Circuit Court for Montgomery County
Case No. C-15-CR-22-000458

UNREPORTED*

IN THE APPELLATE COURT

OF MARYLAND

No. 2193

September Term, 2023

JAMES MICHAEL RYAN
v.

STATE OF MARYLAND

Wells, C.J.,
Nazarian,
Zarnoch, Robert A.
(Senior Judge, Specially Assigned),

JJ.

Opinion by Nazarian, J.

Filed: September 3, 2025

James Ryan, a board-certified maxillofacial surgeon, provided sedatives and anti-anxiety medications to his girlfriend, Sarah Harris, who had been struggling with mental health and substance abuse issues. Dr. Ryan continued to provide these drugs to Ms. Harris for about a year despite unambiguous signs that her health was declining, and on January 26, 2022, she died of an overdose. A jury in the Circuit Court for Montgomery County found Dr. Ryan guilty of involuntary manslaughter, second-degree murder, and multiple drug-related offenses in connection with Ms. Harris's death. Dr. Ryan appeals, arguing that the evidence was insufficient to sustain his involuntary manslaughter and second-degree murder convictions and that the court abused its discretion when it allowed a social worker to opine as an expert on power dynamics in intimate relationships. We affirm.

I. BACKGROUND

Dr. Ryan met Ms. Harris in the summer of 2020 when he removed her wisdom teeth. Soon after, Ms. Harris started working at his practice, Evolution Oral Surgery ("Evolution"), as a surgical assistant. Dr. Ryan and Ms. Harris started dating in January 2021, and they moved in together in August 2021. Throughout the year that they were together, Dr. Ryan supplied Ms. Harris with drugs that he obtained from Evolution, specifically ketamine, propofol, diazepam, and midazolam. Ms. Harris took these drugs at home, either on her own or with Dr. Ryan's assistance, despite laws and regulations that require sedatives (*e.g.*, ketamine and propofol) to be administered in a medical facility with emergency equipment and medical staff present. Ms. Harris's mental and physical health

declined noticeably in 2021, and on January 26, 2022, she died of an overdose.

Officers from the Montgomery County Police Department ("MCPD") launched an investigation into Ms. Harris's death, and that investigation led to Dr. Ryan's arrest on March 22, 2022. On May 5, 2022, a grand jury indicted Dr. Ryan on charges of second-degree murder, involuntary manslaughter, possession with the intent to distribute midazolam, distribution of ketamine, and distribution of diazepam. The court held a ten-day jury trial in August 2023, during which twenty-seven witnesses testified and the parties introduced 284 exhibits. We summarize the testimony here and detail the facts further in the Discussion.

Ms. Harris's mother, Tina Harris, and her two sisters, Rachel Harris[1] and Victoria Ladson, all testified about their interactions with Dr. Ryan and Ms. Harris's decline in mental and physical health during her relationship with him. The State also introduced several exhibits' worth of text messages in which Dr. Ryan discussed Ms. Harris's health and substance abuse with Tina and offered or granted Ms. Harris's requests to bring medical equipment (*i.e.*, needles, saline bags, an IV pole, etc.) and drugs to administer to her at home.

Ms. Harris's psychiatrist, Dr. Farooq Amin, and her primary care physician, Dr. Jeremy Janssen, also testified about Ms. Harris's mental and physical health in 2021, including her struggles with anxiety, depression, and weight loss. Both doctors prescribed

[1] We refer to Ms. Harris's mother and sister as Tina and Rachel, respectively, to avoid confusion. We mean no disrespect by doing so.

medications to Ms. Harris, often changing the medication or the dose to manage her mental health issues. Dr. Amin, however, refused to prescribe medications with addiction potential, such as diazepam, due to Ms. Harris's self-reported history of substance abuse.

A few of Ms. Harris's former Evolution colleagues, Nicole Panetti (Dr. Ryan's ex-fiancée who worked as a marketing director and occasional surgical assistant), Evie Fisher (the administrative manager), and Christine Wilson (a lead surgical assistant), testified as well. They explained the processes at Evolution for ordering, handling, and storing medications and for monitoring sedated patients. They also spoke of Ms. Harris's performance and duties at Evolution. Like her mother and sisters, Ms. Harris's coworkers noticed changes in her physical health over time, including increased fatigue and weight loss. Ms. Wilson said that Ms. Harris was often ill and that her attendance at work became increasingly sporadic over time until, according to Ms. Fisher, Ms. Harris stopped working at the office in either August or September 2021.

Ms. Fisher mentioned that Dr. Ryan sometimes worked at another dental office in Washington, D.C.—District Dental. Dr. Jeremi Arroyo, the owner of District Dental, testified that only Dr. Ryan or Ms. Harris would handle packages—some of which contained sedatives—that arrived at District Dental for Dr. Ryan. He also explained that Dr. Ryan stored sedatives in a locked cabinet that only Dr. Ryan could access. Dr. Arroyo later turned that cabinet over to law enforcement during the investigation into Ms. Harris's death.

The State introduced the 911 call that Dr. Ryan made on January 26, 2022 when he

found Ms. Harris unresponsive in their living room. Fire rescue responded to the call, and Cory Budziszewski, the lead paramedic, testified that he began life-saving measures at 7:00 a.m. Ms. Harris's condition didn't improve, however, and he pronounced her dead at 7:30 a.m. Officer James Baker of the MCPD responded to the scene as well. He testified that he spoke with Dr. Ryan while fire rescue tried to revive Ms. Harris. During this conversation, which was captured on Officer Baker's body-worn camera, Dr. Ryan disclosed that Ms. Harris had overdosed before and that Dr. Ryan had performed CPR to revive her.

Officer Baker testified that he remained at the scene until the lead detective, Timothy Ray, arrived. Once there, Detective Ray took several photos of the scene and obtained Ms. Harris's phone from Dr. Ryan. He said that he also spoke with Dr. Ryan and a few members of Ms. Harris's family and told them to reach out to him if they wanted to talk. Rachel later contacted Detective Ray and gave him a binder containing messages and emails between Dr. Ryan and Ms. Harris that, according to Detective Ray, became significant in developing probable cause for the search warrants that followed.

Detective Ray testified that he executed the *first* search warrant at Dr. Ryan's house on March 22, 2022. Jennifer Karschner, the technical leader of the crime scene unit for the MCPD's crime lab, assisted in this search. She collected several pieces of evidence, including an empty bottle of diazepam, a bottle of ketamine, two bottles of propofol, four bottles of midazolam, and syringes, among other items. Azize Joannes, the senior forensic scientist for the forensic chemistry unit of the MCPD crime lab and expert in the identification, analysis, and testing of controlled dangerous substances ("CDS"),

performed a chemical analysis of the evidence. She concluded that the ketamine bottle tested positive for ketamine, that one bottle of propofol contained both ketamine and propofol and the second contained only propofol, and that the one vial of midazolam that she tested contained midazolam.

Detective Ian Iacoviello, a detective in the pharmaceutical investigative unit of the MCPD and expert in pharmaceutical drug investigations and distributions, testified that he executed a *second* search warrant at Evolution on March 22, 2022. The State introduced some of the items that Detective Iacoviello seized, including Dr. Ryan's certifications, a box of medical supplies (*i.e.*, IV bags, tourniquets, syringes, etc.), and boxes, bottles, and pre-filled syringes of propofol, midazolam, and ketamine. Detective Iacoviello also educated the jury on how the federal Drug Enforcement Administration (the "DEA") regulates controlled substances like ketamine, diazepam, and midazolam.

Detective Iacoviello testified further that he and Detective Ray executed a *third* search warrant for Dr. Ryan's drug cabinet at District Dental in May 2022. According to Detective Ray, the cabinet contained ketamine, syringes (some pre-filled), and Arestin (an antibiotic). Detective Iacoviello testified that he returned to District Dental about ten days after they seized the cabinet to collect three large boxes of propofol.

Another MCPD detective, Vincent Sylvester, testified that he arrested Dr. Ryan on March 22, 2022, the same day that the other detectives searched Evolution and Dr. Ryan's home. Detective Sylvester said that he confiscated Dr. Ryan's wallet and iPhone. Then another detective, Christopher Massari, entered the phone into evidence. Garrett Swick, a

special agent for the Cellular Analysis Survey Team of the Federal Bureau of Investigations and expert in historical cellular record analysis, testified that he analyzed the historical cell data on Ms. Harris's and Dr. Ryan's phones, which showed when and where they contacted one another on the days before Ms. Harris overdosed. Two detectives from the MCPD's electronic crimes unit, Ryan Street and Michael Zito, whom the court accepted as experts in digital forensics examinations, testified about the data extractions that they conducted on Ms. Harris's and Dr. Ryan's devices. Detective Street explained that he extracted messages from Ms. Harris's laptop and created exhibits for trial. He said he conducted a digital extraction of Ms. Harris's iPhone as well, but it didn't yield as much information. Detective Zito testified that he extracted text messages, photos, and videos from Dr. Ryan's iPhone. But he wasn't able to extract any messages from before January 17, 2022, the date on which Dr. Ryan contacted Rachel and told her that he was going to be arrested for stealing drugs from Evolution and said to tell Ms. Harris not to say anything to the DEA or the police.

