

IN THE MATTER OF

ALLYSON L. CONLEY, PA-C

RESPONDENT

LICENSE NUMBER: C01527

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BEFORE THE

MARYLAND STATE BOARD

OF PHYSICIANS

CASE NUMBER: 2016-0368 B

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**CONSENT ORDER**

On April 27, 2016, Panel B ("Panel B") of the Maryland State Board of Physicians (the "Board") voted to charge **Allyson L. Conley**, PA-C ("Physician Assistant"), (the "Respondent"), License Number C01527, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. II ("Health Occ. II") § 15-314 *et seq.* (2014 Repl. Vol. & 2015 Supp.).

The pertinent provisions under §15-314 of the Act provide the following:

- (a) Subject to the hearing provisions of § 15-314 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum, may reprimand any physician assistant, place any physician assistant on probation, or suspend or revoke a license if the physician assistant:

...

(2) Fraudulently or deceptively uses a license;

(3) Is guilty of:

...

(ii) Unprofessional conduct in the practice of medicine;

...

(8) Is addicted to, or habitually abuses, any narcotic or controlled dangerous substance as defined in §5-101 of the Criminal Law Article;

(9) Provides professional services:

...

(ii) While using any narcotic or controlled dangerous substance defined in §5-101 of the Criminal Law Article, or other drug that is in excess of therapeutic amounts or without valid medical indication;

...

(11) Willfully makes or files a false report or record in the practice of medicine[.]

Prior to issuance of formal charges, Respondent agreed to enter into the following public Consent Order, consisting of Findings of Fact, Conclusions of Law, Order, and Consent.

### **FINDINGS OF FACT**

Panel B makes the following findings of fact:

#### **I. Background**

1. At all times relevant, Respondent was, and is, a licensed physician assistant in the State of Maryland.

2. Respondent initially obtained her physician assistant license in Maryland on July 20, 1993. On or about May 15, 2015, Respondent last renewed her license, which will expire on June 30, 2017.

3. Respondent was employed as a physician assistant for an urgent care clinic ("Clinic 1"), in Olney, Maryland from February 2015 until November 9, 2015. Prior to working for Clinic 1, Respondent had been employed as a physician assistant in the emergency department of a hospital ("Hospital 1") in Maryland from October 1993 until September 2014.

## **II. Complaint**

4. On or about November 9, 2015, the Board received a complaint regarding Respondent submitted by the Vice President of Medical Services (the "Vice President") at Clinic 1. In the complaint, the Vice President stated that Respondent "took narcotics from [Clinic 1's] narcotic inventory without appropriate documentation, for reasons other than patient care." The Vice President included a videotape and medication logs to confirm the allegations. The Vice President attached to the complaint a letter of November 9, 2015 to Respondent, in which the Vice President terminated Respondent "effective immediately" from Clinic 1 "for cause."

5. The Board opened an investigation of the complaint.

## **III. Investigative Findings**

6. On December 4, 2015 the Board received a letter and the Respondent's file from a Clinical Manager at the Maryland Physician Health Program ("MPHP"). The Clinical Manager reported that:

- a. On November 10, 2015, Respondent enrolled in MPHP.
- b. On November 10, 2015, Respondent signed a Voluntary Practice Cessation Agreement.

7. On December 11, 2015, pursuant to a subpoena, the Board received Respondent's personnel file from Clinic 1.

8. On December 22, 2015, the Board directed Respondent to submit a written response to the complaint.

9. On January 5, 2016, Respondent responded in writing to the Board. Respondent admitted that she "knowingly remove[d] a small amount of Tylenol

with Codeine Elixir<sup>1</sup> from four bottles in a locked narcotics cabinet” from Clinic 1’s narcotic inventory “without a prescription for my personal use.” Respondent further stated that she has had “difficulties with opiate dependence” and subsequently became dependent on narcotics after her orthopedist prescribed Oxycodone following Respondent’s total knee replacement in 2007. Respondent stated that she subsequently developed chronic neck and low back pain due to misalignment of the spine was prescribed large amounts of opiates by a pain management physician.

10. On February 4, 2016 Board staff interviewed Respondent, under oath who stated the following:

- a. Respondent admitted that on or about October 28, 2015, she took approximately 2 ounces of Tylenol with codeine elixir from four (4) different 4 ounce bottles from Clinic 1’s narcotic inventory. Respondent stated that she took these narcotics for her personal use.
- b. Respondent stated that during an inspection the following day, a nurse noticed a number of open bottles. After reviewing videotapes, Clinic 1 discovered that Respondent had been in the narcotics cabinet several times the day before.
- c. Respondent admitted that in or about May or June 2015, she began to take narcotics, such as Vicodin tablets,<sup>2</sup> without permission from Clinic 1’s narcotic inventory. Respondent stated that she took between one and two tablets of narcotics “about two times a month. It all depended on the opportunity...If the opportunity was there, I did take it.” Respondent further stated that she did this “maybe – I’m going to say about six (times).”

