IN THE MATTER OF	BEFORE THE
JANELLE M. LOVE, M.D.	MARYLAND STATE
Respondent	BOARD OF PHYSICIANS
License Number: D0052097	Case Number: 2226-0080 A

CONSENT ORDER

On June 24, 2026, Disciplinary Panel A ("Panel A") of the Maryland State Board of Physicians (the "Board") filed amended charges against **JANELLE M. LOVE, M.D.** (the "Respondent"), License Number D0052097, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. §§ 14-101 *et seq.*

Specifically, Disciplinary Panel A charged the Respondent with violating the following provisions of the Act:

> **§ 14-404. Denials, reprimands, probations, suspensions, and revocations – Grounds.**
>
> (a) *In general.* Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, 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; [and]
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> . . .
>
> (6) Abandons a patient[.]

The American Medical Association Code of Medical Ethics[1] provides as follows:

1.1.3 Patient Rights

The health and well-being of patients depends on a collaborative effort between patient and physician in a mutually respectful alliance. Patients contribute to this alliance when they fulfill responsibilities they have, to seek care and to be candid with their physicians. Physicians can best contribute to a mutually respectful alliance with patients by serving as their patients' advocates and by respecting patients' rights. These include the right: . . .

(b) To receive information from their physicians and to have opportunity to discuss the benefits, risks, and costs of appropriate treatment alternatives, including the risks, benefits and costs of forgoing treatment. Patients should be able to expect that their physicians will provide guidance about what they consider the optimal course of action for the patient based on the physician's objective professional judgment.

1.1.5 Terminating a Patient-Physician Relationship

Physicians' fiduciary responsibility to patients entails an obligation to support continuity of care for their patients. At the beginning of patient-physician relationship, the physician should alert the patient to any foreseeable impediments to continuity of care.

When considering withdrawing from a case, physicians must:

(a) Notify the patient (or authorized decision maker) long enough in advance to permit the patient to secure another physician.

(b) Facilitate transfer of care when appropriate.

[1] The Code of Maryland Regulations 10.32.02.16 provides: "The Board and the disciplinary panels may consider the Principles of Ethics of the American Medical Association, but these principles are not binding on the Board or the disciplinary panels."

1.1.7 Physician Exercise of Conscience

Physicians are expected to uphold the ethical norms of their profession, including fidelity to patients and respect for patient self-determination. Yet physicians are not defined solely by their profession. They are moral agents in their own right and, like their patients, are informed by and committed to diverse cultural, religious, and philosophical traditions and beliefs. For some physicians, their professional calling is imbued with their foundational beliefs as persons, and at times the expectation that physicians will put patients' needs and preferences first may be in tension with the need to sustain moral integrity and continuity across both personal and professional life.

Preserving opportunity for physicians to act (or to refrain from acting) in accordance with the dictates of conscience in their professional practice is important for preserving the integrity of the medical profession as well as the integrity of the individual physician, on which patients and the public rely. Thus physicians should have considerable latitude to practice in accord with well-considered, deeply held beliefs that are central to their self-identities.

Physicians' freedom to act according to conscience is not unlimited, however. Physicians are expected to provide care in emergencies, honor patients' informed decisions to refuse life-sustaining treatment, and respect basic civil liberties and not discriminate against individuals in deciding whether to enter into a professional relationship with a new patient.

In other circumstances, physicians may be able to act (or refrain from acting) in accordance with the dictates of their conscience without violating their professional obligations. Several factors impinge on the decision to act according to conscience. Physicians have stronger obligations to patients with whom they have a patient-physician relationship, especially one of long standing; when there is imminent risk of foreseeable harm to the patient or delay in access to treatment would significantly adversely affect the patient's physical or emotional well-being; and when the patient is not reasonably able to access needed treatment from another qualified physician.

In following conscience, physicians should:

(a) Thoughtfully consider whether and how significantly an action (or declining to act) will undermine the physician's personal integrity, create emotional or moral distress for the physician, or compromise the physician's ability to provide care for the individual and other patients.