Dr. Ling Li, an assistant medical examiner for the Maryland Office of the Chief Medical Examiner (the "OCME") and expert in forensic pathology, testified about the autopsy that she performed on Ms. Harris on February 10, 2022. She said Ms. Harris, who was 5 feet, 6 inches tall, weighed only 83 pounds—"way below the standard normal weight." Dr. Li also testified that Ms. Harris had multiple, fresh puncture wounds on her right arm, but she couldn't tell if they were from self-injection or from life-saving efforts by the paramedics. Dr. Li said that she signed the initial autopsy report on March 2, 2022,

indicating that the cause of death was diazepam and ketamine intoxication. She later obtained an updated toxicology report that included a test for propofol, and on October 28, 2022, she signed an amended autopsy report that included propofol intoxication as part of the cause of death. Dr. Li certified the manner of Ms. Harris's death as "could not be determined" because she couldn't conclude definitively whether Ms. Harris's death was an accident, a suicide, or a homicide.

Dr. Rebecca Phipps, the chief toxicologist for the OCME and expert in forensic toxicology, testified about the substances found in Ms. Harris's system. She testified that the amount of diazepam and its byproduct, nordiazepam, found in Ms. Harris's blood was consistent with "chronic[,] regular use," but the reported concentration was unlikely to be fatal on its own. Dr. Phipps was concerned, however, about the level of ketamine in Ms. Harris's system, "especially in the absence of supportive care" designed to protect the patient's breathing and heart function. The concentration of propofol in Ms. Harris's blood, Dr. Phipps opined, could be therapeutic if administered in a controlled, medical setting with supportive care. Absent those conditions, however, that concentration could be fatal. Dr. Phipps concluded that the concentrations of ketamine, propofol, and diazepam in Ms. Harris's system could have caused fatal intoxication due to the combination of those drugs and the lack of medical monitoring at the time they were administered.

Dr. Gary Warburton, an expert in oral and maxillofacial surgery, added to Dr. Phipps's testimony on ketamine, propofol, diazepam, and midazolam. He explained the licensing and safety requirements a provider must follow to administer sedatives like

ketamine and propofol. And he echoed Dr. Phipps's warnings that ketamine and propofol must be administered in a medical setting where monitoring and emergency equipment are available. The State introduced several exhibits during Dr. Warburton's testimony that demonstrated Dr. Ryan's education, training, and licensing, such as his doctorate in dental surgery, his board-certification as an oral and maxillofacial surgeon, and his license to administer CDS.

Finally, the State called Janice Miller, a licensed, clinical social worker ("LCSW-C"), to testify as an expert in power dynamics in intimate relationships. The State asked Ms. Miller questions against a hypothetical that mirrored the relationship between Ms. Harris and Dr. Ryan: where a patient who was twenty to twenty-five years younger than their doctor became an employee of that doctor, then began a romantic relationship with the doctor, then moved in with the doctor, and the doctor paid for all the expenses in the relationship. Ms. Miller opined on the increasingly problematic nature of this hypothetical relationship, explaining that the younger partner would have less and less power in the relationship, creating the potential for abuse. Ms. Miller explained that the less powerful partner in this relationship (the patient) may turn to drugs "to mitigate the effects of the control that they're experiencing[,] . . . to forget about certain experiences, [or] to address some of the real physical or psychological pain that they're feeling." On the flip side, the more powerful partner in this relationship (the doctor) may supply drugs to the less powerful partner as another means of maintaining and increasing their level of control in the relationship. Ms. Miller testified that in such a situation, the less powerful partner likely

would have a hard time saying no to the drugs that the more powerful partner offered.

Dr. Ryan waived his right to testify and called three witnesses of his own. Lieutenant Andrew McCarter, the officer in charge of the rescue crew that responded to Dr. Ryan's 911 call, testified *first*. He testified that while he was searching for Ms. Harris's identification in the house, as the rescuers hadn't yet identified her, he found vials of midazolam and other drugs in her purse on the kitchen counter. He clarified, however, that the vials "were at the top level of things" in the purse, like someone had just thrown them into the purse. Stewart Malin, one of Ms. Harris's former friends, testified *next*. He said that he used drugs with Ms. Harris in the past and that in December 2021, she messaged him via Instagram asking him for cocaine. Mr. Malin said he didn't provide cocaine to Ms. Harris, and he wasn't sure if she ended up obtaining it elsewhere. *Lastly*, Dr. Ryan's son's fiancée, Sierra Decuitiis, testified about her brief interactions with Dr. Ryan and Ms. Harris, saying they looked comfortable and happy when they attended Dr. Ryan's nephew's wedding in October 2021.

The parties provided lengthy closing arguments on August 25, 2023, and the jury reached a verdict that afternoon, finding Dr. Ryan guilty on all five counts. On January 3, 2024, the court sentenced Dr. Ryan to a total of forty-five years' incarceration, with credit for 653 days served.[2] Dr. Ryan filed a timely appeal on January 12, 2024.

[2] For second-degree murder, Dr. Ryan received a sentence of forty years' imprisonment, with credit for 653 days served. The court merged his involuntary manslaughter conviction with his second-degree murder conviction. For possession with intent to

Continued . . .

II. DISCUSSION

Dr. Ryan presents two questions for our review which we have rephrased:

1. Was the evidence sufficient to support his convictions for involuntary manslaughter and second-degree murder?

2. Did the trial court abuse its discretion when it allowed Ms. Miller to testify as an expert in power dynamics in intimate relationships?[3]

We hold *first* that the evidence was sufficient to support Dr. Ryan's convictions for involuntary manslaughter and second-degree murder and *second* that the circuit court did not err when it allowed Ms. Miller to testify as an expert in power dynamics in intimate relationships.

A. The Evidence Is Sufficient To Support Dr. Ryan's Convictions For Involuntary Manslaughter And Second-Degree Murder.

Dr. Ryan argues *first* that the evidence was insufficient to support his conviction for

distribute midazolam, he received five years' imprisonment to run concurrently with his forty-year sentence. For distribution of ketamine, he received five years' imprisonment to run consecutively with his forty-year sentence. And for distribution of diazepam, Dr. Ryan received five years' imprisonment to run concurrently with his five-year sentence for distribution of ketamine.

[3] Dr. Ryan stated the Questions Presented in his brief as follows:

1. Was the evidence legally insufficient to support Appellant's convictions for murder and manslaughter?
2. Did the lower court abuse its discretion in allowing expert testimony on the power dynamics in intimate relationships? The State rephrased the Questions as follows:
3. Did the evidence suffice to sustain Ryan's convictions for manslaughter and murder?
4. To the extent considered, did the trial court properly exercise its discretion in admitting expert testimony on power dynamics in intimate relationships?**)**

involuntary manslaughter because the State failed to prove that he acted with indifference to Ms. Harris's health, that his actions caused Ms. Harris's death, or that Ms. Harris's death was a foreseeable result of his actions. He concedes that he took drugs from Evolution and gave them to Ms. Harris to consume at their home, but he argues that he did so out of concern for her well-being, not with indifference to the potential consequences. He argues further that his earlier acts of supplying Ms. Harris with drugs were not the but-for cause of her death and that, even if he had provided the ketamine that she had requested on the day before she died, "it was not foreseeable that she would take so much of it and in lethal combination with the two other drugs found in her system." *Second*, Dr. Ryan argues that the evidence was insufficient to support his conviction for second-degree murder because the State failed to prove that he acted with extreme disregard for Ms. Harris's life or that his actions were likely to cause her death. He claims that "[p]roviding [Ms.] Harris with anti-anxiety drugs and sedatives routinely used in oral surgery . . . did not demonstrate an extreme disregard for human life reasonably likely to cause death." According to Dr. Ryan, he was trying to help Ms. Harris and "took affirmative measures to mitigate the risks involved" in giving her those drugs.

The State argues in response that the evidence was sufficient to sustain both Dr. Ryan's involuntary manslaughter and murder convictions. As to the former, the State contends that evidence of Dr. Ryan's knowledge of the drugs that he brought home to Ms. Harris and his familiarity with her health and substance abuse issues shows that he knew but ignored the risks involved with giving her those drugs. Additionally, the State claims

that there was ample evidence showing that Dr. Ryan provided Ms. Harris with the drugs that caused her death regardless of whether he administered the fatal dose, and that he was aware of the possibility that she could overdose. As to his murder conviction, the State argues that "[r]epeatedly providing [Ms. Harris] anesthetic drugs without safety protocols when she had already overdosed" in the past constituted extreme disregard for her life and thus met the standard for depraved heart murder. We hold that the evidence was sufficient to sustain both convictions.

