt very uncomfortable after the Respondent had touched her and ran to the bathroom to clean herself.

45. Patient 2 did not return to the Respondent after her August 18, 2014 appointment. Patient 2 was so upset by the Respondent's conduct that she did not open a follow-up e-mail[5] from him for almost two weeks.

46. In September and October, 2014, Patient 2 sent e-mails to the Respondent inquiring about the results of her tests. The Respondent responded to her first e-mail, but failed to respond to subsequent correspondence.

47. On October 15, 2014, Patient 2 e-mailed her primary care physician ("Physician 3"). In the e-mail, Patient 2 reported that she "felt [she] had been sexually abused by one of [Physician 3's] colleagues."

Patient 3

48. Patient 3, a female in her 40s, initially presented to the Respondent on or about December 16, 2013 to have her intrathecal pump[6] refilled with pain medication.

49. The Respondent examined Patient 3 during the December 16, 2013 visit. A female chaperone was not present during the examination.

50. Patient 3 complained of pain in her hip. The Respondent instructed Patient 3 to stand up and pull her pants down. Patient 3 pulled her pants down far enough to reveal her back. The Respondent, who was seated in a stool behind Patient 3, began touching her mid and lower back and asked Patient 3 if she felt pain as he touched various areas.

51. Patient 3 stated that she felt pain when he touched her hip. The Respondent replied that that area was her pelvis.

[5] The e-mail, dated August 18, 2014, consisted of a standard message that it was a pleasure to have seen Patient 2 and providing contact numbers for non-urgent matters.
[6] A medical device that delivers medication directly into the space surrounding the spinal cord.

52. The Respondent pulled Patient 3's pants and underwear down farther to reveal her buttocks. The Respondent had put on gloves at this point in his examination.

53. The Respondent felt between Patient 3's legs and then reached underneath of her and placed his hand near her vagina.

54. Patient 3 told the Respondent that she "did not like where he was at." The Respondent did not reply. Instead, he inserted his fingers in her vagina for several seconds.

55. The Respondent did not explain why he was touching Patient 3 in this manner.

56. After removing his fingers from Patient 3's vagina, the Respondent left the room without speaking to Patient 3.

57. Patient 3 was shocked and upset.

58. Patient 3 had her husband accompany her to her next appointment with the Respondent, on February 12, 2014. Patient 3 attempted to discuss with the Respondent why he had touched her as he had because she still felt dirty and violated, but was unable to.

59. Thereafter, Patient 3 arranged to go to appointments with the Respondent accompanied by a family member because she did not feel comfortable with him.

60. On or about November 5, 2014, Patient 3 was seen for her appointment by a physician other than the Respondent ("Physician 4"). Patient 3 discussed her concerns regarding the Respondent's conduct with Physician 4.[7]

[7] Patient 3 had also discussed her concerns with her primary care physician shortly after her December 16, 2013 appointment with the Respondent.

Patient 4 – Case # 2016-0824B

61. Patient 4, a female in her 40s, initially presented to the Respondent on April 1, 2014 with complaints of lower back and cervical pain secondary to lumbar and cervical radiculopathy. The Respondent examined her on that date. A chaperone was not present.

62. On May 8, 2014, Patient 4 returned to the Respondent for a caudal epidural steroid injection.

63. Patient 4, who had sustained a work-related injury in 2004, had been administered lumbar injections from a physician other than the Respondent after the injury. At her initial meeting with the Respondent, she indicated that she was reluctant to receive more injections because the injections were painful and she experienced no relief from her pain after the injection. The Respondent assured her that he could do it differently and Patient 4 agreed to be injected because she was tired of being in pain.

64. On May 8, 2014, Patient 4 presented to the Respondent for the lumbar injection.

65. Patient 4 was escorted to an exam room.

66. A chaperone was not present at any time during Patient 4's May 8, 2014 visit.

67. The Respondent instructed Patient 4 to lie on her stomach on the examining table.

68. The Respondent then instructed Patient 4 to pull down her underpants. Patient 4 complied and pulled down her underwear to the top of her intergluteal cleft.[8]

69. The Respondent then continued to instruct Patient 4 to lower her underpants until her buttocks were fully exposed.

[8] The groove between the buttocks that runs below the sacrum to the perineum.

