

STATE OF MAINE  
BOARD OF LICENSURE IN MEDICINE

In re: ) CONSENT AGREEMENT  
WILLIAM ORTIZ, M.D. )  
Complaint No. CR17-112 )

This document is a Consent Agreement, effective when signed by all parties, regarding disciplinary action against the license to practice medicine in the State of Maine held by William Ortiz, M.D. The parties to the Consent Agreement are: William Ortiz, M.D. (“Dr. Ortiz”), the State of Maine Board of Licensure in Medicine (“the Board”) and the State of Maine Department of the Attorney General. This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5)(B) and 32 M.R.S. § 3282-A.

STATEMENT OF FACTS

1. Dr. Ortiz has held a license to practice medicine in the State of Maine since February 29, 2012 (license number MD19188), and specializes in internal medicine. Dr. Ortiz previously held a temporary license during the period July 18, 2011 through January 17, 2012 (License number TD111003), and an emergency license during the period January 17, 2012 through April 26, 2012 (License number EL121004).
2. On May 19, 2017, the Board initiated a complaint alleging that Dr. Ortiz failed to disclose on his February 16, 2017 application to renew his Maine medical license that there were pending allegations with and disciplinary action taken by the Commonwealth of Kentucky Board of Medical Licensure (“Kentucky Medical Board”). The complaint further alleged that on March 30,

2017, the Kentucky Medical Board issued an Order of Revocation that concluded that Dr. Ortiz violated an August 20, 2015 Agreed Order and revoked his license. The Board docketed the complaint as CR17-112, and sent it to Dr. Ortiz for a response.

3. By letter dated June 12, 2017, Dr. Ortiz stated that he has “struggled with a learning disability that affects [his] interpretation of printed material,” taking written examinations, and stated that he answered “yes” to questions 1 and 3 and he would “never withhold or try to misrepresent [himself] in any way.”

4. On January 9, 2018, Dr. Ortiz emailed Board staff and requested assistance with filling out his application for licensure and disclosed that he has a learning disability. In connection with his request, Dr. Ortiz submitted a neuropsychological evaluation report issued after an evaluation conducted on March 10, 1999 and April 5, 1999 in Massachusetts. The evaluation had not been disclosed to the Board on Dr. Ortiz’s prior licensing applications. The evaluation provided information regarding a professional diagnosis of a mental or physical condition that may result in Dr. Ortiz performing services in a manner that endangers the health or safety of patients.

5. On March 29, 2018, Dr. Ortiz underwent a neuropsychological assessment requested by the Board. The report of that assessment identified professional diagnoses of mental or physical conditions, including Post Traumatic Stress Disorder and a non-verbal learning disorder may result in Dr.

Ortiz performing services in a manner that endangers the health or safety of patients.

6. Pursuant to 32 M.R.S. § 3282-A(2)(C), the Board may impose discipline for a licensee that has a professional diagnosis of a mental or physical condition that may result in the licensee performing services in a manner that endangers the health or safety of patients.

7. At its meeting on July 11, 2017, the Board reviewed Complaint CR 17-112, and voted to set this matter for an adjudicatory hearing.

#### COVENANTS

8. Dr. Ortiz admits the facts stated above and that such conduct constitutes grounds for discipline pursuant to 32 M.R.S. §§ 3282-A(2)(C) (for a professional diagnosis of a mental or physical condition that may result in the licensee performing services in a manner that endangers the health or safety of patients).

9. As discipline for the conduct described above, Dr. Ortiz agrees to the IMMEDIATE VOLUNTARY SURRENDER of his Maine medical license effective upon the execution of this Consent Agreement.

10. Violation by Dr. Ortiz of any of the terms or conditions of this Consent Agreement shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of re-licensure.

11. This Consent Agreement is not appealable and is effective until modified or rescinded in writing by the parties hereto.

12. Any conduct of Dr. Ortiz described herein may be considered in future Board action(s) as evidence of a pattern of misconduct.

13. The Board and the Department of the Attorney General may communicate and cooperate regarding Dr. Ortiz or any other matter relating to this Consent Agreement.

14. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

15. This Consent Agreement constitutes discipline and is an adverse licensing action that is reportable to the National Practitioner Data Bank (NPDB), the Federation of State Medical Boards (FSMB), and other licensing jurisdictions.

16. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto. If any clause of this Consent Agreement is deemed illegal or invalid, then that clause shall be deemed severed from this Consent Agreement.

17. Dr. Ortiz acknowledges by his signature hereto that he has read this Consent Agreement, that he has had an opportunity to consult with an attorney before executing this Consent Agreement, that he executed this Consent Agreement of his own free will and that he agrees to abide by all terms and conditions set forth herein.

18. For the purposes of this Consent Agreement, the term "execution" means the date on which the final signature is affixed to this Consent Agreement.

**I, WILLIAM ORTIZ, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.**

DATED: 6/12/2018 William Ortiz  
WILLIAM ORTIZ, M.D.

STATE OF MAINE  
Kennebec County, S.S.

Personally appeared before me the above-named William Ortiz, M.D., and swore to the truth of the foregoing based upon his own personal knowledge, or upon information and belief, and so far as upon information and belief, he believes it to be true.

DATED: 6/12/18  Tracy A. Morrison  
NOTARY PUBLIC/ATTORNEY

MY COMMISSION ENDS: 10/28/2022

STATE OF MAINE  
BOARD OF LICENSURE IN MEDICINE

DATED: 6-12-18



MARY LOUISA BARNHART, M.D.,  
Acting Chairperson

STATE OF MAINE DEPARTMENT  
OF THE ATTORNEY GENERAL

DATED: June 12 2018



MICHAEL MILLER  
Assistant Attorney General

Effective Date: 6|12|18