The "'critical inquiry'" in a sufficiency analysis "'is whether, after viewing the evidence [and any reasonable inferences supported by the evidence] in the light most favorable to the prosecution, *any* rational trier of fact could have found the essential elements of the crime beyond a reasonable doubt.'" *Smith v. State*, 415 Md. 174, 184 (2010) (*quoting Jackson v. Virginia*, 443 U.S. 307, 318–19 (1979)). In conducting this analysis, we acknowledge that the jury was in the best position to view the evidence and assess the credibility of the witnesses. *Id.* at 185. We defer to the jury's reasonable inferences, *id.*, and their "'ability to choose among differing inferences . . . .'" *State v. Manion*, 442 Md. 419, 431 (2015) (*quoting State v. Smith*, 374 Md. 527, 534 (2003)). Our role simply is to "determine whether [those inferences] are supported by the evidence." *Smith*, 415 Md. at 185.

This standard remains the same even though Dr. Ryan's convictions rest on circumstantial evidence alone. *See id.* 185–86 (citations omitted). Although circumstantial evidence must produce more than a "'strong suspicion'" that the defendant committed the

subject offense, *id.* at 185 (*quoting Bible v. State*, 411 Md. 138, 157 (2009)), "'generally, proof of guilt [beyond a reasonable doubt] based in whole or in part on circumstantial evidence is no different from proof of guilt based on direct eyewitness accounts.'" *Manion*, 442 Md. at 431–32 (*quoting Smith*, 374 Md. at 534). What matters is that the circumstantial evidence "'afford[s] the basis for an inference of guilt beyond a reasonable doubt.'" *Smith*, 415 Md. at 185 (*quoting Taylor v. State*, 346 Md. 452, 458 (1997)).

Dr. Ryan challenges the sufficiency of the evidence as to his involuntary manslaughter conviction. Involuntary manslaughter is "'the unintentional killing of a human being, irrespective of malice,'" by (1) committing an unlawful act that endangered life but didn't amount to a felony; (2) acting with gross negligence while committing a lawful act; or (3) negligently failing to perform a legal duty. *Beckwitt v. State*, 477 Md. 398, 429–30 (2022) (*quoting State v. Thomas*, 464 Md. 133, 152 (2019)). To sustain a conviction under the second category, the State must prove that the defendant's conduct "'amounted to a disregard of the consequences which might ensue and indifference to the rights of others, and so was a wanton and reckless disregard for human life,'" *id.* at 432 (*quoting State v. Albrecht*, 336 Md. 475, 500 (1994)), and that the defendant, or a reasonable person under similar circumstances, should have been aware of the risk to human life. *Id.* (*citing Thomas*, 464 Md. at 153). Additionally, the State must prove that the defendant's conduct was both the actual and legal cause of the victim's death. *Id.* at 430 (*citing Thomas*, 464 Md. at 152). Actual causation exists in this context when the

victim would not have died but for the defendant's grossly negligent conduct. *Id.* at 430 (*citing Thomas*, 464 Md. at 174). Legal causation exists when the victim's death was a foreseeable result of the defendant's grossly negligent conduct. *McCauley v. State*, 245 Md. App. 562, 575 (2020) (*citing Pittway Corp. v. Collins*, 409 Md. 218, 246 (2009)).

In *State v. Thomas*, 464 Md. 133 (2019), the Maryland Supreme Court upheld Mr. Thomas's gross negligence involuntary manslaughter conviction for selling heroin to Mr. Matrey, who later overdosed and died. *Id.* at 140, 180. To analyze whether Mr. Thomas acted with a wanton and reckless disregard for human life, the Court looked at factors relating to his experience as a drug dealer and to Mr. Matrey's vulnerabilities. *Thomas*, 464 Md. at 169–170. The Court determined that Mr. Thomas was a "systematic and sustained heroin distributor" and user who knew of the inherent dangers associated with using heroin. *Id.* at 168, 170. And that Mr. Thomas knew or should have known that Mr. Matrey was "desperate" for heroin and that the risk of him overdosing was higher because Mr. Thomas had sold drugs to Mr. Matrey before and knew he was an addict; Mr. Thomas knew Mr. Matrey was a "'young boy'" who recently had been incarcerated; Mr. Matrey called Mr. Thomas approximately twenty-eight times in twenty-two minutes to ask for heroin; and Mr. Matrey asked to meet Mr. Thomas at an unusual time compared to their previous meetings. *Id.* at 169–70. The Court found it significant as well that Mr. Thomas didn't know the composition of the heroin that he sold to Mr. Matrey, didn't know what other drugs Mr. Matrey had taken or planned to take that day, and didn't know about Mr. Matrey's tolerance for the drugs. *Id.* at 171. Failure to obtain that information, the Court

said, constituted "'indifference to [the] consequences' that may result." *Id.* (*quoting Albrecht*, 336 Md. at 500).

With regard to actual causation, the Court explained that although the toxicology report listed Mr. Matrey's cause of death as "alcohol and narcotic (free morphine) intoxication," *id.* at 147, the evidence (*i.e.*, Mr. Matrey's blood alcohol content and the amount of heroin he consumed) demonstrated that Mr. Matrey wouldn't have died if he hadn't consumed the heroin that he purchased from Mr. Thomas. *Id.* at 176–78. Even if Mr. Thomas's grossly negligent conduct wasn't the *sole* cause of Mr. Matrey's death, it was a but-for cause. *Id.* at 178. As for legal causation, the Court concluded that Mr. Matrey ingesting the heroin was a foreseeable result of Mr. Thomas supplying it to him, and Mr. Matrey's overdose was a foreseeable result of his ingesting the heroin. *Id.* at 179–80. The fact that Mr. Matrey consumed the heroin himself, the Court explained, did not absolve Mr. Thomas of responsibility for selling the heroin to Mr. Matrey. *Id.* at 170 ("[C]ontributory negligence is not a defense to involuntary manslaughter.").

Dr. Ryan also challenges the sufficiency of the evidence to support his conviction for second-degree depraved heart murder. Depraved heart murder is the "'willful doing of a dangerous and reckless act with wanton indifference to the consequences and perils involved . . . .'" *Beckwitt*, 477 Md. at 467 (*quoting Robinson v. State*, 307 Md. 738, 744 (1986)). The key question in a depraved heart murder analysis is "'whether the defendant engaged in conduct that created a very high risk of death or serious bodily injury to others'" and did so "'under circumstances manifesting extreme indifference to the value of human

life.'" *Id.* (*quoting In re Eric F.*, 116 Md. App. 509, 519 (1997)). Comparatively speaking, the *mens rea* for depraved heart murder (*i.e.*, extreme indifference to the value of human life) is slightly higher than that of gross negligence involuntary manslaughter (*i.e.*, wanton and reckless disregard for human life). *See Thomas*, 464 Md. at 159–60 (citations omitted); Charles E. Moylan, Jr., *Criminal Homicide Law* § 6.4 (Westlaw, 2002) (describing gross negligence involuntary manslaughter as the "junior varsity" version of depraved heart murder).

Beckwitt v. State, 477 Md. 398 (2022), provides a helpful comparison between gross negligence involuntary manslaughter and depraved heart murder. There, Mr. Beckwitt had hired Mr. Khafra to dig tunnels underneath his house. *Id.* at 412. Mr. Beckwitt required Mr. Khafra to remain locked in the tunnels and cluttered basement for days at a time while he worked, and he could communicate with Mr. Beckwitt only using Google applications. *Id.* at 413. Mr. Beckwitt provided electricity and air flow to the tunnels via several extension cords and power strips that had failed in the past and had caused power outages in the home. *Id.* at 413, 473–74. One morning, Mr. Khafra messaged Mr. Beckwitt to notify him that the power went out and that there was smoke in the tunnels. *Id.* at 414. Mr. Beckwitt didn't respond or address the outage until several hours later, when he switched the power to another circuit. *Id.* The power went out again that afternoon, and Mr. Beckwitt tried resetting the breaker, but then a fire broke out in the kitchen. *Id.* He yelled to warn Mr. Khafra, unlocked the basement door so that Mr. Khafra could escape, then exited the home. *Id.* at 414–15. Mr. Khafra was unable to escape and died in the basement. *Id.* at 415.

