

1 **BEFORE THE REVIEW COMMITTEE OF THE ARIZONA MEDICAL BOARD**

2 In the Matter of

Case No. MD-23-0179A

3 **TERRY R. MAFFI, M.D.**

**FINDINGS OF FACT, CONCLUSIONS  
OF LAW AND ORDER FOR LETTER  
OF REPRIMAND AND PROBATION**

4 Holder of License No. 32805  
5 For the Practice of Allopathic Medicine  
6 In the State of Arizona.

7 The Review Committee of the Arizona Medical Board (“Board”) considered this  
8 matter at its public meeting on December 13, 2024. Terry R. Maffi, M.D. (“Respondent”),  
9 appeared with legal counsel, Flynn Carey, Esq., before the Review Committee for a  
10 Formal Interview pursuant to the authority vested in the Board by A.R.S. § 32-1451(P).  
11 The Review Committee voted to issue Findings of Fact, Conclusions of Law and Order for  
12 Letter of Reprimand and Probation after due consideration of the facts and law applicable  
13 to this matter.

14 **FINDINGS OF FACT**

15 1. The Board is the duly constituted authority for the regulation and control of  
16 the practice of allopathic medicine in the State of Arizona.

17 2. Respondent is the holder of license number 32805 for the practice of  
18 allopathic medicine in the State of Arizona.

19 3. The Board initiated case number MD-23-0179A after receiving report from a  
20 Hospital Physician that Respondent had presented to the Hospital while impaired to treat a  
21 patient, despite lacking current privileges at the Hospital.

22 4. SB was 52-year-old male who had a previous neck lift complicated by a  
23 postoperative hematoma in 2022.

24 5. On February 1, 2023, Respondent re-operated on SB to remove scar tissue  
25 in SB’s neck. SB subsequently developed another postoperative hematoma and  
presented to the Hospital Emergency Department (“ED”) for treatment. Respondent

1 arrived in the ED, released some of SB's sutures and expressed approximately 200 ml of  
2 blood from the hematoma. An ED Physician intubated SB prior to transferring SB to the  
3 operating room for further treatment. According to Hospital documentation, a nurse  
4 reported that Respondent appeared to present with signs of intoxication including  
5 bloodshot eyes, an odor of alcohol, and redness of his face and neck. Hospital staff also  
6 discovered Respondent's privileges had expired upon Respondent's arrival in the  
7 operating room and SB's care was transferred to a Hospital Trauma Surgeon.

8         6. In his written response to the Board, Respondent stated that his privileges at  
9 the Hospital expired in August 2022 due to administrative oversight. Respondent further  
10 stated he was unaware of the expiration until informed by Hospital staff in the course of  
11 SB's treatment.

12         7. Respondent subsequently underwent an Assessment with a Board approved  
13 Physician Health Program ("PHP) Assessor. Based on the Assessment findings and  
14 results, the Assessor opined that Respondent was safe to practice, provided he enter into  
15 a monitoring agreement with the Board, and comply with recommendations for monitoring  
16 and aftercare.

17         8. On October 27, 2023, Respondent entered into an Interim Consent  
18 Agreement for PHP participation which required enrollment in the PHP within 5 days.  
19 Respondent enrolled in monitoring with a PHP Contractor on November 13, 2023. On  
20 December 27, 2023, Respondent tested positive for alcohol on a PEth test conducted by  
21 the PHP Contractor.<sup>1</sup> Respondent tested negative on a repeat PEth test. Respondent is in  
22 compliance with the terms of his PHP monitoring.

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<sup>1</sup> Respondent tested positive at 25ng/ml with a test cutoff of 20ng/ml.

1           9.     The standard of care prohibits a physician from treating a patient while  
2 impaired and without current hospital privileges. Respondent deviated from the standard  
3 of care by treating a patient while impaired and without current hospital privileges.

4           10.    There was potential for patient harm in that the patient could have been  
5 injured as a result of impairment related poor decision-making.

6           11.    During a Formal Interview on this matter, Respondent admitted that a made  
7 a poor choice by returning to treat his patient after consuming alcohol. Respondent noted  
8 that he could have declined to attend and that his associate volunteered to see the patient  
9 for him. Respondent also admitted that he had poor insight when he started the  
10 monitoring program. Respondent stated he was grateful that no patient harm occurred  
11 and stated his perspective regarding patient safety had been changed.

12          12.    Respondent described SB's operative course, and the complication that  
13 resulted in SB presenting to the Hospital. Respondent testified that he had been out to  
14 dinner with his son at a restaurant where cell phones were not allowed. Respondent  
15 stated that after dinner he noted several missed calls and texts from SB, the managing  
16 partner of his surgery center, and his associate physician. Respondent stated that  
17 although he had consumed alcohol he felt fine, so he went to the Hospital to see SB.  
18 Respondent stated that he did not have an arrangement for call coverage that evening  
19 since he was in town.