70. The Respondent, who was wearing gloves, then used both of his hands to separate Patient 4's buttocks. He used his thumb to press and probe in between Patient 4's buttocks.

71. Patient 4 told the Respondent that other physicians had not touched her in that area when giving an injection.

72. The Respondent responded that he was trying to get as close to the nerve as possible and told Patient 4 to watch the bedside monitor while he injected her.

73. After injecting Patient 4, the Respondent placed a small bandage on the site of the injection, in between her buttocks.

74. Patient 4 was disturbed that the Respondent had spread open her buttocks before injecting her, but, at the time, believed that she did not have a basis to question his conduct because she was not a doctor.

75. Patient 4 told her husband and daughter about the Respondent's conduct as they drove her home after the May 8 injection and a girlfriend ("Friend 1") a short while later.

76. On July 24, 2014, the Respondent administered a cervical injection to Patient 4. During this procedure, Patient 4 was seen in the surgical center and wore a surgical gown. The Respondent administered the injection in the presence of surgical staff.

77. Patient 4 did not return to the Respondent after July 24, 2014.

78. On April 13, 2016, after learning about the Board's action against the Respondent, Patient 4 submitted a written complaint to the Board in which she stated that she felt that the Respondent had "violated" her.

79. The Respondent was provided a copy of Patient 4's complaint. By letter dated April 23, 2016, the Respondent stated that he did not recall the patient without reviewing his notes, but "vehemently den[ied]...that the buttock *(sic)* were spread apart for the procedure." The Respondent further stated that cervical epidural steroid injections are performed under fluoroscopy which requires the participation of an x-ray technician and one nurse, "which explains why a nurse was present for the cervical injection described by [Patient 4]."

Patient 5 – Case # 2016-0830B

80. Patient 5, a female in her 50s with a history of chronic lumbar disc displacement and severe lower back pain, initially presented to the Respondent in 2013.

81. Patient 5 had requested to be treated by the Respondent because he had treated her husband for several years and she trusted him.

82. On or about November 27, 2013, Patient 5 presented for an office visit with the Respondent. Previous visits with the Respondent had been uneventful.

83. At the November 27, 2013 visit, the Respondent asked Patient 5 about her pain and whether his previous treatments had helped decrease her pain. The Respondent then examined her.

84. At the beginning of the examination, the Respondent instructed Patient 5 to lie face-down on the examining table.

85. The Respondent instructed Patient 5 to pull down her pants. Patient 5 complied, pulling her pants down to the middle of her thigh and her underwear down to the top of her intergluteal cleft.

86. During his examination, the Respondent squeezed Patient 5's upper legs with both hands, asking her if she felt any pain. He continued to squeeze and press Patient 5's legs, moving up toward her buttocks. The Respondent then squeezed her lower buttocks and moved his hands between her legs.

87. The Respondent moved his fingers so that he was almost touching Patient 5's vagina and anus. He then starting pressing very hard in to the bone structure of the area between Patient 5's inner thigh and vaginal area and continued to do so for several minutes.

88. Patient 5 became very ill at ease with the Respondent's examination. She stated that because she trusted the Respondent, she rationalized that he was examining her differently than his previous examinations of her because his previous treatments had not worked.

89. On April 15, 2016, Patient 5 filed a complaint with the Board.[9]

90. The Respondent was provided a copy of Patient 5's complaint. By letter dated April 23, 2016, the Respondent stated that he did not recall the patient without reviewing his notes. The Respondent stated that the examination as described by Patient 5 "is not in accord with my examinations of the lumbar spine for patients with chronic lumbar back pain....My standard examination, which is entirely within the standard of care, includes palpation of the lumbar spine with minimal to moderate palpation of the facet joint in the lumbar spine but does not include the legs, the buttock, pelvis, or the vaginal area."

[9] There is a discrepancy in the date cited by Patient 5 in her complaint as the date of the Respondent inappropriately touched her and her later recollection.

Patient 6 – Case # 2016-0860B

91. Patient 6, a female in her 50s, initially presented to the Respondent in 2011 for treatment of her low back pain. Prior to seeing the Respondent, Patient 6 had received lumbar steroid injections and had found them very painful. She was referred to the Respondent because he sedated patients when administering injections.

