

J. GREGORY HOBELMANN, M.D.

*

MARYLAND STATE

Respondent

*

BOARD OF PHYSICIANS

License Number:D62884

*

Case Number: 2009-0912

* * * * *

**ORDER OF SUSPENSION AND
NOTICE OF HEARING AND SHOW CAUSE ORDER FOR
VIOLATION OF TERMS OF CONSENT ORDER**

Background

On February 24, 2010, the Maryland State Board of Physicians (the "Board") charged J. Gregory Hobelmann, M.D., License Number: D62884 (the "Respondent") with violations of the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("HO") §§ 14-101 *et seq.* (2009 Repl. Vol.) after investigation revealed that the Respondent, a board-certified anesthesiologist, had abused alcohol and opioids. This case arose when on June 3, 2009, the Board received a Report of Disciplinary Action from the hospital at which the Respondent was then employed that he had tested positive for sufentanil and norsufentanil¹ on a toxicology screen.

The Board charged the Respondent with: engaging in unprofessional conduct in the practice of medicine, in violation of H.O. § 14-404(a)(3)(ii); being addicted to, or habitually abusing, any narcotic or controlled dangerous substance as defined in § 5-101 of the Criminal Law Article, in violation of H.O. § 14-404(a)(8); and providing professional services: (i) while under the influence of alcohol; or (ii) while using any narcotic or controlled dangerous substance...or

¹ Powerful synthetic opioids used as components of an anesthesia regimen.

other drug that is in excess of therapeutic amounts or without valid medical indication, in violation of H.O. § 14-404(a)(9)(i) and (ii).

Effective July 29, 2010, the Respondent entered into a Consent Order. A copy of the Respondent's Consent Order is attached hereto and incorporated herein as **Attachment A**. The Consent Order included the following terms and conditions regarding the suspension of his Maryland medical license:

...

ORDERED that the Respondent shall within ten (10) days of the effective date of this Consent Order enter into a new five (5) year MPHP² Monitoring and Advocacy Contract which shall include the same requirements as his former MPHP Contract; and it is further

ORDERED that the Respondent shall continue to participate in the MPHP Program and comply with all of its requirements for a minimum of the entire duration of his new MPHP Monitoring and Advocacy Contract; and it is further

...

ORDERED that the Respondent shall be placed on **PROBATION FOR A MINIMUM of the entire 5-year duration** of his new MPHP Monitoring and Advocacy Contract subject to the following terms and conditions, which may be in addition to those required in his MPHP Monitoring and Advocacy Contract:

1. All of the terms and conditions of the Respondent's new MPHP Monitoring and Advocacy Contract are incorporated into this Consent Order. If the Respondent violates any term or condition of his Contract, such a violation will be considered a violation of probation and of this Consent Order;
2. The Respondent shall sign any release necessary to authorize and request the MPHP, FASAP³ and any testing or screening program or company performing chemical testing of the Respondent for drugs and alcohol to release any and all records of their treatment or screening or testing to the Board. The Respondent shall sign

² Abbreviation for the Maryland Physician Health Program, a predecessor of MPRP.

³ Abbreviation for the employee assistance program at a hospital where the Respondent was to be employed.

any new release as shall become necessary from time to time in order to keep the Board constantly apprised of his status;

3. The Respondent shall completely abstain from the ingestion of CDS, any narcotics, cocaine, alcohol or other mood-altering substances, except as specifically provided below. The Respondent may ingest prescribed CDS for legitimate medical reasons under the following conditions:
 - a. The Respondent must be a bona fide patient of a licensed Maryland physician who is aware of the Respondent's MHPH Monitoring and Advocacy Contract and this Consent Order;
 - b. The medication must be lawfully prescribed by the Respondent's physician[;]
4. The requirements in paragraph 3 above that only a Maryland licensed physician may prescribe CDS will not be required in the event of a bona fide medical emergency...

