

**IN THE MATTER OF**

\*

**BEFORE THE**

**ALAN M. GERINGER, M.D.**

\*

**MARYLAND STATE**

**Respondent**

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**BOARD OF PHYSICIANS**

**License Number: D29143**

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**Case Number: 2219-0134B**

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**CONSENT ORDER**

On September 4, 2020, Disciplinary Panel B of the Maryland State Board of Physicians (the "Board") charged **ALAN M. GERINGER, M.D.** (the "Respondent"), License Number D29143, under the Maryland Medical Practice Act (the "Act"), codified at Md. Code Ann., Health Occ. ("Health Occ.") §§ 14-101 *et seq.* (2014 Repl. Vol. & 2019 Supp.).

The relevant provisions of the Act provide the following:

- (a) 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:
  - (22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State[.]

On October 21, 2020, Panel B 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

Disciplinary Panel B finds the following facts:

### **I. BACKGROUND**

1. At all times relevant, 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 March 7, 1983, under License Number D29143. The Respondent's license is current through September 30, 2022.

2. The Respondent is board-certified in urology, and at all times, practiced general urology and addiction medicine at a health care facility (the "Clinic")<sup>1</sup> with locations in Towson and Baltimore, Maryland.

3. The Board initiated an investigation of the Respondent after receiving a complaint on or about December 4, 2018, from a physician at a local government health agency expressing concerns regarding the Respondent's prescribing of controlled dangerous substances ("CDS") to one of his patients.

### **II. BOARD INVESTIGATION**

4. In furtherance of its investigation, the Board obtained patient medical records and written summaries of care from the Respondent. Board staff members also interviewed the Respondent under oath. The Board forwarded the medical records of patient the Respondent treated to an independent reviewing agency for a peer review. After reviewing

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<sup>1</sup> To ensure confidentiality, the names of individuals, hospitals and healthcare facilities involved in this case are not disclosed in this document.

the records, two licensed physician Board-certified in Addiction Medicine concurred that the Respondent failed to meet appropriate standards of care for quality medical care in four cases reviewed. A summary of the reviewers' findings is set forth below.

### **III. PATIENT-SPECIFIC SUMMARIES**

#### **Patient A**

5. Patient A, a male born in the 1960s, saw the Respondent from December 12, 2015, to April 15, 2019, for opiate dependence, benign prostatic hyperplasia and sexual dysfunction. The Respondent saw Patient A on a monthly basis and generally maintained Patient A on buprenorphine and Xanax despite inconsistent urine toxicology screen ("UDS") results indicating patient non-compliance.

6. The first urine toxicology screen the Respondent ordered was approximately two years after the initial visit on October 9, 2017, when the results came back positive for cocaine, heroin and fentanyl and negative for buprenorphine.

7. On or about November 20, 2017, Patient A tested positive for buprenorphine and oxycodone (not prescribed) and negative for Xanax (prescribed).

8. On or about December 18, 2017, January 15, 2018, and February 12, 2018, Patient A tested negative for buprenorphine and Xanax, which the Respondent prescribed.

9. On or about March 11, 2018, Patient A tested positive for buprenorphine but negative for Xanax.

10. On or about April 6, 2018, Patient A told the Respondent that he was being prescribed Xanax and oxycodone from his primary care physician. Patient A's UDS at this visit came back positive for oxycodone and buprenorphine but negative for Xanax.

11. On or about May 7, 2018, the Respondent noted that he spoke to Patient A's primary care physician who told him that Patient A told her he was on Methadone and diverting his Suboxone to a family member.

12. On or about June 11, 2018, Patient A tested positive for buprenorphine and negative for Xanax.

13. On or about July 6, 2018, the Respondent noted that Patient A's UDS sent for testing on June 11, 2018, returned as altered urine sample to which Patient A admitted on July 18, 2018.

14. On or about September 4, 2018, Patient A's UDS came back positive for fentanyl, which the Respondent did not prescribe, and negative for buprenorphine and Xanax, which the Respondent did prescribe.

15. On or about September 24, 2018, the Respondent noted that Patient A failed to provide urine specimen and that his September 10, 2018, UDS came back positive for fentanyl.