The Court held that a reasonable juror could have concluded that Mr. Beckwitt created a dangerous environment for Mr. Khafra, *id.* at 440; that he increased the risk of harm to Mr. Khafra by giving him no reliable means of contacting Mr. Beckwitt, no information on where the house was, and no clear path of escape in case of emergency, *id.* at 441–42; that Mr. Beckwitt's delayed reaction on the day of the fire demonstrated his indifference to "the consequences that may befall [Mr.] Khafra as a result of the power outages," *id.* at 444; and that overall, Mr. Beckwitt's conduct constituted a wanton and reckless disregard for human life. *Id.* at 446. On the other hand, the Court held that Mr. Beckwitt's conduct did *not* rise to the level of depraved heart murder—*i.e.*, "conduct that [was] likely, if not certain, to cause death" *id.* at 473 (cleaned up)—because the State didn't introduce evidence suggesting the tunnels were structurally unsafe; the clutter in the basement didn't pose an imminent threat to Mr. Khafra's safety; and Mr. Beckwitt's use of multiple extension cords despite his knowledge of prior power outages in his home didn't constitute conduct that was likely to cause death. *Id.* at 473–74. So, although Mr. Beckwitt's conduct was reckless, and the circumstances during the power outage—which Mr. Beckwitt had created—were unsafe, those conditions were not "reasonably likely, if not certain, to cause death." *Id.* at 474. The Court was unable, therefore, to say that a reasonable juror could have concluded beyond a reasonable doubt that Mr. Beckwitt acted with extreme indifference to human life. *Id.*

Conversely, in *In re Eric F.*, 116 Md. App. 509 (1997), the Court held that the evidence was sufficient to sustain the appellant's depraved heart murder conviction where

he had left the victim, unconscious and partially clothed, outside in cold, rainy weather, leading to her death. *Id.* at 512–13, 522. The Court determined that the appellant acted with extreme indifference to the victim's life because he left the victim in the cold with little clothing but clothed himself appropriately for the weather; urinated on her and laughed about it; failed to inform his mother of the victim's state and location despite acknowledging that the victim would likely "'freeze to death'" if she remained outside; and acted more concerned about getting caught drinking as a minor than about the victim's wellbeing. *Id.* at 521. Unlike Mr. Beckwitt's conduct and the resulting conditions in the tunnels in *Beckwitt*, the appellant's conduct and the resulting conditions in this case were likely, if not certain, to cause the victim's death, as the appellant recognized himself. *Id.*

Here, the State introduced a plethora of evidence demonstrating that Dr. Ryan's conduct satisfied the elements of both gross negligence involuntary manslaughter and depraved heart murder. To start, Dr. Warburton, Dr. Phipps, Dr. Li, and Detective Iacoviello provided expert testimony on the drugs found at the scene—ketamine, propofol, diazepam, and midazolam—and the dangers associated with them. As to the *first* drug, Dr. Warburton testified that ketamine is a dissociative anesthetic that makes a patient feel relaxed and detached from their surroundings and that it takes effect within a minute when administered intravenously. Dr. Phipps added that long-term use of ketamine can have negative effects, including bladder inflammation and memory impairment, and that some studies have suggested that ketamine may be addictive and can produce withdrawal effects. According to Detective Iacoviello, ketamine is a Schedule 3 controlled and

federally-regulated substance, meaning it has a "high threat of addiction and abuse . . . ." Dr. Warburton, Dr. Phipps, and Detective Iacoviello testified that ketamine is not available for prescription or self-administration because, as Dr. Phipps explained, "it could cause effects that could be life threatening. So you want it administered [in] a setting where there's going to be close medical monitoring and the availability of supportive care, if it's needed." Dr. Li confirmed that ketamine "should be used strictly in a hospital setting . . . ."

As to the *second* drug, Dr. Warburton explained that propofol is an anesthetic used for moderate to deep sedation. Like ketamine, it usually takes effect within a minute, but at high doses, it can cause the patient to drift off to sleep quickly and stop breathing. Dr. Phipps confirmed that the "onset of [propofol's] effects is very, very rapid," and she explained that propofol acts as a depressant that can cause "decreased respirations, . . . decreased consciousness[,] and loss of consciousness." Although according to Detective Iacoviello, propofol is not federally regulated, according to Dr. Phipps, it can be addictive and is subject to abuse, particularly by healthcare professionals with access to it. Again, Dr. Warburton, Dr. Phipps, and Detective Iacoviello testified that propofol is not available for prescription or self-administration, and Dr. Li stressed that it "should not ever be used outside of the hospital setting."

As to the *third* drug, Dr. Warburton testified that diazepam is a benzodiazepine—a class of primarily anti-anxiety medications—used for nerves and anxiety. Dr. Phipps testified that it has a calming effect that can help with anxiety, sleep issues, and tremors. She testified further that diazepam has addictive properties and can produce withdrawal

effects. Detective Iacoviello testified that diazepam is a Schedule 4 controlled and federally-regulated substance, meaning it has "high threat of addiction and abuse . . . ." Dr. Warburton, Dr. Phipps, and Detective Iacoviello testified that diazepam is available by prescription, and Dr. Phipps explained that "there should not be the need for supportive care" if diazepam is taken appropriately. Detective Iacoviello clarified, however, that it would not be prescribed by the 500-count bottle like the one seen at Dr. Ryan's and Ms. Harris's home. Dr. Li added that, if taken together, the combined effects of diazepam and ketamine can cause "profound sedation and death." Likewise, according to Dr. Li, a combination of propofol, ketamine, and diazepam can "cause profound strong sedation, and result [in] . . . coma and death."

Finally, as to the *fourth* drug, Dr. Warburton testified that midazolam is another benzodiazepine used to treat anxiety. He said it's not available in pill form like diazepam, but it wears off faster than diazepam. He added that midazolam is not available by prescription. According to Detective Iacoviello, midazolam is a Schedule 4 controlled and federally-regulated substance that has a "high threat of addiction and abuse . . . ."

In addition to the properties and effects of these drugs, Dr. Warburton testified about the safety protocols required to administer them. He testified that a dentist must have a license to administer sedatives (*e.g.*, ketamine and propofol) and that the location where the dentist administers those drugs also must have a permit through the state board of dental examiners. He testified as well that according to the Maryland State Board of Dental Examiners ("MSBDE"), a dental surgeon must have a certification in advanced cardiac life

support ("ACLS") to administer sedatives and that there must be at least one other surgical assistant present who is certified in basic life support and CPR. During sedation the medical staff must monitor the patient's vital signs and provide oxygen to the patient. The surgical unit must have a "crash cart" with emergency supplies in case the patient has an adverse reaction to the drugs, and the facility must have back-up power and lighting in case of a power outage. Dr. Warburton explained that the drugs mentioned above must be stored in a locked, secure cabinet accessible only to the doctor and the assistant staff. He also testified that the surgeon must keep a log documenting any "waste," or unused and discarded amounts, of these drugs.

The State then introduced evidence that Dr. Ryan knew of these drugs' effects and the required safety protocols and, consequently, knew of the risks of administering or ingesting such drugs without the proper protocols in place. Specifically, the State demonstrated that Dr. Ryan had obtained a doctorate in dentistry, completed a residency in maxillofacial surgery in 2010, and became a board-certified maxillofacial surgeon in 2012. He had a CDS license through the DEA that authorized him to prescribe narcotics and administer anesthetics, and he was ACLS certified. Ms. Wilson testified that when Dr. Ryan performed surgeries, he always had at least two, sometimes three, surgical assistants present—one to maintain the patient's airway, one to assist in charting, and another to retrieve supplies. Ms. Wilson explained that during surgeries at Evolution, the medical staff monitored the patients' vital signs and oxygen levels, and there was a crash cart in the office for emergencies. She said Dr. Ryan kept pre-drawn syringes of ketamine, propofol,

and midazolam in the sterilization room in a cabinet that, after the first surgical assistant to arrive unlocked it, remained unlocked during the day until the last assistant to leave locked it in the evening. He had another locked cabinet containing drugs in his personal office, but only he and Ms. Harris had access to that cabinet. In sum, Dr. Ryan's credentials and adherence to regulations regarding the administration and storage of these drugs proved that he was knowledgeable about the effects and risks associated with these drugs and the need for extensive safety protocols. As the State put it, Dr. Ryan "was not an uninformed layman."

The State also introduced evidence that Ms. Harris struggled with mental health and substance abuse issues. Tina testified that Ms. Harris dealt with mental health issues in middle and high school and that she went to therapy briefly. And Dr. Amin testified that he started providing psychiatric services to Ms. Harris in May 2021 due to symptoms of depression, anxiety, and irritability. He diagnosed Ms. Harris with bipolar disorder type-II and prescribed various combinations and dosages of medications to try to stabilize her mood and address her anxiety and depression. Dr. Amin said that Ms. Harris requested, but he refused to prescribe, benzodiazepines (*e.g.*, diazepam, midazolam) because she had disclosed her history of substance abuse—specifically of hallucinogens and cocaine—and her then-current use of cannabis, so he "wanted to avoid any potentially addictive prescription medication." Additionally, Dr. Li testified that the in-house forensic investigator for the OCME reported that Ms. Harris had a history of depression and anxiety and that she was a drug abuser. Dr. Li stated further that, "according to a person who knows

Ms. Sarah Harris . . . she would put her hand on anything she could have, basically, to abuse the drugs."

