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**

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ORDER FOR SUMMARY SUSPENSION OF LICENSE TO PRACTICE MEDICINE

The Maryland State Board of Physicians (the "Board) hereby **SUMMARILY SUSPENDS** the license of Laurie Poss, M.D. (the Respondent") (D.O.B. 10/02/1952), License Number D32567, to practice medicine in the State of Maryland. The Board takes such action pursuant to its authority under Md. State Gov't Code Ann. § 10-226(c)(2)(i) (2009 Repl. Vol.), concluding that the public health, safety or welfare imperatively requires emergency action.

INVESTIGATIVE FINDINGS

Based on information received by, and made known to the Board, and the investigatory information obtained by, received by and made known to and available to the Board and the Office of the Attorney General, including the instances described below, the Board has reason to believe that the following facts are true:[1]

[1] The statements regarding the Respondent's conduct are intended to provide the Respondent with notice of the basis of the suspension and charges. They are not intended as, and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent with this matter.

BACKGROUND AND GENERAL INVESTIGATIVE FINDINGS

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

2. Since February 1, 2012 until present, the Respondent has been engaged in the practice of general and addictions medicine at a center that she owns and operates in Annapolis, Maryland ("Center A"). She also owns a drug and alcohol testing company and functions 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.

3. The Respondent does not have a permit to dispense medications.

4. 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)

5. 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)

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

7. On or about October 17, 2011, the Board received a complaint from the Maryland Board of Professional Counselors and Therapists alleging that the Respondent

had been running an addictions treatment center with an expired medical license. (Case # 2012-0303)

8. 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 a recent relapse resulting in a DUI (driving under the influence) charge in Boulder, Colorado in August 2011.[2] She reported that she had cervical myelopathy and "?MS (Multiple Sclerosis) or ALS (Amyotrophic Lateral Sclerosis)." She reported being on several medications including diazepam 10 mg. at bedtime.

9. 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.[3]

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

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

12. 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") and staff from the Maryland Division of Drug Control ("DDC"). The Board's staff notified the Respondent it had opened an

[2] Following a guilty plea, the State court imposed community service.
[3] The Respondent's appointment log reflects that she saw patients on this date from approximately 11:00 a.m. through 3:00 p.m.

investigation relating to "several complaints," and ordered her to submit to drug and alcohol testing.

13. On or about July 17, 2012, the Respondent submitted to urine and hair toxicology screening. The urine testing revealed positive results for three benzodiazepines: oxazepam (883 ng/ml), nordiazepam (199 ng/ml) and temazepam (644 ng/ml).[4]

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

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

16. 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.

17. As a result of information received, on or about August 28, 2012, pursuant to Md. Health Occ. § 14-402(a),[5] the Board ordered the Respondent to undergo a neuropsychological evaluation by a board-approved neuropsychologist ("Dr. W").

18. On September 11, 18 and 25, 2012, Dr. W evaluated the Respondent, including obtaining a history, behavioral observations and testing. The testing he administered included a Developmental History Questionnaire, a Wechsler Adult Intelligence Scales, a Wechsler Memory Scales, the Delis-Kaplan Executive Functions System, a California Verbal Learning Test, the Rey-Osterrieth

[4] The Respondent had initially been ordered to submit to testing on July 9, 2012, but appeared at an incorrect location.

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

Complex Figure, the Rey 15 item test of effort and a Minnesota Multiphasic Personality Inventory.

19. Dr. W met with the Respondent in his office on September 11 and 18, and at her home on September 25, 2012.

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.

21. As a result of the Board's investigation, based in large part on Dr. W's evaluation, the Board voted to summarily suspend the Respondent's license to practice medicine, under Md. State Gov't Code Ann. § 10-226(c)(2)(i) (2009 Repl. Vol.), concluding that the public health, safety or welfare imperatively requires emergency action.

ON SITE VISIT

22. On or about June 29, 2012, staff from DDC, DEA and the Board made an on-site visit to Center A.

23. During the on-site visit, a DEA investigator notified the Respondent that she was certified to only treat 30 patients with buprenorphine (Suboxone), 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.

24. 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 had occurred during an office move that took place in 2009. According to DDC staff, the Respondent blamed the loss on her employees.

PATIENT A

25. The Respondent hired an addictions counselor, Patient A,[6] to work at her addictions practice on or around July 2002.[7] 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.[8] Patient A worked in a variety of capacities for the Respondent's practice including as an addictions counselor and a book-keeper.

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

27. According to Patient A, the Respondent contracted with him and he owned the corporation that he formed in the 1990's to assist homeless drug and alcohol abusers. The Respondent denied knowledge that Patient A owned the corporation.

28. Patient A has a certified supervised counselor-alcohol and drug certification ("CSC-AD") through the Maryland Board of Professional Counselors and Therapists. CSC-AD's, however, can only practice alcohol and drug counseling under the supervision of a Board approved Alcohol and Drug Supervisor and

[6] In order to maintain confidentiality, neither patient nor facility names will be used in this document, but will be provided to the Respondent on request.
[7] Patient A is also under investigation by the Board for the unauthorized practice of medicine.
[8] On or about March 9, 2012, the Respondent noted in Patient A's records that she had found out he had been ordering medications through office distribution and advised him that he had to find another primary care practitioner.

under a program with the appropriate certification (JCAHO or ADAA).[9] The Respondent is not a Board approved supervisor for Patient A, nor does Center A (or the prior addiction treatment sites) have the appropriate certification.

29. 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.