92. Patient 6 is and has been an employee of the Medical Group in an administrative capacity for over twenty years.

93. Patient 6 saw the Respondent regularly from 2011 through August 2014. The Respondent administered a series of lumbar epidural steroid injections to Patient 6.

94. On April 25, 2016, after learning about the Board's action against the Respondent, Patient 6 contacted the Board with concerns that the Respondent had inappropriately touched her during his examinations. Patient 6 had not told anyone about her concerns about the Respondent's conduct earlier because she thought he cared about her health and "you don't want to say that about a doctor and tarnish his name...I just figured it was me and my situation so I never just said anything—"[10] Patient 6 told Board staff that after learning of the Board's action against the Respondent, "it made me feel so sick, you know, and I was like it wasn't in my head. You know, all the time I was thinking that it was in my head.

[10] Patient 6 had held the Respondent in high regard. In June 2013, Patient 6 submitted to the Medical Group a written compliment of the Respondent in which she commended him for being a "terrific doctor" and for being so prompt and attentive to her needs. She also invited him to the April 2014 wedding of her daughter, who was a patient of the Respondent, which he attended.

I didn't want to believe it. It wasn't. Somebody came and they are saying exactly what I was saying...So it hurt me."

95. In her under-oath interview, Patient 6 stated that on several occasions, the Respondent examined her in a way that made her very uncomfortable.

96. A chaperone was not present during any of the examinations, nor did the Respondent wear gloves while examining her.

97. When examining Patient 6 during office visits, the Respondent often squeezed and pressed her entire buttocks area, using his thumbs to push in her buttock cheeks. Patient 6 stated that although no other physician had examined her in that manner, she did not question the Respondent when he did so because, "although it made me uncomfortable, I just tried to deal with it because he was my doctor." Patient 6 noted that she remained in her street clothes during office visits which lessened her unease.

98. Patient 6 further recalled an instance when the Respondent had examined her at the surgical center prior to a procedure.

99. Patient 6 wore a hospital gown that was open in the back and underpants. The Respondent, who was standing, instructed Patient 6 to stand and hold her arms out during the examination. The Respondent palpated Patient 6's back and legs, reaching underneath her gown to touch her skin with his ungloved hands. The Respondent asked Patient 6 if it hurt as he pressed different areas of her body. After pressing her buttocks, the Respondent moved to Patient 6's front and, with both hands, pressed the area between her legs. The Respondent's thumb

brushed across Patient 6's vaginal area and clitoris. Patient 6 jumped back from the Respondent.

100. Patient 6 became so uncomfortable when the Respondent examined her that, "I stopped it." Patient 6 told the Respondent that she did not want him to physically examine her because she was in too much pain and that he would make the pain worse if he touched her. Patient 6 told Board staff, "...then eventually he didn't kind of force me anymore to because he saw I was very persistent about him not examining me because I used to tell him it hurt too bad."

101. The Respondent continued to administer injections to Patient 6 even after, at her request, he had stopped physically examining her.

102. During her under-oath interview, Patient 6 stated, "why would [the Respondent] do that when people trusted him? It's not fair that as a doctor he's putting us through this." Patient 6 further stated, "[a]s much as it hurts me, it really hurts me that I feel like I'm betraying him but he shouldn't do nobody like this."

103. The Respondent was provided a copy of Patient 6's complaint. By letter dated April 23, 2016, the Respondent denied touching Patient 6's buttocks or "private parts" and stated that "my standard examination includes palpation of the lumbar spine, but does not and has not included touching a patient's 'private area' or the buttock."

Patient 7 – Case # 2016 – 0904B

104. On or about May 2, 2016, Patient 7 contacted the Board to complain about an examination the Respondent had performed of her.

105. Patient 7, a female in her 30s, has a medical history including scoliosis, a herniated disk and arthritis. She was treated by the Respondent for approximately three years, until 2014. Prior to an incident with the Respondent that occurred in or around May 2014, Patient 7 had believed that he was a very knowledgeable and caring physician who took time to thoroughly explain her condition and his treatment.

106. The Respondent did not administer injections to Patient 7; his treatment was limited to prescribing medications, including opioid pain-killers. The Respondent typically prescribed medications to Patient 7 on a monthly basis.