20          13.    Respondent stated that when he arrived at the Hospital, SB was being  
21 prepped for intubation by the anesthesiologist. Respondent recommended manual  
22 evacuation of the hematoma prior to intubation in order to relieve pressure. The  
23 anesthesiologist agreed with the approach, and Respondent performed a manual  
24 expression and wrapped SB's neck with a plan to take SB to surgery to clean the wound  
25 and insert a drain. Respondent stated that he was asked to confirm his identity when he

1 arrived at the operating room but he did not have his Hospital badge and had left his wallet  
2 in his car. While Respondent was changing into scrubs, he was informed by Hospital staff  
3 that his privileges had expired. Respondent was informed that the trauma surgeon would  
4 be completing the surgery, and asked to retrieve his ID for identify verification.  
5 Respondent stated that he walked out to his car with security, and after his ID was  
6 photographed, Respondent left.

7 14. Respondent confirmed that he had a pre-dinner cocktail and a 9 ounce glass  
8 of wine over the course of an hour and a half. Respondent stated he was surprised that  
9 the complaint filed with the Board alleged impairment because he did not feel impaired  
10 while at the Hospital. Respondent stated that at the time, he did not recognize the need to  
11 abstain from alcohol while on call, but recognized that he could have asked a colleague to  
12 respond to SB's call.

13 15. When asked whether the monitoring process had changed his practice,  
14 Respondent noted that he now has to have surgeries completed by 3:00 in case he needs  
15 to present for testing, which initially caused him to resent monitoring due to the loss of  
16 income. Respondent stated that he has readjusted he practice and schedule so that he  
17 can have a full schedule and meet his monitoring obligations. Respondent stated that he  
18 believed that he is a better person and safer physician due to his participation in the PHP.

19 16. During that same Formal Interview, Review Committee members agreed that  
20 the evidence established violations of A.R.S. § 32-1401(27)(f), (r) and (s). A Committee  
21 member discussed the apparent disparity between Respondent's report of consuming two  
22 beverages at dinner and Hospital documentation regarding his appearance and demeanor.  
23 The Committee member also found Respondent's lack of call coverage for this patient as  
24 an aggravating factor, and noted that the primary obligation of the Board is ultimately to  
25 protect the public. Committee members agreed that Respondent's success in the

1 treatment process and increased insight were positive factors, but that these factors were  
2 insufficient to mitigate the need for discipline.

3 **CONCLUSIONS OF LAW**

4 1. The Board possesses jurisdiction over the subject matter hereof and over  
5 Respondent.

6 2. The conduct and circumstances described above constitute unprofessional  
7 conduct pursuant to A.R.S. § 32-1401(27)(f) (“Exhibiting a pattern of using or being under  
8 the influence of alcohol or drugs or a similar substance while practicing medicine or to the  
9 extent that judgment may be impaired and the practice of medicine detrimentally  
10 affected.”).

11 3. The conduct and circumstances described above constitute unprofessional  
12 conduct pursuant to A.R.S. § 32-1401(27)(r) (“Committing any conduct or practice that is  
13 or might be harmful or dangerous to the health of the patient or the public.”).

14 4. The conduct and circumstances described above constitute unprofessional  
15 conduct pursuant to A.R.S. § 32-1401(27)(s) (“Violating a formal order, probation, consent  
16 agreement or stipulation issued or entered into by the board or its executive director under  
17 the provisions of this chapter.”).

18 **ORDER**

19 IT IS HEREBY ORDERED THAT:

- 20 1. Respondent is issued a Letter of Reprimand.
- 21 2. Respondent is placed on Probation for a period of three years<sup>2</sup> with the following  
22 terms and conditions:
- 23 3. Respondent shall not consume alcohol or any food or other substance containing  
24 poppy seeds or alcohol.

25 \_\_\_\_\_  
<sup>2</sup> Respondent’s probation shall be retroactive to November 13, 2023.