(b) Before entering into a patient-physician relationship, make clear any specific interventions or services the physician cannot in good conscience provide because they are contrary to the physician's deeply held personal beliefs, focusing on interventions or services a patient might otherwise reasonably expect the practice to offer.

(c) Take care that their actions do not discriminate against or unduly burden individual patients or populations of patients and do not adversely affect patient or public trust.

(d) Be mindful of the burden their actions may place on fellow professionals.

(e) Uphold standards of informed consent and inform the patient about all relevant options for treatment, including options to which the physician morally objects.

(f) In general, physicians should refer a patient to another physician or institution to provide treatment the physician declines to offer. When a deeply held, well-considered personal belief leads a physician also to decline to refer, the physician should offer impartial guidance to patients about how to inform themselves regarding access to desired services.

(g) Continue to provide other ongoing care for the patient or formally terminate the patient physician relationship in keeping with ethics guidance.

On August 12, 2026, Panel A was convened as a Disciplinary Committee for Case Resolution ("DCCR") in this matter. Based on negotiations occurring as a result of this DCCR, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law, Order, and Consent.

FINDINGS OF FACT

Panel A finds:

1. At all relevant times, the Respondent was and is licensed to practice medicine in the State of Maryland. The Board initially issued the Respondent a license to practice medicine in Maryland on June 2, 1997, under License Number D0052097. The Respondent's license is scheduled to expire on September 30, 2026. The Respondent also is licensed to practice medicine in the Commonwealth of Virginia.

2. The Respondent currently does not possess any specialty board certifications.

3. At all relevant times, the Respondent is a solo practitioner and practices functional integrative medicine at a medical office in Anne Arundel County, Maryland.

I. Complaint

4. The Board initiated an investigation of the Respondent after receiving a complaint on or about October 22, 2025 from an established patient (the "Patient") of the Respondent. The Patient reported that over a six-week period in 2025 the Respondent did not return multiple telephone voicemail messages requesting a consultation to review certain laboratory results and renew expiring prescription medications.[2] The Patient documented eight separate dates on which she left the Respondent telephone voicemail messages. The Patient also provided confirmation that on September 11, 2025, the Patient sent to the Respondent by facsimile transmission laboratory results and requested an

[2] For confidentiality reasons, the Complainant, health care facilities, health care providers, and patients referenced herein will not be identified by name. The Respondent may obtain the identity of any entity or individual referenced herein by contacting the administrative prosecutor.

appointment. The Patient further stated she visited the Respondent's office on one occasion in an unsuccessful attempt to make an appointment and to have her expiring prescriptions filled.

II. Board Investigation

4. As part of its investigation, the Board subpoenaed and obtained medical records for the Patient and two other individuals treated by the Respondent, received a written response from the Respondent to the allegations, conducted an under-oath interview with the Respondent and the Patient, and conducted a site visit. The Board also referred the Respondent to a Board-approved program (the "Program") for an independent evaluation to determine her present fitness to practice medicine safely.

5. The investigation confirmed that the Patient was treated by the Respondent for various medical conditions from 2013 through 2025. This treatment included the Respondent writing and renewing prescription medications for the Patient.

6. The Respondent provided medical records for the Patient. From 2019 to 2025, the medical records document 45 separate encounters between the Patient and Respondent. The medical records document that the Respondent ordered various laboratory tests and prescribed multiple medications and supplements for the Patient.

7. Board investigators also interviewed the Patient. During her interview, the Patient stated that she first began treatment with the Respondent in April 2013. The Patient reported that the Respondent exclusively treated her for a variety of medical conditions, including prescribing medications.

8. The Patient stated she last spoke to the Respondent on June 26, 2025 regarding calling in a prescription to a pharmacy.

9. The Patient recounted that from August 20, 2025 until October 6, 2025, she "tried to contact [the Respondent] numerous times without success by leaving voicemail messages and sending her a fax as well." The Patient stated that she wishes she "understood why [the Respondent] has taken the path that she has. I'm very disappointed that she has because I felt like I would not have seen her for almost 12 and a half years if I didn't have the confidence in her with the things we were working on."