107. On May 28, 2013, Patient 7 presented to a Medical Group office to pick up a prescription written by the Respondent. Patient 7 was accompanied by her five year-old daughter.

108. When Patient 7 arrived at the office there was only one person ("Physician Assistant A") in the office other than the Respondent. Physician Assistant A escorted Patient 7 and her daughter to an exam room to wait for the prescription and then left the room.

109. The Respondent entered the exam room and inquired whether Patient 7 was experiencing any new pain. Patient 7 replied that she had pain on her right side that shot down the back of her leg.

110. The Respondent responded, "let me see" and positioned Patient 7 so that she was standing with her back to him and facing her daughter, who was seated in a corner of the room.

111. The Respondent, who sat in the chair vacated by Patient 7, pulled down Patient 7's pants and underwear, exposing her buttocks. The Respondent used both hands to press and palpate both sides of Patient 7's lower back and then gripped and squeezed her buttocks with his thumbs.

112. The Respondent moved both hands to cup Patient 7's buttocks and moved his thumbs between her legs so that they were very close to Patient 7's vagina, but not touching it.

113. The Respondent then began to pull up Patient 7's underpants and pants but Patient 7, who had become increasingly uncomfortable, especially because her daughter was in the room, pulled them up herself.

114. Before leaving the exam room, the Respondent stated that he was going to order an x-ray because Patient 7's condition might be getting worse.

115. A chaperone was not in the room at any time during the Respondent's examination of Patient 7 described above or on any other occasion that the Respondent examined Patient 7.

116. On May 30, 2013, Patient 7 contacted Physician Assistant A and requested an explanation of the examination the Respondent had performed on her. Physician Assistant A noted in Patient 7's record that she (Physician Assistant A) reviewed the lumbar spine physical exam with Patient 7, but that Patient 7 was "not satisfied."

117. Patient 7 went on-line and viewed videos of a lumbar spinal examination. Patient 7 saw that the Respondent's examination of her was totally different than the exams she had viewed.

118. By e-mail dated June 3, 2013, Patient 7 questioned the Respondent about the type of examination he had performed on her, stating in part: "[t]hat exam was VERY UNCOMFORTABLE, I have NEVER had a doctor to perform that exam and I would like to know the name of it AND the purpose." (Emphasis in original).

119. The Respondent telephoned Patient 7 in response to her e-mail but did not address Patient 7's concerns. He simply stated that her condition may be getting worse and that he had ordered an x-ray.

120. Patient 7 did not see the Respondent after she confronted him about his examination. The Respondent, however, continued to prescribe opioids to her.

121. On May 4, 2016, Patient 7 was interviewed under oath by Board staff. Patient 7 stated that the Respondent had never previously examined her in that way and "[i]t just didn't feel right."

122. During her under-oath interview, Patient 7 stated that she had not reported the Respondent's conduct earlier because she felt "like it was just me." Patient 7 further stated that when she heard other women had come forward, "it made me think wow, maybe if I had said sooner then they wouldn't have to experience it."

CONCLUSION OF LAW

Based on the foregoing facts, Disciplinary Panel B concludes that the public health, safety or welfare imperatively require emergency action in this case, pursuant to Md. Code Ann., State Gov't § 10-226 (c) (2) (i) (2014 Repl. Vol.), Code Regs. Md. 10.32.02.08B.7(a).

ORDER

Based on the foregoing, it is, by a majority of the quorum of Disciplinary Panel B, hereby

ORDERED that pursuant to the authority vested by Md. Code Ann., State Gov't § 10-226(c)(2), the Respondent's license to practice medicine in the State of Maryland be and is hereby **SUMMARILY SUSPENDED**; and be it further

ORDERED that a post-deprivation hearing in accordance with Code Regs. Md. 10.32.02.08B (7) C and E, the Summary Suspension has been scheduled for **May 25, 2016, at 11:15 a.m.,** at the Maryland State Board of Physicians, 4201 Patterson Avenue, Baltimore, Maryland 21215-0095; and be it further

ORDERED that at the conclusion of the **SUMMARY SUSPENSION** hearing held before Disciplinary Panel B, the Respondent, if dissatisfied with the result of the hearing, may request within ten (10) days an evidentiary hearing, such hearing to be held within thirty (30) days of the request, before an Administrative Law Judge at the Office of Administrative Hearings, Administrative Law Building, 11101 Gilroy Road, Hunt Valley, Maryland 21031-1301; and be it further

