IN THE MATTER OF	*	**BEFORE THE**
LAURIE POSS, M.D.	*	**MARYLAND STATE BOARD**
Respondent	*	**OF PHYSICIANS**
License Number: D32567	*	**Case Numbers: 2012-0074, 2012-0303, 2012-0494 & 2013-0087**

* * * * * * * * * * * *

CONSENT ORDER

PROCEDURAL BACKGROUND

The Maryland State Board of Physicians (the "Board"), voted to charge Laurie Poss, M.D. (the Respondent") (D.O.B. 10/02/1952), License Number D32567, under the Maryland Medical Practice Act (the "Act"). Md. Health Occ. Code Ann. ("Health Occ.") § 14-101 et seq. (2009 Repl. Vol. & 2012 Supp.).

The pertinent provisions of the Act provide the following:

> § 14-404. Denials, reprimands, probations, suspensions, and revocations -- Grounds.
>
> (a) *In general.* -- Subject to the hearing provisions of § 14-405 of this subtitle, the Board, on the affirmative vote of a majority of the quorum, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:
>
> (3) Is guilty of:
>
> ...
>
> (ii) Unprofessional conduct in the practice of medicine;
>
> (4) Is professionally, physically, or mentally incompetent;

(18) Practices medicine with an unauthorized person or aids an unauthorized person in the practice of medicine;

(36) Willfully makes a false representation when seeking or making application for licensure or any other application related to the practice of medicine[.]

On June 5, 2013, a Case Resolution Conference was convened in this matter. Based on negotiations occurring as a result of this Case Resolution Conference, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law, and Order.

I. FINDINGS OF FACT

The Board finds the following:

BACKGROUND

1. At all times relevant hereto, the Respondent was licensed to practice medicine in the State of Maryland. The Respondent was originally licensed to practice medicine in Maryland on July 22, 1985.

2. On October 31, 2012, the Board summarily suspended the Respondent's license to practice medicine based in large part on investigative findings of mental impairment following a Board-ordered neuropsychological evaluation, the results of which are set forth below.

3. Since February 1, 2012 until her license was summarily suspended on October 31, 2012, the Respondent was engaged in the practice of general and addictions medicine at a center that she owns and operates in Annapolis, Maryland ("Center A"). The Respondent also owns a drug and alcohol testing company and functioned as a medical review officer for corporations. Prior to February 1,

2012, the Respondent owned medical practices in Crofton and Annapolis in which she practiced general medicine and addiction medicine.

4. At all times relevant to these Charges, the Respondent did not have a permit to dispense medications.

5. On or about April 27, 2011, the Board issued to the Respondent an Advisory Letter in response to a complaint received from a family member alleging that the Respondent had been prescribing medications to another family member and that she had a history of alcohol and drug abuse. (Case # 2009-0934, reassigned Case # 2013-0087)

6. On or about July 25, 2011, the Board received an anonymous complaint alleging that the Respondent had been prescribing incorrectly and not showing up for appointments. (Case # 2012-0074)

7. Shortly thereafter, the Board opened an investigation into the allegations.

8. On or about October 17, 2011, the Board received a complaint from the Maryland Board of Professional Counselors and Therapists ("Board of Professional Counselors") alleging that the Respondent had been running an addictions treatment center with an expired medical license.[1] (Case # 2012-0303)

9. In November 2011, the Respondent self-referred to the Maryland Physician Health Program ("MPHP"). She reported that she had been in recovery for 26 years and had had a recent relapse resulting in a DUI (driving under the influence) charge in Boulder, Colorado in August 2011.[2] She reported that she

[1] The Board's investigation revealed that the Respondent had submitted her on-line renewal application on September 28, 2011, but the check did not arrive until October 7, 2011, and was for an incorrect amount, which was not rectified until October 18, 2011.
[2] Following a guilty plea, the state court imposed a fine and community service.

had cervical myelopathy and "?MS (Multiple Sclerosis) or ALS (Amyotrophic Lateral Sclerosis)."[3] She reported being on several medications including diazepam[4] 10 mg at bedtime.