30. Patient A further testified that he would call in Suboxone for patients under the Respondent's direction when she was not physically present at the addictions practice.[10]

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

INTERVIEWS OF THE RESPONDENT

July 26, 2012 interview

32. The Respondent testified that she presently locks 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.

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

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

33. The Respondent admitted to self-prescribing medications for approximately eight years as set forth below in ¶ 47.

34. The Respondent testified that she also takes Valium, but has been obtaining the Valium from refills written several years ago by a former physician. She further testified that she only takes the Valium intermittently before sleep.

35. The Respondent testified that she keeps Valium in stock at Center A for treatment of patients undergoing "alcohol withdrawal."

September 4, 2012 interview

36. The Board's staff questioned the Respondent about the 1000 tablets of Valium noted in ¶ 24 that were missing from her office during a 2009 office move.

37. 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."

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

39. 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, she had taken 10-20 Valium from the office; it was not a "fistful" but she 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."

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

MENTAL HEALTH TREATMENT

41. 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.

42. On September 5, 2012, the Respondent reported to her psychiatrist that she had only taken six Valium since her last appointment on August 6, 2012. The psychiatrist asked her to bring in the bottle during her next visit.

43. On September 12, 2012, the psychiatrist documented that the Respondent had brought in a bottle of Valium with 16 tablets remaining (it was unclear how many had been prescribed). The Respondent was wearing a neck brace and reported that she had taken 26 tablets since September 5th because of neck pain.

NEUROPSYCHOLOGICAL EVALUATION

Dr. W noted the following in his report:

HISTORY OF ALCOHOL ABUSE

44. The Respondent admits a history of alcohol abuse from her teens until her early 30's. She admits 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.

MEDICAL HISTORY

45. 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[11] 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.[12]

46. 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."

47. The Respondent admitted that prior to the Board's investigation she self-prescribed medications that included Strattera,[13] Ziac,[14] amitriptyline,[15] diazepam[16] 10 mg. at bedtime and Lunesta[17] as needed. Additionally, she reported that she alternated between taking Soma,[18] Flexeril[19] and Skelaxin.[20] The Respondent told Dr. W that her primary care provider, whom she saw twice yearly, endorsed her self-prescription of these medications.

48. After the Board initiated its investigation, the Respondent placed herself under the care of a psychiatrist (see ¶ 41), who began prescribing her medications to include Ziac, Skelaxin, amitriptyline 25 mg at bedtime, diazepam 5 mg as needed, metformin[21] and Strattera.[22]

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[11] Softening of the spinal cord.
[12] 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.
[13] Nonstimulant drug used in the treatment of Attention Deficit Disorder.
[14] Used in the treatment of high blood pressure.
[15] Antidepressant.
[16] Also known as Valium; a schedule IV benzodiazepine.
[17] Schedule IV sedative used in the treatment of insomnia.
[18] Schedule IV muscle relaxant.
[19] Muscle relaxant.
[20] Muscle relaxant.
[21] Oral antidiabetic drug.
[22] The Respondent reported to Dr. W that she saw the psychiatrist because of the Board's concerns; she did not see self-prescription as a problem.

BEHAVIORAL OBSERVATIONS

49. 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).

50. Also on September 11, 2012, Dr. W provided the Respondent with a 45 minute break for lunch. 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.

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

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

53. 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

54. 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.

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

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

57. 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.

58. 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.

CONCLUSION OF LAW

Based on the foregoing facts, the Board concludes that the public health, safety or welfare imperatively require emergency action in this case, pursuant to Md. State Gov't Code Ann. § 10-226 (c) (2) (i) (2009 Repl. Vol.).

ORDER

Based on the foregoing, it is this 31 day of October, 2012, by a majority of the quorum of the Board:

ORDERED that pursuant to the authority vested by Md. State Gov't Code Ann., § 10-226(c)(2), the Respondent's license to practice medicine in the State of Maryland be and is hereby **SUMMARILY SUSPENDED**; and be it further

ORDERED that a post-deprivation hearing in accordance with Code Md. Regs. tit. 10, § 32.02.05.B (7) (c), D and E on the Summary Suspension has been scheduled for **November 14, 2012**, at **11:15 a.m.**, at the Maryland State Board of Physicians, 4201 Patterson Avenue, Baltimore, Maryland 21215-0095; and be it further

ORDERED that at the conclusion of the **SUMMARY SUSPENSION** hearing held before the Board, the Respondent, if dissatisfied with the result of the hearing, may request within ten (10) days an evidentiary hearing, such hearing to be held within thirty (30) days of the request, before an Administrative Law Judge at the Office of Administrative Hearings, Administrative Law Building, 11101 Gilroy Road, Hunt Valley, Maryland 21031-1301; and be it further

ORDERED that on presentation of this Order, the Respondent **SHALL SURRENDER** to the Board's Compliance Analyst, the following items:

(1) the Respondent's original Maryland License D32567;

(2) the Respondent's current renewal certificate;

(3) the Respondent's Maryland Controlled Dangerous Substance Registration;

(4) all controlled dangerous substances in the Respondent's possession and/or practice;

(5) all Medical Assistance prescription forms:

(6) all prescription forms and pads in his possession and/or practice; and

(7) Any and all prescription pads on which his name and DEA number are imprinted; and be it further

ORDERED that a copy of this Order of Summary Suspension shall be filed with the Board in accordance with Md. Health Occ. Code Ann. § 14-407 (2009 Repl. Vol. & 2012 Supp.); and be it further

ORDERED that this is a Final Order of the Board and, as such, is a **PUBLIC DOCUMENT** pursuant to Md. State Gov't Code Ann. § 10-611 *et seq.*

10/31/2012
Date

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