...and it is further

ORDERED that a positive result on any urine or serum toxicology screening or any other comparable indicia of relapse shall constitute a violation of probation and of this Consent Order unless the Respondent has complied with paragraphs 3 or 4 of this section and the result is positive only for the lawfully prescribed medication; and it is further

ORDERED that if the Respondent violates any of the terms of the treatment and urine/toxicology monitoring contracts or the terms and conditions of the Consent Order, or is convicted or pleads guilty or nolo contendere to any criminal offense, other than a minor traffic violation, the Board may immediately **SUSPEND** the Respondent's license without prior notice, provided that Respondent is given the opportunity for a show cause hearing before the Board. After the show cause hearing, the Board, in its discretion, may impose additional sanctions authorized under the Maryland Medical Practice Act, including a monetary fine and/or revocation of his medical license[.]

(Emphasis in original)

Allegations of Violation of Terms and Conditions of Consent Order

Based on investigatory information received by and made known to the Board, the Board has reason to believe that the Respondent has violated the July 29, 2010 Consent Order as follows:

1. On August 6, 2010, the Respondent entered into a five-year Participant Rehabilitation Agreement ("Agreement") with the Maryland Professional Rehabilitation Program ("MPRP").
2. Among the terms of the Agreement is the following:
 - (11) I will not use any illicit substance. I will not consume any controlled substances or mood-altering substance, obtained through prescription or otherwise, unless prescribed in an appropriate manner for a legitimate medical purpose...
3. As part of the Agreement, the Respondent agreed to abide by a Rehabilitation Plan ("Plan").
4. The Respondent's Plan required him to undergo regular toxicology screening (six to eight screens a month). The Plan prohibited the Respondent from using, *inter alia*, alcohol-based mouthwash.
5. An information sheet provided to the Respondent by MPRP notifies all MPRP participants that it is the participant's responsibility to limit and avoid exposure to all products or substances containing ethyl alcohol, including alcohol-based hand sanitizing gels.
6. On April 7, 2011, the Respondent provided a urine sample that tested positive for ethyl alcohol. The confirmation test was also positive for the metabolites of ethyl alcohol.

7. By letter dated May 9, 2011 the MPRM Medical Review Officer (“MRO”) reported, *inter alia*, that on April 14, 2011, the Respondent provided a urine sample that tested negative for ethyl alcohol; however, his creatinine level was abnormally low (1 mg/dl; reference range: 20 – 300 mg/dl). The MRO further reported that on April 19, 2001, two specimens were provided by the Respondent; the specimen taken in the morning had a creatinine level of 81 mg/dl; a later specimen revealed a creatinine level of 2 mg/dl. In his May 9, 2011 letter, the MRO noted that the Respondent “stuck to his ignorance about hand sanitizers to explain the 4/7/11 finding and I found that hard to believe especially as he has his testing done at [a drug treatment facility].” The MRO concluded that the Respondent should see a kidney specialist regarding his low creatinine level and that if a medical reason was not apparent, the April 7 and April 19, 2011 were invalid and probably tampered with.
8. In a letter (undated) to MPRP staff, the Respondent stated that he was “completely shocked” when staff notified him of the positive alcohol screen and denied drinking alcohol for two years. The Respondent further stated that the result may have been the result of his use of an alcohol-based hand sanitizer in his office. With regard to the low creatinine level, the Respondent stated that he believed it was a “normal variant,” and that his urine creatinine “tends to run quite low.” He stated that the sample may have been diluted because on the date of the sample, he had just returned

from Paris and had consumed large quantities of water on the airplane to avoid dehydration.