16. On or about October 18, 2018, the Respondent noted that Patient A's mouth swab was positive for heroin.

17. On or about December 2018, Patient A tested positive for buprenorphine, THC, Methadone and oxycodone but negative for Xanax.

### **Patient B**

18. Patient B, a male born in the 1990s, had been seeing the Respondent for opioid dependency since on or about July 3, 2018. Patient B had been in inpatient rehabilitation program on multiple occasions. At this initial visit, the Respondent placed

Patient B on a medication regimen that included buprenorphine and Klonopin and followed up with him every two to three weeks.

19. Between July 24, 2018, and December 11, 2018, the Respondent ordered UDS on eight occasions, and Patient B tested positive for cocaine on every occasion. Despite Patient B's repeated positive results for cocaine, the Respondent continued to prescribe buprenorphine and Klonopin to Patient B.

### **Patient C**

20. Patient C, a male born in the 1980s, had been seeing the Respondent for opioid dependence and hypogonadism since around July 17, 2017, to April 8, 2019. The Respondent noted that Patient C was already on buprenorphine and clonazepam but failed inquire as to Patient C's abuse history or treatment history and obtain Patient C's prior medical records for review. The Respondent prescribed buprenorphine initially and later added clonazepam.

21. During Patient C's treatment period, the Respondent repeatedly failed to address Patient C's inconsistent UDS results. Patient C tested positive for barbiturates, which the Respondent did not prescribe, on March 28, 2018, April 23, 2018, May 23, 2018, and June 18, 2018. Patient C tested positive opiates, which the Respondent did not prescribe, on September 4, 2018, and September 24, 2018. Patient C tested positive for amphetamines, which the Respondent did not prescribe, on April 8, 2019.

### **Patient D**

22. Patient D, a male born in the 1970s, saw the Respondent from on or about May 30, 2017, to April 1, 2019, with diagnoses of opioid addiction, attention deficit

disorder, post-traumatic stress disorder and backache. The Respondent managed Patient D with monthly follow-up visits and prescriptions for buprenorphine and later added clonazepam.

23. During Patient D's treatment period, the Respondent repeatedly failed to address Patient D's inconsistent UDS results. Patient D tested positive for Xanax, which the Respondent did not prescribe, on July 9, 2018, August 6, 2018, August 27, 2018, and November 26, 2018. Patient D also tested negative for clonazepam, which the Respondent prescribed, on August 6, 2018, August 27, 2018 and November 26, 2018.

### **CONCLUSIONS OF LAW**

Based on the Findings of Fact, Panel B concludes as a matter of law that the Respondent failed to meet the appropriate standards for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State, in violation of Health Occ. § 14-404(a)(22).

### **ORDER**

It is, thus, on the affirmative vote of a majority of the quorum of Board Disciplinary Panel B, hereby

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

**ORDERED** that the Respondent is placed on **PROBATION** for a minimum period of **ONE YEAR**.<sup>2</sup> During probation, the Respondent shall comply with the following terms and conditions of probation:

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<sup>2</sup> If the Respondent's license expires during the period of probation, the probation and any conditions will be tolled.

1. Within **SIX MONTHS**, the Respondent is required to take and successfully complete courses in the appropriate prescribing of CDS. The following terms apply:

- (a) it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the courses before the courses begin;
- (b) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the courses;
- (c) the courses may not be used to fulfill the continuing medical education credits required for license renewal; and
- (d) the Respondent is responsible for the cost of the courses; and

2. The Respondent shall be subject to supervision for the length of probation<sup>3</sup> by a disciplinary panel-approved supervisor who is board-certified in Addiction Medicine as follows:

