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| IN THE MATTER OF       | * | BEFORE THE              |
| ABHISHEK FREYER M.D.   | * | MARYLAND STATE          |
| Respondent             | * | BOARD OF PHYSICIANS     |
| License Number: D88339 | * | Case Number: 2221-0011A |
| *   *   *   *   *      | * | *   *   *   *   *       |

**ORDER FOR SUMMARY SUSPENSION  
OF LICENSE TO PRACTICE MEDICINE**

Disciplinary Panel A (“Panel A”) of the Maryland State Board of Physicians (the “Board”) hereby **SUMMARILY SUSPENDS** the license of **ABHISHEK FREYER M.D.** (the “Respondent”), License Number D88339, to practice medicine in the State of Maryland.

Panel A takes such action pursuant to its authority under Md. Code Ann., State Gov’t § 10-226(c) (2014 Repl. Vol. & 2019 Supp.), concluding that the public health, safety or welfare imperatively requires emergency action.

**INVESTIGATIVE FINDINGS**

Based on information received by, and made known to Panel A, and the investigatory information obtained by, received by and made known to and available to Panel A, including the instances described below, Panel A has reason to believe that the following facts are true:<sup>1</sup>

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<sup>1</sup> The statements regarding Panel A’s investigative findings are intended to provide the Respondent with notice of the basis of the suspension. 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 in connection with this matter.

## **I. BACKGROUND**

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 September 27, 2019, under License Number D88339. The Respondent's license is current through September 30, 2022.

2. The Respondent is board-certified in internal medicine.

3. At all times relevant hereto, the Respondent was employed as a physician at a practice that provides pulmonology and critical care services (the "Practice")<sup>2</sup> with privileges to practice as an intensivist in the intensive care unit at a hospital located in Baltimore County, Maryland (the "Hospital").

4. On or about May 28, 2020, the Board received a complaint from a physician assistant (the "Physician Assistant") alleging the Respondent exhibited "inappropriate agitated behavior and apparent impairment of his ability to 'dial in' cognitively" on April 6, 2020, and additional concerning behaviors on May 19, 2020, at the Hospital.

5. On or about June 3, 2020, the Board received a Mandated 10-Day Report from the Hospital which reported that the Respondent's privileges were suspended after he was observed behaving inappropriately at the beginning of his shift on May 19, 2020, including arriving late, being unable to focus or being disoriented, slurring words and

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<sup>2</sup> For confidentiality and privacy purposes, the names of individuals and health care facilities involved in this case are not disclosed in this document. The Respondent may obtain the names of all individuals and health care facilities referenced in this document by contacting the administrative prosecutor.

having slow speech, glassy or glazed eyes, sweating, being loud and angry as well as other concerns.

6. On receipt of the report, the Board initiated an investigation into the allegations.

## **II. BOARD INVESTIGATION**

7. As part of its investigation, Board staff conducted interviews and obtained records including the personnel files from the Practice and the Hospital, as well as records from the Maryland Physician Health Program ("MPHP").<sup>3</sup>

8. The Board's investigation revealed on April 6, 2020, the Respondent was observed yelling at a technician for not standing six feet away from another co-worker at the Hospital.<sup>4</sup> Then, after the encounter with the technician, the Respondent went to a patient's room, and based on the Physician Assistant's observation, stood at the door, looked at the patient, and yelled in a "bizarre" fashion, "Oh, my God. Oh, my God. She looks terrible." The Respondent then said they needed to intubate the patient, when the patient was already intubated. The Physician Assistant attempted to present the patient's case to the Respondent but described that he seemed unable to engage and at one point backed out of the room and stumbled. The Respondent then re-entered the room and requested an ultrasound machine even though there were already two visible ultrasound

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<sup>3</sup> The Respondent signed a release for the Board to receive the MPHP records, and the Board reviewed the records as part of the investigation.

<sup>4</sup> According to the Board investigator's interview of the Department of Medicine and Director of Clinical Care at the Hospital (the "Chairman"), April 6, 2020, "was not the first time that he had demonstrated volatile behavior." Additionally, the Board's investigation revealed at least four staff members reported observing the Respondent yell at the technician.

machines in the room. While the Respondent took ultrasound images he remained “oddly agitated and just reactive.”