9. On May 6, 2011, the Respondent provided a urine sample that tested positive for an ethyl alcohol metabolite, cocaine and oxycodone.⁴
10. In correspondence dated May 17, 2011, MPRP staff notified the Board that the Respondent had acknowledged using oxycodone "during the Christmas holidays." The Respondent had been unable to explain the positive result for cocaine, but stated that it might be attributed to the salvia (synthetic marijuana) he had been smoking since early Spring 2011. The Respondent told MPRP staff that he did not intentionally tamper with his urine specimen.
11. On May 17, 2011, the Respondent signed a Voluntary Practice Cessation Agreement in which he agreed to cease the practice of medicine immediately. The Respondent was notified by MRPR that he was required to enter in-patient treatment by the following Monday (May 23, 2011).
12. On May 25 and May 31, 2011, the Respondent provided urine samples that tested positive for ethyl alcohol.
13. On July 12, 2011, the Respondent, who had by then been admitted to an in-patient treatment facility, sent to MPRP a letter in which he provided a "summary of my drug use." The Respondent admitted that he had not been honest with MPRP staff since his first meeting with them. The Respondent admitted that in 2009, after he was discharged from a

⁴ A Schedule II CDS.

substance abuse treatment facility, he had used Ambien⁵ that was prescribed to him by another physician, then called in prescriptions for Ambien using the physician's name. He also admitted to stealing oxycodone and hydrocodone⁶ from his brother, and later buying some from a street dealer. The Respondent further admitted to using his son's urine "to fake urine tests and by the New Year [2011] was using his urine exclusively," which accounted for his low creatinine levels. The Respondent resumed using cocaine in early 2011 because he was "no longer able to get high from the opioids," and he stated that he drank Listerine "to help [him] calm down."

14. In the July 12, 2011 letter, the Respondent admitted that prior to his current in-patient treatment, he was using "about 240 mg of oxycodone daily and using cocaine 4 – 5 times per week," and "drinking Listerine many times after using cocaine." He stated that he took 40 mg of oxycodone on the day he was admitted to the treatment facility. The Respondent's July 12, 2011 letter is attached hereto as **Attachment B**.
15. Based on the foregoing investigative findings, the Board has probable cause to believe that the Respondent violated his July 29, 2010 Consent Order. The Respondent has repeatedly ingested illicit substances and attempted to evade detection by using his son's urine for some toxicology screens.

⁵ A Schedule IV CDS sleeping aid.

⁶ A Schedule III CDS.

ORDER

Based on the foregoing investigative findings and the Board's probable cause to believe that the Respondent has violated the terms of the Board's June 29, 2010 Consent Order, it is this 28 day of July, 2011 hereby:

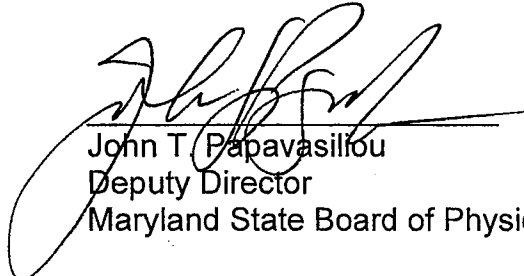
ORDERED that the Respondent be **SUSPENDED**; and it is further

ORDERED that the Respondent appear before the Maryland Board of Physicians on **August 24, 2011 at 3:00 p.m.** for a hearing to Show Cause why the Board should not impose other disciplinary sanctions that it deems appropriate, including revocation of his license, and it is further

ORDERED that the Respondent shall bring to the Show Cause hearing:

1. All controlled dangerous substances in his possession in Maryland;
2. All prescribed substances in his possession in Maryland other than substances which have been prescribed for his by a licensed physician;
3. All Medical Assistance prescription forms in his possession with a Maryland address;
4. All prescription forms and pads in his possession with a Maryland address; and
5. Any and all prescription pads in his possession with a Maryland address and on which his name and DEA number are imprinted.

7/28/11
Date


John T. Papavasiliou
Deputy Director
Maryland State Board of Physicians

J. GREGORY HOBELMANN, M.D.	*	MARYLAND STATE
Respondent	*	BOARD OF PHYSICIANS
	*	
License Number:D62884		Case Number: 2009-0912
* * * * *	* *	* * * * *

CONSENT ORDER

On February 24, 2010, the Maryland Board of Physicians (the "Board") voted to charge J. Gregory Hobelmann, M.D. (the "Respondent") (D.O.B. 12/05/1974), under the Maryland Medical Practice Act (the "Act"), Md. Health Occ. Code Ann. ("H.O.") §§ 14-101 *et seq.* (2009 Repl.Vol.).