- (a) within **30 CALENDAR DAYS** of the effective date of this Consent Order, the Respondent shall provide the disciplinary panel with the name, pertinent professional background information of the supervisor whom the Respondent is offering for approval, and written notice to the disciplinary panel from the supervisor confirming his or her acceptance of the supervisory role of the Respondent and that there is no personal or professional relationship with the supervisor;
- (b) the Respondent's proposed supervisor, to the best of the Respondent's knowledge, should not be an individual who is currently under investigation, and has not been disciplined by the Board within the past five years;
- (c) if the Respondent fails to provide a proposed supervisor's name within 30 calendar days from the effective date of the order, the Respondent's license shall be automatically suspended from the 31<sup>st</sup> day until the Respondent provides the name and background of a supervisor;
- (d) the disciplinary panel, in its discretion, may accept the proposed supervisor or request that the Respondent submit a name and professional background, and written notice of confirmation from a different supervisor;

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<sup>3</sup> If the Respondent is not practicing medicine, the supervision shall begin when the Respondent resumes the practice of medicine and the disciplinary panel has approved the proposed supervisor. The Respondent shall submit the name of a proposed supervisor within 30 days of resuming the practice of medicine and shall be subject to supervision by a disciplinary panel approved supervisor upon the return to the practice of medicine.

- (e) the supervision begins after the disciplinary panel approves the proposed supervisor;
- (f) the disciplinary panel will provide the supervisor with a copy of this Consent Order and any other documents the disciplinary panel deems relevant;
- (g) the Respondent shall grant the supervisor access to patient records selected by the supervisor from a list of all patients, which shall, to the extent practicable, focus on the type of treatment at issue in the Respondent's charges;
- (h) if the supervisor for any reason ceases to provide supervision, the Respondent shall immediately notify the Board and shall not practice medicine beyond the 30<sup>th</sup> day after the supervisor has ceased to provide supervision and until the Respondent has submitted the name and professional background, and written notice of confirmation, from a proposed replacement supervisor to the disciplinary panel;
- (i) it shall be the Respondent's responsibility to ensure that the supervisor:
  - (1) reviews the records of 10 patients each month, such patient records to be chosen by the supervisor and not the Respondent;
  - (2) meets in-person (or virtually during the COVID-19 pandemic) with the Respondent at least once each month and discuss in-person (or virtually during the COVID-19 pandemic) with the Respondent the care the Respondent has provided for these specific patients;
  - (3) be available to the Respondent for consultations on any patient;
  - (4) maintains the confidentiality of all medical records and patient information;
  - (5) provides the Board with quarterly reports which detail the quality of the Respondent's practice, any deficiencies, concerns, or needed improvements, as well as any measures that have been taken to improve patient care; and
  - (6) immediately reports to the Board any indication that the Respondent may pose a substantial risk to patients;
- (j) the Respondent shall follow any recommendations of the supervisor;
- (k) if the disciplinary panel, upon consideration of the supervisory reports and the Respondent's response, if any, has a reasonable basis to believe that the Respondent is not meeting the standard of quality care or failing to keep adequate medical records in his or her practice, the disciplinary panel may find a violation of probation after a hearing.

**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 or her designee 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 a violation of probation constitutes a violation of this Consent Order; and it is further

**ORDERED** that, after the Respondent has complied with all terms and conditions and the minimum period of probation imposed by the Consent Order has passed, the Respondent may submit a written petition for termination of probation. The Respondent may be required to appear before the disciplinary panel to discuss the petition for termination of probation. After consideration of the petition, the Respondent's probation may be administratively terminated through an order of the disciplinary panel if the Respondent has complied with all probationary terms and conditions and there are no pending complaints related to the charges; 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, 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 Respondent's license with appropriate terms and conditions, or revoke the Respondent's license. 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 is a public document. *See* Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

***Signature on File***

Date

11/18/2020

Christine A. Farrelly  
Executive Director  
Maryland State Board of Physicians

## CONSENT

I, Alan M. Geringer, M.D., acknowledge that I have consulted with legal 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.

***Signature on File***

11/9/2020  
Date

Alan M. Geringer, M.D.  
Respondent

**NOTARY**

STATE OF Maryland

CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 9<sup>th</sup> day of November 2020, before me, a Notary Public of the foregoing State and City/County, appeared Alan M. Geringer, M.D., and made oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

AS WITNESSETH my hand and notarial seal.

Patricia A. Levin  
Notary Public

My Commission expires: 11/20/2021