10. On November 16, 2011, as part of the MPHP's evaluation, the Respondent submitted to a urine toxicology screen that tested positive for benzodiazepines: oxazepam level was 11032 ng/ml and temazepam level was 10646 ng/ml.[5]

11. The MPHP recommended that the Respondent submit to its random urine monitoring program; however, she declined.

12. On or about January 12, 2012, the Board received a complaint from the Maryland Board of Professional Counselors alleging in part that the Respondent may have an addiction to Valium. (Case # 2012-0494)

13. On or about June 29, 2012, the Board made an on-site visit to Center A in conjunction with diversion investigators from the Drug Enforcement Administration ("DEA"), staff from the Maryland Division of Drug Control ("DDC") and staff from the Maryland Board of Professional Counselors, set forth in more detail below. The Board's staff notified the Respondent it had opened an investigation relating to "several complaints," and ordered her to submit to drug and alcohol testing.

14. On or about July 17, 2012, the Respondent submitted to urine and hair toxicology screening.[6] The urine testing revealed positive results for three

[3] An October 5, 2010 neurological evaluation of the Respondent noted "no evidence for MS/ALS."
[4] Brand name is Valium, a Schedule IV benzodiazepine.
[5] The Respondent's appointment log reflects that she saw patients on this date from approximately 11:00 a.m. through 3:00 p.m.
[6] The Board ordered the Respondent to be tested on July 2, 2012, and provided directions to the Respondent; however, she appeared at an incorrect location.

benzodiazepines: oxazepam (883 ng/ml), nordiazepam (199 ng/ml) and temazepam (644 ng/ml).

15. On or about July 26, 2012 and September 4, 2012, the Board's staff conducted interviews of the Respondent under oath.

16. By letter dated August 16, 2012, the Board notified the Respondent of four open investigations, including Case # 2009-0934 that the Board had previously closed with an Advisory letter, reassigned as Case # 2013-0087.

17. On or about August 22, 2012, the Respondent submitted a written response to the Board's notification of the open investigations. In her response she admitted that she had occasionally taken Valium from her office supply.

18. As a result of information received, on or about August 28, 2012, pursuant to Md. Health Occ. § 14-402(a),[7] the Board ordered the Respondent to undergo a neuropsychological evaluation by a board-approved neuropsychologist ("Dr. W").

19. On September 11, 18 and 25, 2012, Dr. W evaluated the Respondent, including obtaining a history, behavioral observations and testing.

20. By report dated October 10, 2012 (the "Report"), Dr. W opined that based on his evaluation of the Respondent, there was "a great deal of evidence, formal and informal that [the Respondent] is impaired" the results of which are set forth more specifically below.

ON-SITE VISIT

21. On or about June 29, 2012, staff from DDC, DEA, the Board of Professional Counselors and the Board made an on-site visit of Center A.

[7] The statute provides that the Board may direct a licensed physician to submit to an appropriate examination.

22. During the on-site visit, a DEA investigator notified the Respondent that she was certified to only treat 30 patients with buprenorphine (Suboxone),[8] and the investigation revealed she had been treating 70 patients; she had not applied to the DEA requesting an increase in the number of patients she was authorized to treat.

23. The DDC staff found several deficiencies during the on-site visit including that the Respondent had failed to conduct a biennial inventory and several invoices for CDS were missing. Additionally, the Respondent reported that 1000 tablets of Valium 10 mg were missing, that she indicated had occurred during an office move that took place in 2009. According to DDC staff, the Respondent blamed the loss on her employees.

24. The Respondent's actions and inactions as outlined in pertinent part above constitute unprofessional conduct in the practice of medicine in violation of Health Occ. § 14-404(a)(3)(ii).