9. On April 7, 2020 at 6:54 p.m., the CEO of the Practice (the “CEO”) directed the Respondent to submit to a drug screening the following day. The Respondent failed to appear for a drug screen on April 8.

10. On May 19, 2020, two doctors of osteopathy (“D.O. #1” and “D.O. #2”) reported concerns to the Department of Medicine and Director of Clinical Care at the Hospital (the “Chairman”) questioning the Respondent’s ability to practice medicine and requested that the Chairman come assess the situation.<sup>5</sup>

11. Specifically, D.O. #1 reported that the Respondent appeared “glazed over,” his speech was slow and slurred, and he did not seem to be paying attention to D.O. #1. For example, D.O. #1 explained to the Board’s investigator that after she went through all fifteen patients with the Respondent in detail, he replied, “so what do I have to check again tonight?”<sup>6</sup>

12. D.O. #2 also reported that when the Respondent arrived that evening his eyes were “glassy,” his pupils were constricted, he had slurred speech, was diaphoretic, tremulous, was swaying, and seemed unsteady. D.O. #2 further reported that the

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<sup>5</sup> In addition to D.O. #1 and D.O. #2, at least two other staff members present at the time made reports of the Respondent’s concerning behavior.

<sup>6</sup> D.O. #2 also observed the Respondent interact with D.O. #1 in a disoriented manner where the Respondent was unable to accurately reflect back what D.O. #1 had reported to him about the patients.

Respondent was gesturing with his hands “in a strange way” and was not replying appropriately to patient care issues.<sup>7</sup>

13. When the Chairman arrived at the Hospital, he sent the Respondent home due to the unusual behavior that was reported and because of the other medical staff’s lack of confidence in the Respondent’s ability to work that evening.

14. After the Respondent was sent home, the CEO called the Respondent on May 19, 2020, at which time, the Respondent was “very erratic, slurring his words, his conversation was difficult to follow.” Subsequently, on May 20, 2020 at 9:06 a.m., the Respondent was instructed to submit to a drug screening that morning. The Respondent did not present for the drug screening on May 20, 2020.

### **CONCLUSIONS OF LAW**

Based upon the foregoing Investigative Findings, Panel A concludes as a matter of law that the public health, safety, or welfare imperatively requires emergency action, pursuant to Md. Code Ann., State Gov’t § 10-226(c)(2) (2014 Repl. Vol. and 2019 Supp.) and Md. Code Regs. (“COMAR”) 10.32.02.08(B)(7)(a).

### **ORDER**

It is, by a majority of the quorum of Panel A, hereby:

**ORDERED** that pursuant to the authority vested in Panel A by Md. Code Ann., State Gov’t § 10-226(c)(2) and COMAR10.32.02.08(B)(7)(a), the Respondent’s license to

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<sup>7</sup> During her interview with the Board’s investigator, D.O. #2 reported experiencing prior challenges working with the Respondent stating he “consistently demonstrates labile temperament, volatile behavior . . . ineffective clinical judgment and ability to kind of participate in the care team.”

practice medicine in the State of Maryland is hereby **SUMMARILY SUSPENDED**; and it is further

**ORDERED** that a post-deprivation hearing in accordance with COMAR10.32.02.05(B)(7) on the summary suspension will be held on **Wednesday, November 4, 2020, at 1:15 p.m.** before Panel A at the Maryland State Board of Physicians, 4201 Patterson Avenue, Baltimore, Maryland 21215-0095; and it is further

**ORDERED** that at the conclusion of the post-deprivation hearing before Panel A, the Respondent, if dissatisfied with the result of the hearing, may request within ten (10) days an evidentiary hearing, such hearing to be set 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 it is further

**ORDERED** that this is an Order of Disciplinary Panel A, and as such, is a **PUBLIC DOCUMENT**. See Md. Code Ann., Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Provisions § 4-333(b)(6).

10/26/2020  
Date

***Signature on File***

Christine A. Farrelly  
Executive Director  
Maryland State Board of Physicians