The State then introduced evidence showing that Dr. Ryan knew about Ms. Harris's mental health and substance abuse issues and, consequently, the dangers of giving her potentially addictive sedatives and anti-anxiety drugs. The State provided text messages between Tina and Dr. Ryan in which they discussed Ms. Harris's depression, anxiety, and substance abuse issues. The State also introduced texts between Dr. Ryan and Ms. Harris spanning February 2021 to January 2022, in which Ms. Harris frequently described her anxiety and troubled mental state to Dr. Ryan and regularly asked him to bring home ketamine, propofol, and midazolam. According to Tina, Dr. Ryan connected Ms. Harris with Dr. Amin for psychiatry services, and Dr. Ryan mentioned emailing Dr. Amin in texts with Tina and Ms. Harris. Dr. Ryan also mentioned to Officer Baker that Ms. Harris had overdosed previously and that Dr. Ryan had revived her by performing CPR.

In addition to her mental state, the State introduced evidence indicating that Ms. Harris's physical health declined steadily throughout 2021. Tina testified that in September 2021, she started to notice that Ms. Harris was losing weight and wasn't eating as much, that she had bad acne even though she hadn't struggled with it in the past, that she wore long sleeves even when it was hot outside, and that she was tired all the time. In October 2021, while on a family trip in Florida, Tina observed that Ms. Harris seemed distressed and "extremely tired" and that she wore long sleeves despite the heat. Rachel testified that starting around October 2021, Ms. Harris became "gaunt looking," like a "skeleton," and

that she had bad acne. She observed that Ms. Harris's "light was leaving" and that she wasn't as "bubbly and bright" as she normally was. Rachel also said that Ms. Harris was tired, lethargic, disoriented, and disheveled whenever Rachel saw her. Tina and Rachel both testified that on October 28, 2021, they went to Ms. Harris's and Dr. Ryan's home and found Ms. Harris disheveled, incoherent, barely able to stand, and slurring her words. Tina also found several needle marks and bruises on Ms. Harris's arms. The inside of the home was a mess with medication bottles, IV bags, and needles strewn about. They also saw bloody footprints and paper towels on the ground, blood in the sink, and blood-soaked paper towels in the trash. Rachel came upon a similar scene in the home on December 3, 2021.

The State then introduced evidence demonstrating that Dr. Ryan was aware of the decline in Ms. Harris's physical health during the months that he supplied drugs to her. When Tina and Rachel confronted him about the state of Ms. Harris and their home on October 28, Dr. Ryan said that he was helping her stay hydrated and giving her medication to help her sleep. He said that he'd been doing so only for a week, but texts between him and Ms. Harris show that he suggested injecting her with medication as early as February 2021. He later admitted that the drugs found in the home came from his office. When Tina confronted Dr. Ryan about the similar scene that Rachel found at the house on December 3, he said it was just a "slip up." He would go on to have multiple conversations with Tina and Rachel in which he acknowledged Ms. Harris's poor mental and physical state. Ms. Harris also messaged Dr. Ryan several times that she felt disoriented, sick, tired, and

dehydrated. They discussed Ms. Harris's concerning weight loss a few times. And on one occasion, Dr. Ryan told Ms. Harris that the combined effects of the drugs she was taking likely created the disorientation she was complaining of.

A reasonable juror could have concluded from this evidence that Dr. Ryan, a licensed surgeon who administered sedatives to patients regularly, knew the dangers associated with the improper use of ketamine, propofol, midazolam, and diazepam; that he knew about Ms. Harris's health and substance abuse issues (including the fact that she had overdosed before); and that he knew the risks of enabling Ms. Harris to use sedatives and anti-anxiety medications in a home environment without emergency equipment available and sometimes unsupervised. A reasonable juror then could have concluded that continuing to supply Ms. Harris with those drugs despite these known risks constituted a wanton and reckless disregard for her life. *See, e.g.*, *Thomas*, 464 Md. at 169–70 (affirming involuntary manslaughter conviction where defendant knew victim was young, had recently gone to prison, was a heroin addict, and was desperate for heroin, but defendant sold victim heroin anyway); *McCauley*, 245 Md. App. at 574 (affirming involuntary manslaughter conviction where defendant-drug dealer knew people, including herself, had overdosed on the heroin she sold, knew the heroin contained fentanyl, and should have known that she sold drugs containing a more potent form of fentanyl, but she sold heroin to the victim anyway).

A reasonable juror also could have concluded, based on the experts' testimonies, that the drugs Ms. Harris consumed could be fatal if used improperly or in an inappropriate setting and that Dr. Ryan understood those dangers from his education, training, and

licenses. A juror also could have concluded that Ms. Harris was more likely to overdose due to her compromised physical and mental state, her history of substance abuse, and her prior overdose, and that Dr. Ryan, both as a surgeon and as Ms. Harris's partner, knew the increased risk of death she faced if she continued using fast-acting anti-anxiety and anesthetic drugs. A reasonable juror then could have concluded that continuing to supply those drugs to Ms. Harris despite the heightened risk of overdose constituted conduct that was reasonably likely, if not certain, to cause death. *See, e.g.*, *In re Eric F.*, 116 Md. App. at 520–21 (affirming appellant's depraved heart murder conviction where he knew that victim likely would die if she remained outside in the cold, unconscious and partially clothed, but appellant left her there anyway); *Alston v. State*, 101 Md. App. 47, 53, 58 (1994) (affirming appellant's depraved heart murder conviction where he participated in a gun fight in a residential neighborhood because doing so "created a very high degree of risk of death or serious bodily injury to others," including the victim, who was shot and killed).

In addition to the *mens rea* elements of gross negligence involuntary manslaughter and depraved heart murder, a reasonable jury could have concluded that Dr. Ryan's conduct was the actual and legal cause of Ms. Harris's death. With regard to actual causation, Dr. Li certified that Ms. Harris died of ketamine, propofol, and diazepam intoxication. And text messages between Dr. Ryan and Ms. Harris revealed that he offered or agreed to provide various drugs to Ms. Harris many times. Indeed, on the day before Ms. Harris died, Dr. Ryan agreed to bring home ketamine for her. A reasonable juror could

have inferred from these texts that he supplied the ketamine that was found in her system. A reasonable juror also could have concluded that Dr. Ryan provided the propofol that was found in Ms. Harris's system because, according to Tina and Ms. Fisher, Ms. Harris stopped working at Evolution in either August or September 2021, and Dr. Ryan agreed several times via text to give Ms. Harris propofol after that time. Finally, a reasonable juror could have concluded that Dr. Ryan supplied the diazepam found in Ms. Harris's blood because Dr. Amin refused to prescribe diazepam to Ms. Harris, and Dr. Ryan's prescription logs, which Detective Iacoviello discussed during his testimony, showed that Dr. Ryan had prescribed diazepam to Ms. Harris. Taken together, a reasonable juror could have concluded that Dr. Ryan gave Ms. Harris the drugs that caused her to overdose and that, as a result, she wouldn't have died but for his actions of supplying those drugs to her. *See, e.g.*, *Thomas*, 464 Md. at 176–78 (appellant's act of selling heroin to victim was but-for cause of victim's death because evidence showed that victim wouldn't have died if he hadn't consumed the heroin he purchased).

Although it is possible that Ms. Harris obtained the drugs on her own or died by suicide, the evidence was sufficient for a jury to conclude reasonably that Dr. Ryan provided those drugs to Ms. Harris and that she did not intend to overdose when she consumed them. And it's up to the jury to choose among reasonable inferences. *See Ross v. State*, 232 Md. App. 72, 98 (2017) ("Even in a case resting solely on circumstantial evidence, . . . if two inferences reasonably could be drawn, one consistent with guilt and the other consistent with innocence, the choice of which of these inferences to draw is

exclusively that of the fact-finding jury and not that of a court assessing the legal sufficiency of the evidence.").

As for legal causation, although there was no direct evidence that Dr. Ryan injected Ms. Harris with the drugs that caused her overdose, and she may have self-administered the combination of substances that caused her death, there was ample evidence from which a reasonable juror could have concluded that Dr. Ryan *provided* those drugs to Ms. Harris, including on the day before her death. And Ms. Harris's act of taking the drugs that Dr. Ryan gave her (if indeed she did so without Dr. Ryan's help) does not relieve Dr. Ryan of responsibility for having supplied those drugs to her, particularly where he knew the drugs' potentially fatal effects. *See, e.g.*, *Thomas*, 464 Md. at 175–76 (victim's act of ingesting heroin didn't absolve appellant of responsibility for selling that heroin to victim); *McCauley*, 245 Md. App. at 575–76 (same); *Mills v. State*, 13 Md. App. 196, 201–02 (1971) (friend's act of slapping away the loaded gun that appellant had pointed at his face may have contributed to gun falling, discharging, and killing victim, but that act didn't relieve appellant of responsibility for bringing a loaded gun to dance and handling it among a group of youths who were drinking alcohol).

At bottom, the evidence was sufficient to sustain Dr. Ryan's convictions for involuntary manslaughter and second-degree murder.