INTERVIEWS OF THE RESPONDENT

July 26, 2012 interview

25. The Respondent testified at the time of the interview that she locked her prescription pads in her desk drawer at Center A, but that at her former medical practices she was aware that there had been several forged prescriptions. She stated that she had been in the practice of leaving the prescription pad in an unlocked drawer.

[8] A Schedule III Controlled Dangerous Substance ("CDS") used in the treatment of opiate addiction.

26. The Respondent admitted to self-prescribing medications for approximately eight years as set forth below in ¶ 56.[9]

27. The Respondent testified at the time of the interview that the Valium she was taking had been obtained from refills written several years ago by a former physician. She further testified that she only took the Valium intermittently before sleep.

28. The Respondent testified that she kept Valium in stock at Center A for treatment of patients undergoing "alcohol withdrawal." She testified, "I have also taken Valium from the office." When asked, she testified that she had last taken Valium from her office "about a week ago."

29. The Respondent testified that she was [arrested] in August 2011 for DUI, and received probation before judgment.

September 4, 2012 interview

30. The Board's staff questioned the Respondent about the 1000 tablets of Valium noted in ¶ 23 that were missing from her office during a 2009 office move.

31. The Respondent testified that her nurses and medical assistant verified that the Valium's "expiration had been misread and they simply disposed of [the 1000 tablets of Valium] in medical waste."

32. The Respondent testified that she had been dispensing Valium out of her office.

33. The Respondent testified that on "two or three occasions I did take about 20 Valium from the office." She further testified that during the week of July 16, 2012, she had taken 10-20 Valium from the office; it was not a "fistful" but she

[9] Medical records obtained by subpoena reflect that the Respondent also ordered extensive laboratory and radiology studies for herself for more than ten years, through April 2011.

just shook a few tablets into her hand. Later, she changed her testimony and stated the last time she had taken Valium was when the DEA came. She testified she may have taken 10 or 20 Valium sometime in April and "just kept them at my house."

34. The Respondent testified she has been taking Valium every night before sleep since 2009.

35. The Respondent's actions and inactions as outlined in pertinent part above constitute unprofessional conduct in the practice of medicine in violation of Health Occ. § 14-404(a)(3)(ii).

FINDINGS OF FACT RELATING TO PATIENT A

36. The Respondent hired an addictions counselor, Patient A, to work at her addictions practice on or around December 2002.[10] Patient A had been a patient of the Respondent since at least 1985, and the Respondent continued to treat him through at least April 2011.[11] Over the years, Patient A worked in a variety of capacities for the Respondent's practice including "Director-Addictions Therapy" and as a book-keeper.

37. The Respondent documented several notations in Patient A's personnel file regarding Patient A's practice:

a) on September 21, 2005, "reprimanded re: giving take home meds to ATC patients – must be done by RN";
b) on December 18, 2007, "had prolonged discussion: ...calling in meds...";
c) on August 6, 2010, [Patient A] again overstepping call in med authority -- must contact me first";

[10] Patient A is also under investigation by the Board for the unauthorized practice of medicine.
[11] On or about March 9, 2012, the Respondent noted in Patient A's records that she had discovered he had been ordering medications through office distribution and advised him that he had to find another primary care practitioner.

d) on March 3, 2012, "[Patient A] advised me for 1st time that I have to apply to be a supervisor. Gave me forms – never advised me before."

38. Patient A has a certified supervised counselor-alcohol and drug certification ("CSC-AD") through the Board of Professional Counselors. CSC-AD's, however, can only practice alcohol and drug counseling under the supervision of a Board-approved Alcohol and Drug Supervisor and under a program with the appropriate certification (JCAHO or ADAA).[12] The Respondent was not a Board of Professional Counselors' approved supervisor for Patient A, nor did Center A have the appropriate certification.

39. On or about July 5, 2012, the Respondent signed an application for the Board of Professional Counselors affirming that she would provide supervision for Patient A as an "Alcohol and Drug Trainee Supervisor."