The pertinent provisions of the Act are:

§ 14-404. Denials, reprimands, probations, suspensions and revocations – Grounds

(a) *In general.* – Subject to the hearing provisions of § 14-405 of this subtitle, the Board, on the affirmative vote of a majority of the quorum, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

- ...
 - (3) Is guilty of:
 - ...
 - (ii) Unprofessional conduct in the practice of medicine;
 - (8) Is addicted to, or habitually abuses, any narcotic or controlled dangerous substance as defined in § 5-101 of the Criminal Law Article;
 - (9) Provides professional services:
 - (i) While under the influence of alcohol; or
 - (ii) While using any narcotic or controlled dangerous substance, as defined in § 5-101 of the Criminal Law Article, or other drug that is in excess of therapeutic amounts or without valid medical indication[.]

The Board granted the Respondent the opportunity to enter into a Consent Order in lieu of further prosecution and the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. At all times relevant hereto, the Respondent, who is board-certified in anesthesiology, was and is licensed to practice medicine in the State of Maryland. The Respondent was originally licensed on March 21, 2005.
2. Until May 2009, the Respondent was employed by Pain Management Specialists, P.A. and held clinical privileges at St. Joseph Medical Center ("SJMC").
3. On June 3, 2009, the Board received a Report of Disciplinary Action from SJMC that the Respondent had been suspended based on a positive drug screen while under the supervision of the Maryland Physician Health Program ("MPHP"). Specifically, the Respondent had tested positive for sufentanil and norsufentanil.
4. The Board thereafter initiated an investigation.

Procedural Background

5. On May 9, 2008, an SJMC nurse reported that the Respondent appeared to be impaired while on duty. The Respondent was directed to undergo a drug screen, the result of which were positive for fentanyl and oxycodone.¹ The Respondent was granted a leave of absence to seek substance abuse treatment.
6. On May 20, 2008, the Respondent entered into a five-year Monitoring and Advocacy Contract ("Contract") with MPHP (May 20, 2008 through May

¹When interviewed by Board staff on October 1, 2009, the Respondent stated that he started to self-medicate in March 2008, shortly after the death of a patient for which he felt responsible. He took some of his wife's Percocet (prescribed to her after the birth of their child) and some fentanyl lollipops given to him by a patient to waste.

20, 2013). Under the terms of the Contract, the Respondent agreed that he would "maintain abstinence from the use of alcohol and illicit substances" and that he would not self-prescribe. The Respondent further agreed to abide by his MPHP Case Management Plan, which required him to undergo random drug screens two to four times a month.

7. On June 9, 2008, the Respondent returned to duty at SJMC.
8. In April 2009, the Respondent was selected for random Breath Alcohol Analysis and tested positive for a low level of alcohol (0.04 at 8:00 a.m.). He was instructed to abstain from further use of alcohol as his blood alcohol level was indicative of heavy alcohol consumption during the previous evening.
9. On or about May 13, 2009, a nurse at Pain Management Specialists reported a change in the Respondent's practice pattern with regard to a patient's intrathecal pump medication. Investigation revealed that the Respondent had taken some "waste" sufentanil that remained in the pump after it was disconnected from the patient for refilling. This finding was reported to MPHP and a drug screen was requested.
10. On May 18, 2009, the Respondent produced a urine specimen, the results of which were positive for sufentanil and norsufentanil.
11. On May 27, 2009, the Respondent resigned from Pain Management Specialists. According to one of the partners of the practice, the Respondent stated his intent not to return to the practice of medicine until he had sought treatment.

12. On May 31, 2009, the Respondent was admitted to Marworth Treatment Center ("Marworth"), an in-patient substance abuse treatment facility.
13. Effective June 1, 2009, SJMC suspended the Respondent's clinical privileges as a result of the positive drug screen.