B. The Court Did Not Abuse Its Discretion When It Allowed Ms. Miller To Testify As An Expert In Power Dynamics In Intimate Relationships.

Next, Dr. Ryan contends that the court erred when it permitted Ms. Miller to testify

as an expert in power dynamics in intimate relationships. He argues that (1) Ms. Miller was not qualified to testify as an expert on that topic; (2) she exceeded the scope of her expert designation; (3) her testimony was not relevant; (4) even if her testimony was relevant, its probative value was outweighed by the risk of unfair prejudice to Dr. Ryan; and (5) the court's error in allowing her to testify was not harmless. We hold *first* that Ms. Miller was qualified to opine on power dynamics in intimate relationships; *second* that she didn't testify beyond the scope of her expert designation; and *third* that her testimony was relevant, and its probative value was not outweighed by any prejudice to Dr. Ryan.

1. The court did not abuse its discretion in qualifying Ms. Miller as an expert in power dynamics in intimate relationships.

Dr. Ryan argues *first* that Ms. Miller wasn't qualified to opine as an expert in power dynamics in intimate relationships. The State claims that Dr. Ryan failed to preserve this challenge because he only mentioned Ms. Miller's qualifications briefly when arguing his motion *in limine* to exclude her testimony. On the merits, the State argues that Ms. Miller had ample education and experience as a licensed clinical social worker who worked with domestic violence victims to testify as an expert in power dynamics in intimate relationships. We conclude that Dr. Ryan preserved this issue for appeal and that the court didn't abuse its discretion in qualifying Ms. Miller as an expert in power dynamics in intimate relationships.

a. Dr. Ryan preserved this challenge for appeal.

Maryland Rule 8-131(a) requires an issue to have been "raised in or decided by the trial court" for that issue to be preserved for appeal. For issues other than admissibility, "it

is sufficient that a party, at the time the [challenged] ruling or order is made or sought, makes known to the court the action that the party desires the court to take or the objection to the action of the court." Md. Rule 4-323(c).

Dr. Ryan filed a pre-trial motion *in limine* to preclude Ms. Miller from testifying as an expert in power dynamics. The court held a motions hearing on June 16, 2023, at which Dr. Ryan argued that the court should not permit Ms. Miller to testify and that it should limit any discussion of domestic violence during the trial. Although much of the argument centered on what terms Ms. Miller may or may not use if she testified, Dr. Ryan made clear that he was challenging Ms. Miller's "ability to opine at all . . . ." The court deferred ruling on the admissibility of her testimony until the State provided more information on the topics she would discuss.

The court revisited Dr. Ryan's motion at a hearing on July 21, 2023. The court characterized his motion as "seeking to strike [Ms.] Miller's testimony as a witness for the State," and Dr. Ryan confirmed that his position was that Ms. Miller "should not be permitted to testify":

> [F]or all the reasons we discussed at the prior hearing, *[Ms. Miller is] not an appropriate person, certainly in a case in chief, to offer this opinion.* Nor I — and I think I guess we'll deal with this at a later point, whether she's qualified to offer the opinions and the scope of those opinions. So we would renew our motion to exclude her as an expert in this case.

(Emphasis added). The court found that Ms. Miller, a LCSW-C, likely would have treated people who had been in controlling relationships with power imbalances and ruled that her testimony was admissible.

On August 23, 2023, just before Ms. Miller took the stand to testify, Dr. Ryan renewed his motion and arguments to preclude her testimony. He argued as well that there was "nothing in [Ms. Miller's curriculum vitae ("CV")] regarding coercive control" and that "[s]he doesn't, even, according to her CV, provide counseling to alleged domestic violence victims." The court reaffirmed its ruling denying the motion. Then, when the State offered Ms. Miller as an expert, the court asked defense counsel if there was "[a]ny issue on this other than what we've already discussed." Defense counsel said, "[o]ther than what we've already discussed, no." The court overruled those objections and accepted Ms. Miller as an expert.

Dr. Ryan argued multiple times that Ms. Miller was not qualified to testify as an expert on power dynamics in intimate relationships, including on the day of her testimony, and preserved that challenge for appeal.

b. Ms. Miller was qualified to testify as an expert in power dynamics in intimate relationships.

We turn now to the merits. Under Maryland Rule 5-702, before admitting expert testimony, the trial court must determine "(1) whether the witness is qualified as an expert by knowledge, skill, experience, training, or education, (2) the appropriateness of the expert testimony on the particular subject, and (3) whether a sufficient factual basis exists to support the expert testimony." "'[A] witness may be competent to express an expert opinion if he is reasonably familiar with the subject under investigation, regardless of whether this special knowledge is based upon professional training, observation, actual experience, or any combination of these factors.'" *Blackwell v. Wyeth*, 408 Md. 575, 618–

19 (2009) (*quoting Radman v. Harold*, 279 Md. 167, 169 (1977)). In determining whether a purported expert witness is qualified, "it is sufficient if the court is satisfied that the expert has in some way gained such experience in the matter as would entitle his evidence to credit." *Id.* at 619 (cleaned up). On appeal, we will reverse a trial court's determination on the qualifications of an expert only if "'it is founded on an error of law or some serious mistake, or if the trial court clearly abused its discretion . . . .'" *Id.* at 618 (*quoting Radman*, 279 Md. at 173).

Before the court qualified her as an expert, Ms. Miller testified that she earned a bachelor's degree in psychology in 1993, a master's degree in social work in 1996, and a master's degree in public health in 2021. She became a LCSW-C in 2001, and her license was still current at the time of her testimony. She testified that in 2013 she obtained a certification that enabled her to "administer and interpret the Danger Assessment,"[4] and in 2021, she became certified in injury and violence prevention. At the time of the trial, she was working at the Technical Assistance Collaborative—a "housing and homelessness national consulting organization"—and was self-employed "doing work around Gender-Based violence." Before that, she worked at the House of Ruth—"Maryland's largest provider of intimate partner violence and sexual violence services in four jurisdictions . . . ." And before that, she worked for the Council Against Domestic Assault

[4] "The Danger Assessment helps to determine the level of danger an abused woman has of being killed by her intimate partner. . . . Using the Danger Assessment requires the weighted scoring and interpretation that is provided after completing the training." *The Danger Assessment*, https://www.dangerassessment.org [https://perma.cc/F4C7-U6YA] (last visited July 2, 2025).

in Michigan and for a sexual assault hotline through Michigan State University. She explained that for most of her career, she worked in the field of gender-based violence, including "hotlines, shelters, creating housing programs, providing counseling or support or creating policy around issues of homelessness, intimate partner violence, sexual violence, power dynamics, and generally power-based violence." And she testified that over the course of her career, she had interacted with over 3,000 clients.

Ms. Miller also testified that she is a coauthor on seven research studies, lectures routinely at universities, and presents at conferences, including the International Conference on Violence, Abuse and Trauma; the National Coalition Against Domestic Violence; the National Network to End Domestic Violence; and others. When asked about her experience in power dynamics, Ms. Miller explained that gender-based violence is "one piece of power-based violence that occurs, and that's where most of [her] experience has been." Her work has covered intimate partner violence, stalking and trafficking, social determinants of health and income inequalities, and homelessness. She has testified as an expert in her field about five or six times, and in all those instances, she offered testimony on coercive control and power dynamics. Ultimately, the court accepted her as an expert in the field of power dynamics in intimate relationships.

We see no abuse of discretion in this ruling. According to her testimony, Ms. Miller's experience covers a variety of issues related to intimate relationships, abuse, and domestic violence. She has provided expert testimony in the past on the topic for which the State offered her in this trial: power dynamics in intimate relationships. Although her

education and experience cover a broader area of expertise than just power dynamics, her testimony revealed that she has had exposure to issues of power imbalances and coercive control through her observations, trainings, and work. *See In re Adoption/Guardianship No. CCJ14746*, 360 Md. 634, 647 (2000) ("The trial court is free to consider any aspect of a witness's background in determining whether the witness is sufficiently familiar with the subject to render an expert opinion, including the witness's formal education, professional training, personal observations, and actual experience."). The circuit court did not abuse its discretion in finding that Ms. Miller was qualified to testify as an expert in power dynamics in intimate relationships.

2. The court did not err in allowing Ms. Miller to testify on whether a healthcare provider violated their professional code of ethics, abuse, and traumatic experiences.

Second, Dr. Ryan argues that Ms. Miller testified beyond the scope of her expert designation when she testified about a medical professional's code of ethics, abuse and abusive relationships, and the physical effects of traumatic experiences. The State counters that Dr. Ryan didn't preserve these issues for appeal because he didn't lodge contemporaneous objections to the challenged testimony. On the merits, the State contends that Ms. Miller testified within the bounds of her expert designation. We conclude that Dr. Ryan preserved these issues for appeal and that the court did not err in allowing Ms. Miller to provide the challenged testimony.

a. Dr. Ryan preserved these challenges for appeal.