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<sup>1</sup> This combination medication is used to help relieve mild to moderate pain. It contains a narcotic pain reliever (codeine) and a non-narcotic pain reliever (acetaminophen).

<sup>2</sup> Vicodin contains a combination of acetaminophen and hydrocodone. Hydrocodone is a narcotic pain medication.

- d. Respondent admitted to improperly documenting patients' medication(s) in the patients' medical records. Respondent explained that "if I had ordered two tablets of something for a patient and they only took one, I had the opportunity to take the other one." Respondent acknowledged that she documented in the patient's medical record that the patient received two tablets, when in fact she only gave the patient one tablet.
- e. Respondent also admitted to replacing one or several bottles of Tylenol with Codeine with regular Tylenol on one (1) occasion.
- f. Respondent admits to consuming the stolen narcotics while on duty as a physician assistant at Clinic 1 "about half of the time."
- g. Respondent further admitted to taking narcotics, without permission for her personal use, "at least one day a week" while employed at Hospital 1 when Respondent did not have narcotics as prescribed by her doctor. Respondent began to steal narcotics from Hospital 1 in or about 2013 until she resigned in September of 2014. According to Respondent, Hospital 1 was not aware that Respondent removed narcotics for her personal use.
- h. Respondent further admitted to consuming narcotics while on duty as a physician assistant at Hospital 1. Respondent stated that she did this "not all the time but I did, at times."

#### **IV. Summary Findings**

11. Respondent's removal of narcotics from Clinic 1's narcotic inventory while on duty as a physician assistant without a prescription and for her personal use is evidence that Respondent "... deceptively uses a license" in violation of Health Occ. II § 15-314(a)(2)

12. Respondent's conduct, including but not limited to:

- a. Removing narcotics on at least ten (10) occasions from the narcotic inventory at Clinic 1;
- b. Having a history of removing narcotics from inventories at Clinic 1 and Hospital 1 for personal use; and

- c. Self-administering narcotics while on duty as a physician assistant at Clinic 1,

is evidence that Respondent "is guilty of unprofessional conduct in the practice of medicine" in violation of Health Occ. II § 15-314(a)(3)(ii).

13. Respondent's history of abusing prescription narcotic pain medication is evidence that Respondent "is addicted to or habitually abuses any narcotic or controlled dangerous substance" in violation of Health Occ. II § 15-314(a)(8).

14. Respondent's admission that she self-administered narcotics while on duty at Clinic 1 is evidence that Respondent "provid[ed] professional services [at Clinic 1] while using any narcotic or controlled dangerous substance defined in §5-101 of the Criminal Law Article, or other drug that is in excess of therapeutic amounts or without valid medical indication" in violation of Health Occ. II § 15-314(a)(9)(ii).

15. Respondent's admissions, including but not limited to:

- a. Illegitimately removing narcotics from the narcotic inventory and documenting in the medication log as if the patient had received it;
- b. Falsely documenting that she had dispensed more narcotic medication to patients than she actually dispensed;
- c. Failing to document in the patients' medical records an accurate count of narcotics dispensed to patients;
- d. Replacing at several bottles of Tylenol with Codeine with regular Tylenol;

is evidence that Respondent "willfully makes or files a false report or record in the practice of medicine" in violation of Health Occ. II § 15-314(a)(11).

### **CONCLUSIONS OF LAW**

Based on the foregoing Findings of Fact, Panel B concludes as a matter of law that Respondent violated Health Occ. II § 15-314 (2) (... deceptively uses a license); (3)(ii)(Is guilty of unprofessional conduct in the practice of medicine); (8)(Is addicted to, or habitually abuses, any narcotic or controlled dangerous substance as defined in §5-101 of the Criminal Law Article); (9)(ii)(Provides professional services: while using any narcotic or controlled dangerous substance defined in §5-101 of the Criminal Law Article, or other drug that is in excess of therapeutic amounts or without valid medical indication); and (11)(Willfully makes or files a false report or record in the practice of medicine).