- 1 4. Respondent shall not take any illegal drugs or mood altering medications unless  
2 prescribed for a legitimate therapeutic purpose.
- 3 5. Respondent shall attend the PHP's relapse prevention group therapy sessions one  
4 time per week for a minimum of one year from the date of enrollment, unless  
5 Respondent is excused by the relapse program facilitator for good cause.  
6 Individual relapse therapy may be substituted for one or more of the group therapy  
7 sessions, if PHP pre-approves substitution. The relapse prevention group  
8 facilitators or individual relapse prevention therapist shall submit monthly reports to  
9 the PHP regarding attendance and progress.
- 10 6. Respondent shall continue to participate in any personalized aftercare programs or  
11 activities as recommended by the Assessor in his Assessment Report including  
12 establishing specialty care as needed. Respondent shall report on those activities  
13 as requested by the PHP, including executing any releases necessary to allow the  
14 PHP to monitor his participation and communicate directly with and obtain records  
15 from the treating providers for those aftercare activities. Respondent shall be  
16 responsible for all costs of aftercare, including costs associated with compliance of  
17 this Board Order.
- 18 7. Respondent shall participate in a 12-step recovery program or other self-help  
19 program appropriate for substance abuse as recommended by the PHP.  
20 Respondent shall attend a minimum of three 12-step or other self-help program  
21 meetings per week. Two meetings per month must be Caduceus meetings.  
22 Respondent must maintain a log of all self-help meetings.
- 23 8. Respondent shall promptly obtain a Primary Care Physician ("PCP") and shall  
24 submit the name of the physician to the PHP Contractor in writing for approval.  
25 Except in an Emergency, Respondent shall obtain medical care and treatment only

1 from the PCP and from health care providers to whom the PCP refers Respondent.  
2 Respondent shall promptly provide a copy of this Order to the PCP. Respondent  
3 shall also inform all other health care providers who provide medical care or  
4 treatment that Respondent is participating in the PHP. "Emergency" means a  
5 serious accident or sudden illness that, if not treated immediately, may result in a  
6 long-term medical problem or loss of life.

7 9. All prescriptions for controlled substances shall be approved by the PHP Contractor  
8 prior to being filled except in an Emergency. Controlled substances prescribed and  
9 filled in an emergency shall be reported to the PHP within 48 hours. Respondent  
10 shall take no Medication unless the PCP or other health care provider to whom the  
11 PCP refers Respondent prescribes and the PHP Contractor approves the  
12 Medication. Respondent shall not self-prescribe any Medication. "Medication"  
13 means a prescription-only drug, controlled substance, and over-the counter  
14 preparation, other than plain aspirin, plain ibuprofen, and plain acetaminophen.

15 10. Respondent shall enter treatment with a PHP Contractor approved addiction  
16 psychiatrist or addiction medicine specialist as recommended by the Assessor in his  
17 Assessment Report and shall comply with any and all treatment recommendations,  
18 including taking any and all prescribed medications. Respondent shall instruct the  
19 treating professional to submit quarterly written reports to the PHP regarding  
20 diagnosis, prognosis, current medications, recommendation for continuing care and  
21 treatment, and ability to safely practice medicine. The reports shall be submitted  
22 quarterly to the PHP, the commencement of which to be determined by the PHP  
23 Contractor. Respondent shall provide the professional with a copy of this Order.  
24 Respondent shall pay the expenses for treatment and be responsible for paying for  
25 the preparation of the quarterly reports

- 1 11. Respondent shall submit to random biological fluid, hair and/or nail testing for the  
2 remainder of this Order (as specifically directed below) to ensure compliance with  
3 the PHP.
- 4 12. Respondent shall provide the PHP Contractor in writing with one telephone number  
5 that shall be used to contact Respondent on a 24 hour per day/seven day per week  
6 basis to submit to biological fluid, hair, and/or nail testing to ensure compliance with  
7 the PHP. For the purposes of this section, telephonic notice shall be deemed given  
8 at the time a message to appear is left at the contact telephone number provided by  
9 Respondent. Respondent authorizes any person or organization conducting tests  
10 on the collected samples to provide testing results to the PHP Contractor.  
11 Respondent shall comply with all requirements for biological fluid, hair, and/or nail  
12 collection. Respondent shall pay for all costs for the testing.
- 13 13. Respondent shall provide the PHP Contractor with written notice of any plans to  
14 travel out of state.
- 15 14. Respondent shall successfully complete a PHP approved 36 hour alcohol/drug  
16 awareness education class (if not already completed).
- 17 15. Respondent shall immediately notify the Board and the PHP Contractor in writing of  
18 any change in office or home addresses and telephone numbers.
- 19 16. Respondent provides full consent for the PHP Contractor to discuss the  
20 Respondent's case with the Respondent's PCP or any other health care providers  
21 to ensure compliance with the PHP.
- 22 17. The relationship between the Respondent and the PHP Contractor is a direct  
23 relationship. Respondent shall not use an attorney or other intermediary to  
24 communicate with the PHP Contractor on participation and compliance issues. All  
25 inquiries must be directed to Board staff.