10. On November 24, 2025, Board investigators conducted a site visit to the Respondent's office. Board investigators observed that the Respondent's office had a windowless steel door that identified the office as "Janelle M. Love, M.D./Medical Consulting." Additional signs posted on the door stated "No Solicitors," "Watchman on the Wall," "Thermography is no longer offered at this location," and "This office is NOT currently accepting new patients as of 9/1/25. Please do not leave your new patient packets under the door."

11. Board investigators also knocked on the Respondent's office door but no one responded. Board investigators also called the Respondent's office phone number but went to her voicemail. The voicemail message identified the number as belonging to the Respondent and included a statement that the Respondent had stopped accepting new patients as of September 1, 2025. Additionally, the voicemail message stated that if you were a current patient, she would return your call "Lord willing, being the Lord Jesus Christ that is." Board investigators left a voicemail message requesting a return call.

12. Board investigators later attempted to reach the Respondent on three other occasions, but the Respondent did not answer or return any of the telephone calls.

13. In written response to the Patient's complaint, the Respondent stated the following:

> I was made aware on August 8, 2025 [the Patient] had placed witchcraft on myself and subsequent witchcraft has been placed upon myself and my office phone. This was very concerning and is one of the reasons my door remains locked for my safety. Regarding the sentence in the complaint "The door was locked yet her car was in the parking lot" is concerning since if a patient knows what my car looks like, when I arrive before patients and leave after patient care, a patient may be investigating license plates to see who owns which car in the parking lots.
>
> I check phone messages and calls are returned and documented as formal phone consults in the medical chart. For my safety and the safety of my family, I have not returned any calls from someone who calls herself [the Patient] since August 8, 2025. Also, since August 8, 2025, pharmacy prescriptions have not been authorized or denied as her primary care doctor would be able to follow up with this issue.

14. In her interview with Board investigators, the Respondent stated her practice focuses on bioidentical hormone therapy, gastrointestinal issues, toxins, and cognitive concerns.

15. The Respondent stated that the Patient was a longstanding patient and she treated her for a variety of medical conditions.

16. On August 8, 2025, the Respondent stated the Holy Spirit told her the Patient placed witchcraft on her and her phone, prompting her to cease care.[3]

[3] The Respondent admits that the Patient never discussed witchcraft, sorcery or religion with her.

17. The Respondent acknowledged she did not notify the Patient of the termination or provide 30-days notice, and did not authorize prescription refills thereafter.

18. The Respondent admitted that she heard some voicemails from the Patient about running out of medicine, but chose not to respond based on her prayers.

19. The Respondent believes her technical issues with phones and faxes started around late August 2025 and persisted into fall. The Respondent asserts she would not accept the Patient back as a patient even after believing the spell was broken in December 2025.

20. The Respondent concedes she should have provided a termination letter and 30-day period and will do so in future similar situations. The Respondent acknowledges that by definition she may have abandoned the Patient and should have handled the situation better.

21. On or about April 29, 2026, a specialist retained by the Program conducted a comprehensive evaluation of the Respondent to determine her present fitness to practice medicine safely. The specialist issued a report that concluded the Respondent is not safe to practice medicine at this time.

22. The specialist, along with the clinical team of the Program, concluded that the Respondent has a lack of insight into personal factors that may contribute to ongoing or future professional concerns including but not limited to abrupt discontinuation of patient care including those who are prescribed medications, neglecting proper termination and referral protocols.

23. The Respondent also was unable to provide to the specialist and the Program concrete steps for termination or referrals under future similar circumstances which exhibits both a lack of insight and poor judgment.