ORDERED that on presentation of this Order, the Respondent **SHALL SURRENDER** to the Board's Compliance Analyst, the following items:

(1) the Respondent's original Maryland License D66774; and

(2) the Respondent's current renewal certificate; and be it further

ORDERED that a copy of this Order of Summary Suspension shall be filed with the Board in accordance with Md. Code Ann., Health Occ. § 14-407 (2014 Repl. Vol.); and be it further

ORDERED that this is a Final Order of the Board and, as such, is a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., Gen. Prov. §§ 4–101 *et seq.*

05/18/2016
Date

Christine A. Farrelly
Christine A. Farrelly
Executive Director
Maryland State Board of Physicians

I HEREBY ATTEST AND CERTIFY UNDER PENALTY OF PERJURY ON 05/31/2016 THAT THE FORGOING DOCUMENT IS A FULL, TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN MY OFFICE AND IN MY LEGAL CUSTODY.

Christine A. Farrelly
EXECUTIVE DIRECTOR
MARYLAND BOARD OF PHYSICIANS

STATE OF MARYLAND
DHMH Board of Physicians
Maryland Department of Health and Mental Hygiene
Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

May 26, 2016

Bryan S. Williams, M.D.
[redacted]

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Office of the Attorney General
Department of Health and Mental Hygiene
300 West Preston Street, Suite 302
Baltimore, Maryland 21201

Re: Bryan S. Williams, M.D.
Case Nos.: 2015-0725B, 2016-0824B, 2016-0830B, 2016-0860B, 2016-0904B
License No.: D66774

Dear Dr. Williams and Counsel:

On May 18, 2016, Disciplinary Panel B of the Maryland State Board of Physicians issued an **ORDER FOR SUMMARY SUSPENSION OF LICENSE TO PRACTICE MEDICINE** in this case, pursuant to Md. Code Ann., State Gov't II, § 10-226(c)(2)(i) (2014 Repl. Vol.). Dr. Williams was given an opportunity to attend a hearing before Disciplinary Panel B to show cause why that suspension should not be continued on May 25, 2016. Dr. Williams attended the hearing on that date together with his counsel, Catherine W. Steiner, Esq. The State was represented by Victoria Pepper, Assistant Attorney General, Administrative Prosecutor. Both parties presented extensive oral arguments at the post-deprivation hearing.

After considering these arguments at the hearing and the investigative file, Disciplinary Panel B determined that it would continue the summary suspension imposed on May 18, 2016. Disciplinary Panel B thus will not lift the summary suspension order. The arguments submitted, together with Dr. Williams' presentation and responses to the Panel's questions, when considered in the light of the investigative findings in the file, persuade Disciplinary Panel B there exists a substantial risk of serious harm to the public health, safety or welfare in Dr.

Williams' continued practice. Disciplinary Panel B, through its counsel, advised Dr. Williams of this decision orally on the hearing date.

NOTICE OF RIGHT TO APPEAL

Under the Board regulations, Dr. Williams has the right to request a full evidentiary hearing before an Administrative Law Judge. This request will be granted if the Board receives a written request for the hearing within ten days of the date of this letter. Any request for a hearing should be sent to Christine Farrelly, Executive Director, at the Board's address. If Dr. Williams requests such a hearing, the regulations require that an Administrative Law Judge set the hearing to begin within 30 days of the request, *see* COMAR 10.32.02.08 I, though Dr. Williams may waive that 30-day requirement.

This letter constitutes an order of the Board through Disciplinary Panel B resulting from formal disciplinary action and is therefore a public document.

Sincerely yours,

Christine A. Farrelly

Christine A. Farrelly, Executive Director
Maryland State Board of Physicians

I HEREBY ATTEST AND CERTIFY UNDER PENALTY OF PERJURY ON 05/31/2016 THAT THE FORGOING DOCUMENT IS A FULL, TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN MY OFFICE AND IN MY LEGAL CUSTODY.

Christine A. Farrelly

EXECUTIVE DIRECTOR
MARYLAND BOARD OF PHYSICIANS