Findings Related to the Respondent's Substance Abuse Treatment

14. According to various reports from the Respondent's treatment professionals, the Respondent began taking opioids, benzodiazepines and fentanyl in or around April 2008, after one of his pain management patients died and the Respondent felt responsible.
15. Despite entering into a MPHP Contract after his first positive drug screen in 2008, the Respondent began to drink socially. When a random breath alcohol analysis in April 2009 was positive for alcohol, the Respondent was directed to abstain from further alcohol use. According to the Respondent, increased anxiety and insomnia led to his use of oral sufentanil and his subsequent suspension from SJMC.
16. On July 23, 2009, the Respondent was discharged from Marworth, after successfully completing the in-patient treatment program. According to Marworth treatment reports, the Respondent was diagnosed with Opioid dependence and alcohol abuse. While in treatment, the Respondent reportedly gained "genuine insight into the disease of chemical dependency" and developed a "sober support network through the fellowship of Alcoholic Anonymous both locally and in his home area."

17. The Respondent's prognosis, as stated in his Marworth Discharge Summary is, "good, should [the Respondent] immerse himself completely into 12-step self-help program and follow all of the recommendations made upon discharge explicitly and remain in the Med-Chi monitoring program [MPHP] for a period of time to be determined by [the MPHP Client Services Manager]."
18. Marworth's discharge recommendations for the Respondent include:
 1. Participate in outpatient group and individual therapy for substance dependency with Gerald Hunt, Ph.D.
 2. Participate in outpatient treatment with [psychiatrist] Dr. Jesse Hellman.
 3. Participate fully in 12-step recovery.
 4. Agree to and participate in forensic toxicology screening at the frequency determined by [MPHP].
19. The Respondent was evaluated by a psychotherapist ("Evaluator") six weeks after his discharge from Marworth. By letter to the Board dated September 1, 2009, the Evaluator reported that since stopping his substance use in May 2009, "[the Respondent] has participated actively in all the recovery work that has been recommended to him...He is participating actively in our After Care Program consisting of weekly individual and group therapy. He is seeing Jesse Hellman, M.D., his psychiatrist, on a regular basis. He is attending daily AA meetings, has a sponsor and is working the Steps of the Program."
20. The Evaluator concluded that the Respondent's prognosis for recovery was "very good," and he opined that it would be reasonable for the

Respondent to return to the practice of anesthesiology under close supervision.

21. By letter dated September 1, 2009, Dr. Hellman provided the Board with a summary of his treatment of the Respondent. The Respondent has met with Dr. Hellman on a nearly weekly basis since May 2008. Dr. Hellman advised the Board:

[The Respondent]'s history reveals that for years he has been consuming alcohol in a manner which is best termed as alcohol abuse. He has no DUI's and has never been in any trouble as a result of his drinking...

His use of opioids is very much a recent problem. He turned to them after the death of [a patient], which he mistakenly attributed to his own actions. The coroner's report definitively established [the patient]'s death as unrelated to any action or treatment by [the Respondent].

After recognition at St. Joseph of his impairment he began the [MPHP] program and was free of opioids until shortly before his hospitalization at Marworth. The precipitating event for his subsequent opioid use was, in fact, the discovery by the program that he was drinking alcohol in significant quantities. ..The trigger, therefore to his last opioid use was, in fact, the removal of alcohol as a substance with which he could control his anxiety.

The report from Marworth notes that chronic anxiety has long been an underlying problem...[t]he use of alcohol has served as a 'self-medication' for that anxiety. This anxiety will best be addressed in recovery treatment as well as psychotherapy."

22. Dr. Hellman concluded: "I believe [the Respondent]'s use of alcohol as well as his opioid use falls under the category of drug abuse rather than drug dependence, as there was no addiction and no tolerance... I believe at this time he can begin to plan to return to anesthesiology if he chooses, provided that he maintain a rigorous program of recovery."