40. The Board's staff interviewed Patient A under oath on July 17, 2012.

41. Patient A testified during his interview that he dispensed CDS to patients, sometimes under the Respondent's direction. According to Patient A, the Respondent was sometimes present only by telephone when he would dispense the CDS.

42. Patient A further testified that he would "call in" Suboxone prescriptions for patients under the Respondent's direction when she was not physically present at the addictions practice.[13]

43. According to Patient A, financial difficulties precluded the Respondent from ordering medications from her suppliers including buprenorphine (Suboxone).

[12] JCAHO stands for Joint Commission on Accreditation of Healthcare Organizations, and ADAA stands for the Alcohol and Drug Abuse Administration.

[13] On July 26, 2012, the Respondent testified that she was aware Patient A called in prescriptions for patients but described his behavior as "rogue."

According to Patient A, prescriptions for Suboxone would be "called in" using his name and the name of other employees. The Respondent denied knowledge of this during an interview with the Board's staff on July 26, 2012.

44. The Respondent's actions and inactions with regard to Patient A as outlined in pertinent part above constitute unprofessional conduct in the practice of medicine in violation of Health Occ. § 14-404(a)(3)(ii) and the practice of medicine with an unauthorized person or the aiding of an unauthorized person in the practice of medicine in violation of Health Occ. § 14-404(a)(18).

FALSE RESPONSE ON RENEWAL APPLICATION

45. On or about September 28, 2011, the Respondent submitted an on-line renewal application with the Board.

46. The Respondent answered "no" to question 6(h) on the renewal application which asked:

> Are there any pending criminal charges against you in any court of law, excluding minor traffic violations?

47. On or about August 22, 2012, at the Board's request, the Respondent submitted to the Board Colorado State documents confirming that she had been arrested on August 14, 2011 for three criminal counts including: 1) an unsafe or defective vehicle; 2) driving under the influence; and 3) driving while ability impaired. She ultimately pled guilty on January 26, 2012 to driving while ability impaired, was fined, and sentenced to community service.

48. The Respondent's false response on her September 2011 renewal application constitutes unprofessional conduct in the practice of medicine in violation of Health Occ. § 14-404(a)(3)(ii) and the willful making of a false representation

when seeking or making application for licensure in violation of Health Occ. § 14-404(a)(36).

MENTAL HEALTH TREATMENT AND BOARD-ORDERED EVALUATION

49. The Respondent voluntarily saw a psychiatrist for medication management beginning in August 2012. The psychiatrist noted the Respondent had maintained herself on Valium and wrote, "not good." The psychiatrist documented that she would like to decrease the Respondent's dosage or taper her off but that she was at high risk for a relapse because of the extent of her present stressors.

NEUROPSYCHOLOGICAL EVALUATION

50. As a result of information received, on or about August 28, 2012, pursuant to Md. Health Occ. § 14-402(a),[14] the Board ordered the Respondent to undergo a neuropsychological evaluation by a board-approved neuropsychologist ("Dr. W").

51. On September 11, 18 and 25, 2012, Dr. W evaluated the Respondent, including obtaining a history, behavioral observations and testing.

52. Dr. W met with the Respondent in his office on September 11 and 18, and at her home on September 25, 2012. Dr. W noted the following in his report:

History of Alcohol Abuse

53. The Respondent admitted a history of alcohol abuse from her teens until her early 30's. She admitted to two relapses; one in 2002 while in Brazil that lasted approximately six weeks, and the second in August 2011, when she was arrested for driving under the influence in Boulder, Colorado.

[14] The statute provides that the Board may direct a licensed physician to submit to an appropriate examination.

Medical History

54. The Respondent's reported medical history includes degenerative arthritis diagnosed in 1991. In 2000, after a box fell on her, she developed significant right-sided symptoms including the inability to use her right leg. She was diagnosed with myelomalacia[15] in her cervical spine, and reported being unable to walk for two years. From 2000 through 2006, the Respondent reported she was unable to work as a physician and at that time, ran a drug testing business.[16]

55. In 2005, according to the Respondent, she was in a motor vehicle accident that exacerbated her earlier injury and led to a "great deal of pain."