We begin again with the State's non-preservation argument. Maryland Rule 4-323(a) requires a party to lodge their objection to the admission of evidence "at the time

the evidence is offered or as soon thereafter as the grounds for objection become apparent. Otherwise, the objection is waived." When a party moves *in limine* to exclude certain evidence, and the court *denies* the motion (*i.e.*, admits the evidence), the objecting party still must make a contemporaneous objection when the evidence is introduced at trial. *See Reed v. State*, 353 Md. 628, 638 (1999) (citation omitted). When the court's ruling admitting contested evidence occurs close in time with the introduction of that evidence at trial, however, the objecting party need not repeat their objection when the evidence is introduced to preserve the issue for appeal. *See, e.g.*, *Watson v. State*, 311 Md. 370, 372 n.1 (1988) (defense didn't object when contested evidence was introduced, but admissibility issue was preserved because trial court reiterated denial of motion *in limine* immediately before the State introduced the contested evidence: "requiring [defendant] to make yet another objection only a short time after the court's ruling to admit the evidence would be to exalt form over substance"); *Jamsa v. State*, 248 Md. App. 285, 299–300, 310–11 (2020) (defense didn't object during testimony, but admissibility issue preserved because court denied defense's motion *in limine* immediately before contested testimony came in, and "it would have been an exercise in futility to require defense counsel to reiterate his objection inasmuch as it has so recently been overruled").

Dr. Ryan contends that Ms. Miller exceeded the scope of her expert designation *first* when she testified that a person who is a medical professional and provided drugs to their younger, less powerful partner "clearly didn't follow" the code of ethics of their profession. Ms. Miller had mentioned medical professionals' code of ethics in her opinion letter in

response to the State's proposed question about power dynamics in doctor-patient relationships. And immediately before Ms. Miller testified, Dr. Ryan challenged her ability to opine on his adherence or non-adherence to a professional code of ethics, arguing that she was not a dentist or a doctor and, therefore, was "not qualified to testify about that." The court reaffirmed its ruling denying his motion *in limine* and implemented no further restrictions on Ms. Miller's testimony other than the prohibition against domestic violence-related terms. Because Dr. Ryan raised this argument, and the court rejected it, just before Ms. Miller testified, it would have been "an exercise in futility" to require Dr. Ryan to raise that objection again when the testimony occurred. *Jamsa*, 248 Md. App. at 311.

Second, Dr. Ryan challenges Ms. Miller's testimony on abuse and abusive relationships. At the June motions hearing, the court ruled that Ms. Miller couldn't use the term "domestic violence" or like terms during her testimony, as there were no allegations of physical abuse in this case and because language to that effect might inflame the jury's prejudices. Dr. Ryan remained concerned about the impact of testimony on "power and control that is domestically abusive," even if Ms. Miller didn't say the words "domestic violence." He reiterated this concern at the July hearing. The State said it wouldn't ask Ms. Miller about *physical* abuse but that it would ask her about psychological and emotional abuse. Dr. Ryan argued again that any testimony on abuse could cause the jury to believe this case involved allegations of domestic violence. On the day of Ms. Miller's testimony, Dr. Ryan renewed his prior objections. He added that Ms. Miller's testimony was irrelevant

because it would touch on "violence, abuse, [and] control," even though domestic violence wasn't at issue here. And he said that "even just entering Ms. Miller's [CV] would be prejudicial to [Dr. Ryan] because all of her experience is concerning domestic violence." The court didn't have a problem with the fact that power dynamics "could be viewed as an area of abuse," but reiterated its ruling that the State and Ms. Miller must steer clear of domestic violence-related terminology. Overall, Dr. Ryan raised this issue in the trial court multiple times, and requiring him to object again after the court had just rejected his argument and reaffirmed its ruling would have been superfluous. *See id.*

Lastly, Dr. Ryan challenges Ms. Miller's testimony on the physical effects of traumatic experiences. Just before Ms. Miller testified, Dr. Ryan objected to portions of her proposed testimony set out in her opinion letter. In that letter, Ms. Miller discussed the physical effects of trauma in response to the State's question about whether physical deterioration can be a sign of an abusive relationship. She mentioned the "Adverse Childhood Experiences study," stating that it reported "strong correlations between experiencing trauma as children and" increased risks of various diseases. Dr. Ryan argued that, according to her CV, Ms. Miller had "no experience with adverse childhood experiences. And there's been no evidence that Ms. Harris has suffered from adverse childhood experiences." The court rejected these arguments and reaffirmed its ruling on the motion. We are satisfied that this objection applied to Ms. Miller's testimony on the physical effects of traumatic experiences. And because the court ruled on the objection immediately before Ms. Miller testified, a second objection at the time of the challenged

testimony was unnecessary for preservation purposes. *See id.*

b. Ms. Miller's testimony did not exceed the scope of her expert designation.

And now the merits. Once the court accepts a witness as an expert in a certain area, the expert must limit their testimony to the "areas where he or she has been qualified and accepted." *In re Yve. S.*, 373 Md. 551, 613 (2003). When an expert witness "strays beyond the bounds of those qualifications into areas reserved for other types of expertise, issues may arise as to the proper admissibility of that testimony." *Id.* We review a trial court's decision to admit evidence for abuse of discretion. *State v. Galicia*, 479 Md. 341, 389 (2022).

First, Dr. Ryan claims Ms. Miller wasn't qualified to testify about whether a medical professional who provided drugs to their younger partner violated their professional code of ethics. We agree that Ms. Miller testified beyond the scope of her expert designation when she offered this opinion; she isn't a medical professional and doesn't have the background necessary to opine on a medical professional's code of ethics. Considering the abundance of evidence implicating Dr. Ryan in Ms. Harris's death (discussed in detail above), however, we are convinced that this opinion did not influence the jury's verdict and that the court's error in allowing this testimony was harmless. *See Dorsey v. State*, 276 Md. 638, 659 (1976) (a trial court's error is harmless if appellate court concludes beyond a reasonable doubt that the error "in no way influenced the verdict"). There isn't any dispute that Dr. Ryan's conduct breached his professional boundaries, both in general and in the context of his relationship with Ms. Harris, and we are persuaded that

the marginal impact, if any, of Ms. Miller saying so wouldn't have affected a reasonable juror's analysis in this case.

Second, Dr. Ryan argues that Ms. Miller exceeded the scope of her expert designation when she testified that a power imbalance becomes "abusive . . . if the less powerful partner is being harmed"; that "[t]he vast majority of abuse that occurs within a relationship is emotional, psychological"; that "the actual physical violence in relationships is just like the tip of the iceberg"; and that "certain cultures or religions really frame, in particular, that women have a responsibility to provide sex for their partners." Each of these statements concerns power dynamics and the exertion of control in intimate relationships. Ms. Miller was educating the jury on the concept of power dynamics, how it manifests in some relationships, and what it may look like in certain social spheres. These topics fall within her designation as an expert in power dynamics in intimate relationships, and we see no error in allowing her to provide this testimony. *See, e.g.*, *Covel v. State*, 258 Md. App. 308, 330 (2023) (expert in identification and operability of firearms didn't exceed scope of expert designation when he testified about microscopic comparisons between casings because the consistency between the markings on the casings is a topic that falls under firearms identification and operability).

Lastly, Dr. Ryan contends that Ms. Miller exceeded the bounds of her expert designation when she spoke about the physical effects of traumatic experiences. We disagree. Ms. Miller testified briefly about the physical and psychological impact that trauma can have on a person and explained that "being in a long-term relationship with

someone who is controlling and/or abusive can create the same effects as somebody who experienced other types of long-term trauma." Testimony on power dynamics and controlling relationships need not be limited to the existence or appearance of such dynamics but may include the effect of those dynamics on an individual. Ms. Miller's testimony on the adverse effects of trauma was connected to, and fell under the umbrella of, her testimony on power and control in relationships. *See id.*

3. Ms. Miller's testimony was relevant, and its probative value was not outweighed by the risk of unfair prejudice.

Finally, Dr. Ryan contends that Ms. Miller's testimony on power dynamics was not relevant and that, even if it was relevant, the probative value of her testimony was outweighed by its prejudice to him. We disagree on both accounts.

Whether evidence is relevant is a legal question that we review *de novo*. *Sewell v. State*, 239 Md. App. 571, 619 (2018) (*citing Williams v. State*, 457 Md. 551, 563 (2018)). Whether to admit relevant evidence, however, is a question that we review for abuse of discretion. *Williams*, 457 Md. at 563. "An abuse of discretion occurs where no reasonable person would take the view adopted by the circuit court." *Id.*

a. Ms. Miller's testimony was relevant.