24. The Respondent further admitted to utilizing non-clinical advisors and subjective, non-clinical criteria for ongoing clinical decision making. In particular, the Respondent was asked by the specialist what she would "do if [she] received another message from the Holy Spirit that another patient was engaging in witchcraft and had put a spell on [her] or [her] practice." In response, the Respondent stated: "I have been praying about the question you asked regarding if I had a similar situation occur again. I am proactive now in my practice and I seek the Lord to see if I should accept a particular person or not as a new patient. With this practice, I have not accepted a couple of patients and given them websites to find other functional medicine resources. I have sought the Lord to see if any of my current patients should stay under my care or be discharged. I was told to 'keep them as patients.' I have also sought the Lord to see if any of my current patients knowingly practice witchcraft. I was told, 'No, they do not.' I also asked the Lord for mercy so I can stay in compliance with all laws for appropriate patient care and discharging if needed. I heard, 'granted.'"

25. The Respondent further elaborated that she seeks "the Lord in prayer to see if I should a accept a particular patient as a new patient and if His answer is 'No,' I do not accept that person. I don't always ask why; however, I do have my [non-physician] husband confirm as a second witness if I should accept or not accept a 'potential new patient who inquired about becoming a patient.' For confidential reasons, I do not give him

the names of patients. His answer received has been the same. If I receive a 'Yes' to accepting a new patient(s), I accept them."

CONCLUSIONS OF LAW

Based on the foregoing findings of fact, Disciplinary Panel A concludes as a matter of law that the Respondent is guilty of unprofessional conduct in the practice of medicine, a violation of Health Occ. § 14-404(a)(3)(ii) and abandonment of a patient, a violation of Health Occ. § 14-404(a)(6).

ORDER

It is thus, on the affirmative vote of the quorum of Disciplinary Panel A of the Board, hereby:

ORDERED that the Summary Suspension of License to Practice Medicine issued against the Respondent on June 23, 2026 and the Order reaffirming the Order for Summary Suspension on July 9, 2026 are terminated as moot based on the suspension ordered under this Consent Order; and it is further

ORDERED that the Respondent is **REPRIMANDED**; and it is further

ORDERED that the Respondent's license to practice medicine is **SUSPENDED** for a minimum of **THIRTY (30) DAYS**[4]. During the suspension, the Respondent shall comply with the following terms and conditions of the suspension:

(1) The Respondent shall enroll in the Maryland Professional Rehabilitation Program (MPRP) as follows:

(a) Within 5 business days, the Respondent shall contact MPRP to schedule

[4] If the Respondent's license expires during the period of the suspension, the suspension and any conditions will be tolled.

an initial consultation for enrollment;

(b) Within 15 business days, the Respondent shall enter into a Participant Rehabilitation Agreement and Participant Rehabilitation Plan with MPRP;

(c) the Respondent shall fully and timely cooperate and comply with all 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 with MPRP, and shall fully participate and comply with all therapy, treatment, evaluations, and screenings as directed by MPRP;

(d) the Respondent shall sign and update the written release/consent forms requested by the Board and MPRP, including release/consent forms to authorize MPRP to make verbal and written disclosures to the Board and to authorize the Board to disclose relevant information from MPRP records and files in a public order. The Respondent shall not withdraw her release/consent;

(e) the 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 the Respondent's current therapists and treatment providers) verbal and written information concerning the Respondent and to ensure that MPRP is authorized to receive the medical records of the Respondent, including, but not limited to, mental health and drug or alcohol evaluation and treatment records. The Respondent shall not withdraw her release/consent; and it is further

(f) if, upon the authorization of MPRP, the Respondent transfers to a rehabilitation program in another state, the Respondent's failure to comply with any term or condition of the out-of-state's rehabilitation program, constitutes a violation of this Consent Order. The Respondent shall also sign any out-of-state written release/consent forms to authorize the Board to exchange with (i.e., disclose to and receive from) the out-of-state program verbal and written information concerning the Respondent, and to ensure that the Board is authorized to receive the medical records of the Respondent, including, but not limited to, mental health and drug or alcohol evaluation and treatment records. The Respondent shall not withdraw her release/consent;

(2) During the suspension period, the Respondent shall not:

(a) practice medicine;

(b) take any actions after the effective date of this Order to hold himself or herself out to the public as a current provider of medical services;