56. The Respondent admitted that prior to the Board's investigation she self-prescribed medications that included Strattera,[17] Ziac,[18] amitriptyline,[19] diazepam[20] 10 mg. at bedtime and Lunesta[21] as needed. Additionally, she reported that she alternated between taking Soma,[22] Flexeril[23] and Skelaxin.[24] The Respondent told Dr. W that her primary care provider, whom she saw twice yearly, endorsed her self-prescription of these medications.

57. After the Board initiated its investigation, the Respondent placed herself under the care of a psychiatrist (see ¶ 49), who began prescribing her medications.

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[15] Softening of the spinal cord.
[16] The Respondent has raised with the Board's staff during her interviews a possibility that she has either amyotrophic lateral sclerosis ("ALS") or multiple sclerosis ("MS"). According to Dr. W's review of her medical reports and MRI's, it is unlikely she has ALS and there is no indicated likelihood of MS.
[17] Nonstimulant drug used in the treatment of Attention Deficit Disorder.
[18] Used in the treatment of high blood pressure.
[19] Antidepressant.
[20] Also known as Valium; a schedule IV benzodiazepine.
[21] Schedule IV sedative used in the treatment of insomnia.
[22] Schedule IV muscle relaxant.
[23] Muscle relaxant.
[24] Muscle relaxant.

Behavioral Observations

58. On September 11, 2012, the first of the Respondent's appointments with Dr. W, the Respondent called Dr. W at 8:00 a.m. (the appointment had been scheduled for 10:00 a.m.) asking if she could cancel due to neck pain. Dr. W agreed to allow the Respondent to undergo physical therapy and postponed the appointment until 10:30 a.m. The Respondent appeared for the appointment one hour and fifteen minutes late, at 11:45 a.m., indicating that she had gotten lost coming off the exit (which was three miles from the Respondent's office).

59. Also on September 11, 2012, Dr. W provided the Respondent with a 45 minute break for lunch. As she was leaving, the Respondent turned around and bumped into a wall. She returned to the office an hour and fifteen minutes later, blaming her 30 minute delay on traffic.

60. Dr. W reported that the Respondent's speech had been slurred during the September 11, 2012, visit.

61. During his three days of evaluation/testing, according to Dr. W, the Respondent made several statements that could be contradicted with easily obtainable information.

62. According to Dr. W, the Respondent tired relatively quickly, especially during the initial visit. Additionally, on September 11, 2012, Dr. W noted the Respondent had been, "remarkably poor at managing herself and inhibiting impulsive behaviors." He noted this to be notable in two areas: 1) in her test of verbal memory, Dr. W described her performance as far more "dysregulated" than is typically seen even in individuals with significant impairment; and 2) in the tower

test (sensitive to sequential planning), Dr. W described her performance as unable to do any but the very simplest tasks.

Test Results

63. According to Dr. W, the Respondent's cognitive abilities in general fell into the average range, with a few in the impaired and a few above average, but the bulk of her scores fell below what would have been expected from an individual of her academic accomplishments.

64. According to Dr. W., the Respondent experienced the most difficulty in the areas considered frontal-executive attentional functions.

65. According to Dr. W, the Respondent's visual-spatial memory is "extremely impaired."

66. In Dr. W's opinion, based on his evaluation and testing, there is "a great deal of evidence, formal and informal that [the Respondent] is impaired." He opined that the impairment does not seem to have a neurological basis, but a variety of factors in the Respondent's history may affect her cognition including: chronic sleep deprivation, benzodiazepine use, muscle relaxant use and serotonergic medications.

67. Dr. W opined:

> Given the extent of [the Respondent's] compromise, it seems unlikely that in the condition that she was seen initially, and even subsequently, presumably the result of benzodiazepines, with her attention and memory so compromised, she could safely practice medicine.