23. By letter dated September 22, 2009, the MPHP Medical Director, Stanley Platman, M.D., provided the Board with an update of the Respondent's progress. Dr. Platman reported that since the Respondent's discharge from Marworth he has been fully compliant with that facility's discharge recommendations; he is in outpatient individual therapy with Dr. Hellman, and participates in substance abuse-specific therapy (group and individual) with Dr. Hunt. The Respondent attends twelve-step meetings and undergoes random toxicology screens six to eight times a month, all of which have been negative.
24. In August 2009, the MPHP Physician Health Committee reviewed the Respondent's request to resume the practice of medicine. By letter dated September 22, 2009, the Committee notified the Board that it was "was impressed with [the Respondent's] commitment to recovery and support his return provided he work in a supervised setting where his colleagues are aware of his situation. It was also felt that he should work part-time at first and maintain a regular (daytime) schedule."
25. Since MPHP's September 2009 updates, the Board has not received any reports that the Respondent has tested positive on a drug screen or has not complied fully with the requirements of his MPHP Contract.
26. The Respondent has been offered a position as an anesthesiologist at Johns Hopkins Hospital. According to the Respondent, the Director of the Anesthesiology Department is aware of his substance abuse history and treatment.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent violated H.O. § 14-404(a)(3)(ii), (8) and (9)(i) and (ii).

ORDER

Based on foregoing Findings of Fact and Conclusions of Law, it is this 29th day of July, 2010, by a majority of the quorum of the Board considering this case:

ORDERED that the Respondent shall within ten (10) days of the effective date of this Consent Order enter into a new five (5) year MPHP Monitoring and Advocacy Contract which shall include the same requirements as his former MPHP Contract; and it is further

ORDERED that the Respondent shall continue to participate in the MPHP Program and comply with all of its requirements for a minimum of the entire duration of his new MPHP Monitoring and Advocacy Contract; and it is further

ORDERED that if the Respondent is employed at Johns Hopkins Hospital, he shall, within five (5) days of his employment, seek enrollment to the Johns Hopkins Faculty and Staff Assistance Program ("FSAP") for assessment and recommendations; and it is further

ORDERED that when seeking enrollment in FSAP, the Respondent shall provide to FSAP this Consent Order; and it is further

ORDERED that the Respondent shall sign any releases necessary to permit FSAP to provide information regarding the Respondent's participation to the Board; and it is further

ORDERED that the Respondent shall be placed on **PROBATION FOR A MINIMUM of the entire 5-year duration** of his new MPHP Monitoring and Advocacy Contract subject to the following terms and conditions, which may be in addition to those required in his MPHP Monitoring and Advocacy Contract:

1. All of the terms and conditions of the Respondent's new MPHP Monitoring and Advocacy Contract are incorporated into this Consent Order. If the Respondent violates any term or condition of his Contract, such a violation will be considered a violation of probation and of this Consent Order;
2. The Respondent shall sign any release necessary to authorize and request the MPHP, FASAP and any testing or screening program or company performing chemical testing of the Respondent for drugs and alcohol to release any and all records of their treatment or screening or testing to the Board. The Respondent shall sign any new release as shall become necessary from time to time in order to keep the Board constantly apprised of his status;
3. The Respondent shall completely abstain from the ingestion of CDS, any narcotics, cocaine, alcohol or other mood-altering substances, except as specifically provided below. The Respondent may ingest prescribed CDS for legitimate medical reasons under the following conditions:
 - a. The Respondent must be a bona fide patient of a licensed Maryland physician who is aware of the Respondent's MHPH Monitoring and Advocacy Contract and this Consent Order;
 - b. The medication must be lawfully prescribed by the Respondent's physician;
 - c. The Respondent must provide in writing, to the Board and the MPHP Director, within 72 hours of receiving the medication: 1) the name and address of the practitioner prescribing the drug; 2) the illness or medical condition diagnosed; 3) the type, strength, amount and dosage of the medication; 4) and a signed statement consenting to the release of all medical information about the Respondent from the prescribing practitioner to the Board;
 - d. The prescriptions for such medication(s) shall provide only for a 24 hour supply of the medication(s). If medications are required for more that a 24 hour period, additional prescriptions (or refills of the

initial prescription) shall only provide for a 24 hour supply of the medication(s).