### **ORDER**

Based on the foregoing Findings of Fact and Conclusions of Law, it is on the affirmative vote of a majority of Panel B, hereby:

**ORDERED** that Respondent's license to practice medicine is retroactively **SUSPENDED** from November 10, 2015.<sup>3</sup> During the suspension, Respondent shall fully and satisfactorily comply with all of the following terms and conditions:

1. Respondent shall enroll in the Maryland Professional Rehabilitation Program ("MPRP"). Within five (5) business days, Respondent shall contact MPRP to schedule an initial consultation for enrollment. Within fifteen (15) business days, Respondent shall enter into a Participant Rehabilitation Agreement and Participant Rehabilitation Plan with MPRP. The Respondent shall fully and timely cooperate and comply with all of MPRP's referrals, rules, and requirements, including but not limited to, the terms and conditions of the Participant Rehabilitation Agreement(s) and Participant Rehabilitation Plan(s) entered into with MPRP, and shall fully

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<sup>3</sup> If the Respondent fails to renew her license during the period of suspension, the suspension will not be terminated until her license is reinstated. COMAR 10.32.02.05C(3)(a). If the Respondent's license expires, she will have to apply for and meet the requirements for reinstatement before petitioning the Panel for termination of the suspension. See COMAR 10.32.02.06A (4).

participate and comply with all therapy, treatment, evaluations, and toxicology screenings as directed by MPRP;

2. Respondent shall sign and update the written release/consent forms requested by the Board and MPRP. Respondent shall sign the release/consent forms to authorize MPRP to make verbal and written disclosures to the Board, including disclosure of any and all MPRP records and files possessed by MPRP. Respondent shall also sign any written release/consent forms to authorize MPRP to exchange with (i.e., disclose to and receive from) outside entities (including all of Respondent's current therapists and treatment providers) verbal and written information concerning Respondent and to ensure that MPRP is authorized to receive the medical records of Respondent, including, but not limited to, mental health and drug or alcohol treatment records; and it is further

**ORDERED** that the Respondent's license shall remain suspended until the MPRP determines that the Respondent is fit to return to practice. If the MPRP determines that Respondent can safely practice as a physician assistant, and if Respondent has successfully complied with the conditions above, Respondent may petition the Board or Panel B, serving as the Reinstatement Inquiry Panel of the Board, to lift the suspension of Respondent's license. Upon reinstatement, the Board or Panel B may impose conditions on Respondent's return to practice, and it is further

**ORDERED** that, unless stated otherwise in the order, any time period prescribed in this order begins when the Consent Order goes into effect. The Consent Order goes into effect upon the signature of the Board's Executive Director, who signs on behalf of Panel B, and it is further

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



**ORDERED** that the Consent Order is a public document pursuant to Md.

Code Ann., Gen. Prov. §§ 4-101 *et seq.*

June 30, 2016  
Date

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

**CONSENT**

I, ALLYSON L. CONLEY, PA-C License No. C01527, by affixing my signature hereto, acknowledge that:

1. I have consulted with counsel, Carolyn Jacobs, Esquire, and knowingly and voluntarily elected to enter into this Consent Order. By this Consent and for the purpose of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.
2. I am aware that I am entitled to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. II § 15-313 (2014 Repl. Vol.) and Md. Code Ann., State Gov't II §§ 10-201 *et seq.* (2014 Repl. Vol.).
3. I acknowledge the validity and enforceability of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections as provided by law. I am waiving those procedural and substantive protections.
4. I voluntarily enter into and agree to abide by the terms and conditions set forth herein as a resolution of the Charges against me. I waive any right to contest the Findings of Fact and Conclusions of Law and I waive my right to a full evidentiary hearing, as set forth above, and any right to appeal this Consent Order or any adverse ruling of the Board that might have followed any such hearing.
5. I acknowledge that by failing to abide by the conditions set forth in this Consent Order, I may be subject to disciplinary actions, which may include revocation of my license to practice medicine.

6. I sign this Consent Order voluntarily, without reservation, and I fully understand and comprehend the language, meaning and terms of this Consent Order.

6/27/16  
Date

Allyson L. Conley  
Allyson L. Conley, PA-C  
Respondent

**NOTARY**

STATE OF MARYLAND

CITY/COUNTY OF :

I HEREBY CERTIFY that on this 27<sup>th</sup> day of June, 2016  
before me, a Notary Public of the State and County aforesaid, personally  
appeared Allyson L. Conley, PA-C, License number C01527, and gave oath in  
due form of law that the foregoing Consent Order was her voluntary act and  
deed.

AS WITNESS, my hand and Notary Seal,

Mary Mapes  
Notary Public

My commission expires: 9-10-16