68. Based on the results of Dr. W's evaluation as outlined in pertinent part above, the Respondent is professionally, physically or mentally incompetent in violation of Health Occ. § 14-404(a)(4).

II. CONCLUSIONS OF LAW

Based on the foregoing Findings of Facts, the Board concludes as a matter of law that the Respondent violated Health Occ. § 14-404(a) (3)(ii), (4), (18) and (36).

III. ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, it is hereby:

ORDERED that the summary suspension of the Respondent's license to practice medicine, issued under § 10-226(c)(2) of the State Government article, is **TERMINATED**; and it is further

ORDERED that the Respondent's license to practice medicine is **SUSPENDED** under § 14-404(a) of the Health Occupations Article, and during the suspension, the Respondent must fully and satisfactorily comply with the following terms and conditions:

a. Within thirty (30) days of the execution of this Consent Order, the Respondent shall enroll in the Maryland Professional Rehabilitation Program ("MPRP");

b. Once enrolled in the MPRP, the Respondent shall undergo an evaluation by the MPRP or its agents to determine the Respondent's fitness to practice medicine and, if the Respondent is fit to practice medicine, what conditions should be imposed to ensure the appropriate practice of medicine;

c. The Respondent shall fully cooperate with the evaluation, including complying with all of MPRP recommendations. The Respondent shall provide the MPRP with all records and information requested by the MPRP, and the Respondent shall sign all releases and consent forms to

ensure that the MPRP is able to obtain all records and information, including medical, psychiatric, and substance abuse records and information, necessary for a complete and thorough evaluation. The Respondent shall also sign all releases and consent forms to ensure that the Board receives all necessary documents and information from the MPRP; and it is further

ORDERED that upon the MPRP's completion of the evaluation, a Board committee or panel will review the evaluation, and will hold a meeting with the Respondent. The Board committee or panel will then determine the appropriate licensure status of the Respondent an, if the termination of suspension is warranted, the probationary terms and conditions, if any, to be imposed; and it is further

ORDERED that if the Respondent fails to comply with any terms and conditions of the suspension or this Consent Order; the Board or Board panel, after notice and an opportunity for a show cause hearing before the Board or Board panel, may further suspend or revoke the Respondent's medical license and impose any further terms and conditions it deems reasonable; and it is further

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

ORDERED that this Consent Order shall be a **PUBLIC DOCUMENT** pursuant to Md. State Gov't Code Ann. § 10-611 et seq. (2009 Repl. Vol. & 2012 Supp.).

June 26, 2013
Date

Andrea L. Mathias, M.D., M.P.H.
Maryland State Board of Physicians

CONSENT ORDER

I, Laurie Poss, M.D., acknowledge that I have had the opportunity to consult with counsel before signing this document. By this Consent, I agree that the Board is able to prove these charges, and I agree and accept to be bound by the foregoing Consent Order and its conditions and restrictions. I waive any rights I may have had to contest the Findings of Fact and Conclusions of Law.

I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections provided by law. I acknowledge the legal authority and jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I also affirm that I am waiving my right to appeal any adverse ruling of the Board that might have followed any such hearing.

I sign this Consent Order after having an opportunity to consult with counsel, without reservation, and I fully understand and comprehend the language, meaning and terms of the Consent Order. I voluntarily sign this Order, and understand its meaning and effect.

6/14/13
Date

Laurie Poss, M.D.

NOTARY

STATE OF : Maryland

CITY/COUNTY OF Anne Arundel

I HEREBY CERTIFY that on this 14th day of June, 2013, before me, a Notary Public of the foregoing State and City/County personally appeared Laurie Poss, M.D, License Number D32567, and made oath in due form of law that signing the foregoing Consent Order was her voluntary act and deed.

AS WITNESSETH my hand and notarial seal.

Notary Public

Commission expires: 1-26-15

COLLIN MURPHY NOTARY PUBLIC ANNE ARUNDEL COUNTY, MD