1 18. Respondent shall be responsible for all costs, including costs associated with  
2 participating in the PHP, at the time service is rendered or within 30 days of each  
3 invoice sent to the Respondent. An initial deposit of two (2) months PHP fees is  
4 due upon entering the program. Failure to pay either the initial PHP deposit or  
5 monthly fees 60 days after invoicing will be reported to the Board by the PHP  
6 Contractor and may result in disciplinary action.

7 19. Respondent shall appear in person before with the PHP Contractor for interviews  
8 upon request, upon reasonable notice.

9 20. Respondent shall immediately provide a copy of this Order to all employers,  
10 hospitals and free standing surgery centers where Respondent currently has or in  
11 the future gains or applies for employment or privileges. Within 30 days of the date  
12 of this Order, Respondent shall provide the PHP with a signed statement of  
13 compliance with this notification requirement. Respondent is further required to  
14 notify, in writing, all employers, hospitals and free standing surgery centers where  
15 Respondent currently has or in the future gains or applies for employment or  
16 privileges of a violation of this Order.

17 21. In the event Respondent resides or practices as a physician in a state other than  
18 Arizona, Respondent shall participate in the rehabilitation program sponsored by  
19 that state's medical licensing authority or medical society. Respondent shall cause  
20 the monitoring state's program to provide written quarterly reports to the PHP  
21 Contractor regarding Respondent's attendance, participation, and monitoring. The  
22 monitoring state's program and Respondent shall immediately notify the PHP  
23 Contractor if Respondent is non-compliant with any aspect of the monitoring  
24 requirements or is required to undergo any additional treatment.

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1 22. The PHP Contractor shall immediately notify the Board if Respondent is non-  
2 compliant with any aspect of this Order or is required to undergo any additional  
3 treatment.

4 23. In the event of a chemical dependency relapse by Respondent or Respondent's use  
5 of controlled substances or alcohol in violation of this Order, Respondent shall  
6 promptly enter into an Interim Consent Agreement for Practice Restriction that  
7 requires, among other things, that Respondent not practice medicine until such time  
8 as Respondent successfully completes long-term inpatient treatment designated by  
9 the PHP Contractor and obtains affirmative approval from the Executive Director, in  
10 consultation with the Lead Board Member and Chief Medical Consultant, to return  
11 to the practice of medicine. Prior to approving Respondent's request to return to the  
12 practice of medicine, Respondent may be required to undergo any combination of  
13 physical examinations, psychiatric or psychological evaluations. In no respect shall  
14 the terms of this paragraph restrict the Board's authority to initiate and taken  
15 disciplinary action for any violation of this Order.

16 24. Respondent shall obey all state, federal and local laws, all rules governing the  
17 practice of medicine in Arizona, and remain in full compliance with any court  
18 ordered criminal probation, payments and other orders.

19 25. Prior to the termination of Probation, Respondent must submit a written request to  
20 the Board for release from the terms of this Order. Respondent's request for  
21 release will be placed on the next pending Board agenda, provided a complete  
22 submission is received by Board staff no less than 30 days prior to the Board  
23 meeting. Respondent's request for release must provide the Board with evidence  
24 establishing that he/she has successfully satisfied all of the terms and conditions of  
25 this Order. The Board has the sole discretion to determine whether all of the terms

1 and conditions of this Order have been met or whether to take any other action that  
2 is consistent with its statutory and regulatory authority.

3 26. This Order supersedes any and all Consent Agreements previously entered into by  
4 Respondent and the Board regarding this matter.

5 **RIGHT TO PETITION FOR REHEARING OR REVIEW**

6 Respondent is hereby notified that he/she has the right to petition for a rehearing or  
7 review. The petition for rehearing or review must be filed with the Board's Executive  
8 Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The  
9 petition for rehearing or review must set forth legally sufficient reasons for granting a  
10 rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after  
11 date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed,  
12 the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

13 Respondent is further notified that the filing of a motion for rehearing or review is  
14 required to preserve any rights of appeal to the Superior Court.

15 DATED AND EFFECTIVE this 2nd day of April, 2025.

16 ARIZONA MEDICAL BOARD

17  
18 By Patricia E. McSorley  
19 Patricia E. McSorley  
20 Executive Director  
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23  
24  
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1 EXECUTED COPY of the foregoing mailed  
2 this 2nd day of April, 2025 to:

3 Flynn P. Carey, Esq.  
4 Mitchell Stein Carey Chapman, PC  
5 2600 North Central Avenue, Suite 1000  
6 Phoenix, Arizona 85004 Attorney for Respondent

7 ORIGINAL of the foregoing filed  
8 this 2nd day of April, 2025 with:

9 Arizona Medical Board  
10 1740 West Adams, Suite 4000  
11 Phoenix, Arizona 85007



12 Board staff