(c) authorize, allow or condone the use of the Respondent's name or provider number by any health care practice or any other licensee or health care

provider;
(d) function as a peer reviewer for the Board or for any hospital or other medical care facility in the state;
(e) dispense medications; or
(f) perform any other act that requires an active medical license; and it is further

ORDERED that the Respondent shall not apply for early termination of suspension; and it is further

ORDERED that after the minimum period of suspension imposed by the Consent Order has passed and if MPRP finds, and notifies the Board, that the Respondent is safe to return to the practice of medicine, the Respondent may submit a written petition to the disciplinary panel to terminate the suspension of the Respondent's license. The Respondent may be required to appear before the disciplinary panel to discuss her petition for termination. If the disciplinary panel determines that it is safe for the Respondent to return to the practice of medicine, the suspension will be terminated through an order of the disciplinary panel, and the disciplinary panel shall impose **PROBATION** for a minimum of **ONE (1) YEAR** with continued enrollment in MPRP until MPRP determines that the Respondent is fit to practice medicine without continued monitoring. If the disciplinary panel determines that it is not safe for the Respondent to return to the practice of medicine, the suspension shall be continued through an order of the disciplinary panel for a length of time determined by the disciplinary panel, and the disciplinary panel may impose any additional terms and conditions it deems appropriate; and it is further

ORDERED that, if the Respondent allegedly fails to comply with any term or condition imposed by this Consent Order, the Respondent shall be given notice and an

opportunity for a hearing. If the disciplinary panel determines there is a genuine dispute as to a material fact, the hearing shall be before an Administrative Law Judge of the Office of Administrative Hearings followed by an exceptions process before a disciplinary panel; and if the disciplinary panel determines there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before a disciplinary panel; and it is further

ORDERED that after the appropriate hearing, if the disciplinary panel determines that the Respondent has failed to comply with any term or condition imposed by this Consent Order, the disciplinary panel may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend with appropriate terms and conditions, or revoke the Respondent's license to practice medicine in Maryland. The disciplinary panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine on the Respondent; and it is further

ORDERED that this Consent Order shall not be amended or modified and future requests for modification will not be considered; 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 the effective date of the Consent Order is the date the Consent Order is signed by the Executive Director of the Board or her designee. The Executive Director signs the Consent Order on behalf of the disciplinary panel which has imposed the terms and conditions of this Consent Order; and it is further

ORDERED that this Consent Order is a public document. *See* Md. Code Ann.,

Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

CONSENT

I, Janelle M. Love, M.D., acknowledge that I have consulted with counsel before signing this document.

By this Consent, I agree to be bound by this Consent Order and all its terms and conditions and understand that the disciplinary panel will not entertain any request for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 *et seq.* concerning the pending charges. I waive this right and have elected to sign this Consent Order instead.

I acknowledge the validity and enforceability of this Consent Order as if entered 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 behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of the disciplinary panel to initiate these proceedings and to issue and enforce this Consent Order.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Order as a resolution of the charges. I waive any right to contest the Findings of Fact and Conclusions of Law and Order set out in the Consent Order. I waive all rights to appeal this Consent Order.

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

8/17/2026
Date

Signature on File

Janelle M. Love, M.D.

NOTARY

STATE OF Maryland

~~CITY~~ / COUNTY OF Prince George's

I HEREBY CERTIFY that on this 17th day of August 2026, before me, a Notary Public of the foregoing State and City/County, personally appeared Janelle M. Love, M.D. 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.

PETER PHILLIPS
NOTARY PUBLIC
PRINCE GEORGE'S COUNTY
MARYLAND
MY COMMISSION EXPIRES SEPTEMBER 27, 2029

Peter Phillips
Notary Public

My Commission expires: 09/27/2029

ACCEPTANCE

I, Christine A. Farrelly, sign this **CONSENT ORDER** on behalf of Disciplinary Panel A.

08/20/2026
Date

Signature on File

Christine A. Farrelly
Executive Director
Maryland State Board of Physicians