4. The requirements in paragraph 3 above that only a Maryland licensed physician may prescribe CDS will not be required in the event of a bona fide medical emergency involving the Respondent's personal health when he is outside the State of Maryland. In such a case, a physician licensed in that state may be used. The provisions of paragraph 3(b), (c) and (d), however, apply to out-of-state prescriptions. The Respondent will have the burden of demonstrating to the Board's satisfaction that such a bona fide medical emergency existed; and it is further

ORDERED that a positive result on any urine or serum toxicology screening or any other comparable indicia of relapse shall constitute a violation of probation and of this Consent Order unless the Respondent has complied with paragraphs 3 or 4 of this section and the result is positive only for the lawfully prescribed medication; and it is further

ORDERED that if the Respondent fails to provide a urine or serum toxicology specimen upon request by the MPHP, FASAP or any substance abuse treatment provider, such failure shall be considered a positive toxicology result and a violation of probation and of this Consent Order; and it is further

ORDERED that if the Respondent violates any of the terms of the treatment and urine/toxicology monitoring contracts or the terms and conditions of the Consent Order, or is convicted or pleads guilty or nolo contendere to any criminal offense, other than a minor traffic violation, the Board may immediately **SUSPEND** the Respondent's license without prior notice, provided that Respondent is given the opportunity for a show cause hearing before the Board. After the show cause hearing, the Board, in its discretion, may impose additional

sanctions authorized under the Maryland Medical Practice Act, including a monetary fine and/or revocation of his medical license; and it is further

ORDERED that the Respondent shall provide a copy of this Consent Order to any and all employers during the entire duration of his probationary period; and it is further

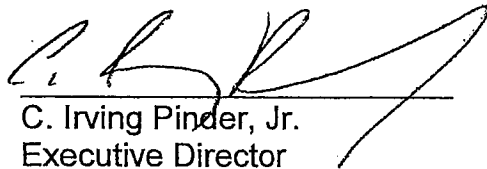
ORDERED that no earlier than five (5) years from the date this Consent Order is executed, the Respondent may submit a written petition to the Board requesting that his probation be terminated, but only if he has fully and satisfactorily complied with all the requirements set forth herein and there are no pending complaints against the Respondent; and it is further

ORDERED that the Respondent shall comply with the Maryland Medical Practice Act and all laws, statutes and regulations pertaining to the practice of medicine; and it is further

ORDERED that the Respondent shall be responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

ORDERED that this Order is considered a **PUBLIC DOCUMENT** pursuant to State Gov't Code Ann. § 10-611 *et seq.* (2004).

7/29/10
Date


C. Irving Pinder, Jr.
Executive Director
Maryland State Board of Physicians

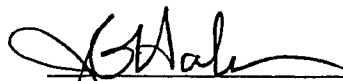
CONSENT

I, J. Gregory Hobelmann, M.D., acknowledge that I have been represented by counsel and have consulted with counsel before entering this Consent Order. By this Consent I agree and accept to be bound by the foregoing Consent Order and its conditions.

I acknowledge the validity of this Consent Order as if entered into 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 own behalf, and to all other substantive and procedural protections provided by the law. I agree to forego my opportunity to challenge these allegations. I acknowledge the legal authority and jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I affirm that I am waiving my right to appeal any adverse ruling of the Board that I might have filed after any such hearing.

I sign this Consent Order after having consulted with counsel, voluntarily and without reservation, and I fully understand and comprehend the language, meaning and terms of the Consent Order.

6-18-10
Date

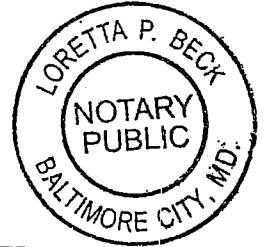


J. Gregory Hobelmann, M.D.
Respondent

STATE OF MARYLAND
CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 18th day of June, 2010,
before me, a Notary Public of the foregoing State and City/County personally
appeared J. Gregory Hobelmann, 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.



Loretta P. Beck
Notary Public

My Commission Expires: March 22, 2014