Dr. Ryan claims Ms. Miller's testimony wasn't relevant because "there was no actual evidence that [Dr. Ryan] exerted control over [Ms.] Harris physically, emotionally, economically, or in any other respect." He argues further that Ms. Miller's testimony "was not relevant to any *disputed* issue in the case" because the jury didn't need to decide why Ms. Harris didn't leave Dr. Ryan to resolve this case. The State argues in response that in

addition to explaining why Ms. Harris didn't leave Dr. Ryan, Ms. Miller's testimony helped explain why Dr. Ryan acted with such disregard for Ms. Harris's wellbeing despite his claims that he loved her. Dr. Ryan's state of mind, the State claims, "was very much a disputed issue in the case," and Ms. Miller's testimony helped the jury decide whether he had the requisite *mens rea* for the charged offenses. We hold that Ms. Miller's testimony was relevant.

Evidence is relevant if it has "any tendency to make the existence of any fact that is of consequence to the determination of the action more probable or less probable than it would be without the evidence." Md. Rule 5-401. In other words, the offered evidence must "relate[] logically to a matter at issue in the case." *Snyder v. State*, 361 Md. 580, 591 (2000). A piece of evidence "'need not prove conclusively the proposition for which it is offered'" to be relevant; it can be one brick in the wall of a party's case and still reach the relevance threshold. *Smith v. State*, 423 Md. 573, 591 (2011) (*quoting* 1 *McCormick on Evidence* § 185, at 776 (4th Strong ed. 1992)).

Expert testimony must meet this relevancy standard, *see State v. Smullen*, 380 Md. 233, 268 (2004) (Rule 5-401 "applies not just to factual evidence but to expert testimony as well"), and it must "provide the fact-finder with appreciable help in resolving the issues presented in the case." *Sewell*, 239 Md. App. at 619 (cleaned up); *see also* Md. Rule 5-702 ("Expert testimony may be admitted, in the form of an opinion or otherwise, if the court determines that the testimony will assist the trier of fact to understand the evidence or to determine a fact in issue."). This helpfulness inquiry "turns on whether the testimony

would be useful to the jury, *not* 'whether the trier of fact could possibly decide the issue without the expert testimony.'" *Sewell*, 239 Md. at 619 (*quoting Sippio v. State*, 350 Md. 633, 649 (1998)). In *Sewell v. State*, 239 Md. App. 571 (2018), for example, we held that expert testimony on the duties and objectives of a police chief during an investigation was relevant to determining whether Mr. Sewell, who was charged with misconduct while serving as chief of police, acted with "corrupt intent" (an element of the charged offense). *Id.* at 583, 615–16, 620. The expert's testimony, we concluded, "was relevant because it could have shown that [Mr. Sewell's] actions were reasonable and proper in light of the special considerations a police chief confronts in exercising his or her discretion," which would've rebutted the State's corrupt intent argument. *Id.* at 620.

Here, the State had to prove, at minimum, that Dr. Ryan acted with a "'wanton and reckless disregard for human life'"—the *mens rea* element for gross negligence involuntary manslaughter. *Beckwitt*, 477 Md. at 432 (*quoting Albrecht*, 336 Md. at 500). As we explained above, Ms. Harris's vulnerabilities and Dr. Ryan's awareness of (or contribution to) those vulnerabilities are relevant to determining whether he satisfied this *mens rea* element. *See McCauley*, 245 Md. App. at 573. The State offered Ms. Miller's testimony on power dynamics to provide a potential explanation for why Ms. Harris didn't (or couldn't) leave a relationship "that clearly was damaging to her, toxic to her," and why Dr. Ryan, who claimed to love Ms. Harris, acted with such disregard for her health and safety. Although Ms. Miller's testimony alone wouldn't prove that Dr. Ryan acted with the requisite *mens rea*, when considered alongside other evidence demonstrating Ms. Harris's

vulnerable state and Dr. Ryan's knowledge—not only as a dentist who administered the drugs regularly, but as a partner who witnessed and discussed Ms. Harris's health and substance abuse issues often—Ms. Miller's testimony "related logically" to the *mens rea* issue in this case. *See Snyder*, 361 Md. at 591.

Ms. Miller's testimony also was helpful to the jury. To be sure, some jurors may have had experience with controlling or abusive relationships. The subject of an expert's testimony, however, need not be "so far beyond the level of skill and comprehension of the average layperson that the trier of fact would have no understanding of the subject matter without the expert's testimony." *Sippio*, 350 Md. at 649; *see, e.g.*, *Sewell*, 239 Md. App. at 628 (expert's testimony on police chief's discretion and acceptable investigatory processes would be helpful to jury even though some jurors may have interacted with police during stops). Ms. Miller's testimony offered information beyond a generalized comprehension of power dynamics and assisted the jury to understand better how control can manifest in a relationship like Dr. Ryan's and Ms. Harris's. Thus, her testimony was relevant and helpful to the jury.

b. The probative value of Ms. Miller's testimony was not outweighed by the prejudice to Dr. Ryan.

Dr. Ryan argues that even if Ms. Miller's testimony was relevant, the probative value of her testimony was outweighed by the risk of unfair prejudice because it may have caused the jury to infer that Dr. Ryan and Ms. Harris's relationship was "marked by domestic violence . . . ." The State responds that it adhered to the court's limitations on the use of violence-related terminology and that Ms. Miller "never suggested that [Dr.] Ryan

committed domestic violence." We hold that the probative value of Ms. Miller's testimony was not outweighed by the prejudice to Dr. Ryan.

Even if an expert's testimony is relevant, as is the case here, the trial court has the discretion to exclude that testimony "if its probative value is substantially outweighed by the danger of unfair prejudice or other countervailing concerns." *Montague v. State*, 471 Md. 657, 674 (2020); *see also* Md. Rule 5-403. Prejudicial evidence, however, is not excluded merely "because it hurts one party's case." *Montague*, 471 Md. at 674. "Instead, probative value is substantially outweighed by unfair prejudice when the evidence 'tends to have some adverse effect . . . beyond tending to prove the fact or issue that justified its admission.'" *Id.* (*quoting State v. Heath*, 464 Md. 445, 464 (2019)).

Dr. Ryan argued to the circuit court that Ms. Miller's testimony would prejudice him unfairly by implying that he committed domestic violence against Ms. Harris. The court found that Ms. Miller's testimony had probative value, but it agreed with Dr. Ryan that testimony that references domestic violence may be "overly prejudicial." So, the court warned the State that it couldn't use or elicit from Ms. Miller terminology relating to domestic violence, but it allowed the State to ask about whether coercive control could amount to abuse. The court also recognized that "[t]here's no way . . . to separate out the work [Ms. Miller] does in domestic violence and the dynamics of this case . . . ." Overall, the court prohibited domestic violence-related terminology but didn't prohibit all discussions of abuse. The State limited any mention of domestic violence to Ms. Miller's explanation of her background and experience. Other discussions of abuse or violence

occurred when Ms. Miller opined on whether and when power imbalances can become abusive, which the court permitted.

Dr. Ryan takes issue with the fact that the State based Ms. Miller's testimony on hypothetical questions, suggesting this tactic was prejudicial and inappropriate. But "[t]he factual basis for an expert's opinion can come from . . . 'the use of hypothetical questions,'" *Frankel v. Deane*, 480 Md. 682, 700 (2022) (*quoting Sippio*, 350 Md. at 653), so long as the hypothetical questions provide a "fair summary of the necessary evidence, embracing all facts that are essential to the forming of a rational opinion." 6 Lynn McClain, *Maryland Evidence State & Federal* § 705:1 at 992 (3d ed. 2013); *Frankel*, 480 Md. at 701 ("'[T]he proper way to submit a hypothetical question is to ask the witness to presume the truth of certain facts as if they were not the subject of dispute. These may still be contested in actuality but the inquiry is proper as long as there is evidentiary support for the facts which the expert is told to assume the veracity of and evaluate in rendering his opinion. Of course, any assumption made must be grounded on a fair summation of the material facts in evidence and those material facts must be sufficient in scope for the witness to formulate a rational opinion.'" (*quoting Kruszewski v. Holz*, 265 Md. 434, 445 (1972))). The State's questions represented Ms. Harris's and Dr. Ryan's relationship accurately in the form of a hypothetical scenario. It was up to the jury to decide whether the hypotheticals captured the relationship fairly and whether to accept or disregard Ms. Miller's testimony. *See Frankel*, 480 Md. at 701 ("'[T]he jury is aware of the premise upon which the opinion is based and can determine whether that assumption was valid. If it is not, the opinion of the

expert is disregarded.'" (*quoting Kruszewski*, 265 Md. at 445)). The fact that the jury's conclusions and inferences from Ms. Miller's properly tailored testimony may have been harmful to Dr. Ryan doesn't mean the probative value of her testimony was outweighed by the prejudice he suffered. *See Montague*, 471 Md. at 674. The court, therefore, did not abuse its discretion by admitting Ms. Miller's testimony in the form that it did.

JUDGMENT OF THE CIRCUIT COURT FOR MONTGOMERY COUNTY AFFIRMED. APPELLANT TO PAY COSTS.