

IN THE MATTER OF  
JESSICA GRECO, D.O.

Respondent

License Number: H77209

\* BEFORE THE  
\* MARYLAND STATE  
\* BOARD OF PHYSICIANS  
\* Case Number: 2222-0012 A

\* \* \* \* \*

**CONSENT ORDER**

On September 30, 2021, Disciplinary Panel A ("Panel A") of the Maryland State Board of Physicians (the "Board") charged JESSICA GRECO, D.O. (the "Respondent"), License Number H77209, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") §§ 14-101 *et seq.* (2014 Repl. Vol. & 2020 Supp.). 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;

(4) Is professionally, physically, or mentally incompetent;

...

(7) Habitually is intoxicated;

- (8) Is addicted to, or habitually abuses, any narcotic or controlled dangerous substance as defined in § 5-101 of the Criminal Law Article;
- (9) Provides professional services:
  - (i) While under the influence of alcohol; or
  - (ii) While using any narcotic or controlled dangerous substance, as defined in § 5-101 of the Criminal Law Article, or other drug that is in excess of therapeutic amounts or without valid medical indication[.]

One form of unprofessional conduct in the practice of medicine is providing treatment to family members. The American Medical Association has addressed this in a series of ethics opinions:<sup>1</sup>

**Opinion 8.19 (2012) – Self-Treatment or Treatment of Immediate Family Members**

Physicians generally should not treat themselves or members of their immediate families. Professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered. Physicians may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the physical examination. Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the physician is an immediate family member. This discomfort is particularly the case when the patient is a minor child, and sensitive or intimate care should especially be avoided for such patients. When treating themselves or immediate family members, physicians may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a physician's professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician.

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<sup>1</sup> The Board and the disciplinary panels may consider the Principles of Ethics of the American Medical Association, but those principles are not binding on the Board or the disciplinary panels. See COMAR 10.32.02.16.

Concerns regarding patient autonomy and informed consent are also relevant when physicians attempt to treat members of their immediate family. Family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician. In particular, minor children will generally not feel free to refuse care from their parents. Likewise, physicians may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care.

It would not always be inappropriate to undertake self-treatment or treatment of immediate family members. In emergency settings or isolated settings where there is no other qualified physician available, physicians should not hesitate to treat themselves or family members until another physician becomes available. In addition, while physicians should not serve as a primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems. Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members.

#### **Opinion 1.2.1 (2016) – Treating Self or Family**

When the patient is an immediate family member, the physician's personal feelings may unduly influence his or her professional medical judgment. Or the physician may fail to probe sensitive areas when taking the medical history or to perform intimate parts of the physical examination. Physicians may feel obligated to provide care for family members despite feeling uncomfortable doing so. They may also be inclined to treat problems that are beyond their expertise or training.

Similarly, patients may feel uncomfortable receiving care from a family member. A patient may be reluctant to disclose sensitive information or undergo an intimate examination when the physician is an immediate family member. This discomfort may particularly be the case when the patient is a minor child, who may not feel free to refuse care from a parent.

In general, physicians should not treat themselves or members of their own families. However, it may be acceptable to do so in limited circumstances:

- (a) In emergency settings or isolated settings where there is no other qualified physician available. In such situations, physicians should not hesitate to treat themselves or family members until another physician becomes available.

- (b) For short-term, minor problems.

When treating self or family members, physicians have a further responsibility to:

- (c) Document treatment or care provided and convey relevant information to the patient's primary care physician.
- (d) Recognize that if tensions develop in the professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician.
- (e) Avoiding providing sensitive or intimate care especially for a minor patient who is uncomfortable being treated by a family member.
- (f) Recognize that family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician.

On January 12, 2022, 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 and Order.

### **FACTUAL FINDINGS**

Panel A finds:

#### **I. BACKGROUND**

1. The Respondent was originally licensed to practice medicine in Maryland on February 6, 2014, under License Number H77209. The Respondent has retained

continuous licensure in Maryland since that time. The Respondent's license is scheduled to expire on September 30, 2022.

2. The Respondent is also licensed to practice medicine in Colorado and Oregon.

3. The Respondent is board-certified in family medicine.

4. At all times relevant hereto, the Respondent practiced telemedicine at a telemedicine and virtual healthcare practice (the "Practice").<sup>2</sup>

## **II. THE COMPLAINTS**

5. On or about July 12, 2021, the Board received a complaint ("Complaint 1") from a patient of the Respondent ("Complainant 1").

6. Complainant 1 stated that at a telemedicine appointment with the Respondent on June 29, 2021, "it was though [the Respondent] was doing six other things at the same time or was heavily medicated or intoxicated." Complainant 1 reported, among other things, that the Respondent repeatedly asked the same questions during the medical appointment; took notes that were inaccurate, incoherent, and contained gross misspellings; and failed to follow through and submit a prescription as she indicated she would during the appointment.<sup>3</sup>

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<sup>2</sup> To maintain confidentiality, the names of health care facilities, individuals and medications will not be identified in this Consent Order.

<sup>3</sup> Complainant 1 attached documents to Complaint 1 which he stated were the medical records from his telemedicine appointment with the Respondent.

7. On or about July 19, 2021, the Board received another complaint (“Complaint 2”) from the Respondent’s treatment provider (“Complainant 2”) who reported that the Respondent was receiving treatment for a condition that “impairs her activities of daily living and, likely, her ability to practice medicine.”<sup>4</sup>

### **III. BOARD INVESTIGATION**

8. The Board conducted an investigation of the Respondent.

9. As part of its investigation, Board investigators conducted interviews of Complainant 1 and Complainant 2, obtained the Respondent’s treatment records, received the records from Complainant 1’s telemedicine appointment with the Respondent and subpoenaed the Respondent’s prescription records. Board investigators also notified the Respondent of the investigation, provided the Respondent a copy of Complaint 1 and requested a written response.

#### **Interview of Complainant 1**

10. On or around August 10, 2021, Board investigators conducted an under-oath interview of Complainant 1.

11. Complainant 1 described his virtual telemedicine appointment with the Respondent as “extremely bizarre” where the Respondent “looked like she wasn’t there.” Complainant 1 stated that the Respondent asked only a few questions but asked those same

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<sup>4</sup> Complainant 2 stated that Complaint 2 was pursuant to the duty to report under Maryland law, specifically COMAR 10.32.22.03(B) which states, “A reporting entity shall inform the Board of an chance that has been made, in whole or in part, because the reporting entity had reason to believe that the health care provider: (7) Suffers from a physical, a mental, or an emotional condition or impairment that affects the health care provider’s ability to perform the individual’s medical or surgical duties; (8) Is habitually intoxicated by alcohol or a controlled dangerous substance.”

questions four and five times. Complainant 1 stated that each time he would provide the same answer, which would be followed by long periods of silence where he observed the Respondent typing.

12. Complainant 1 further stated that the Respondent told him that she was going to prescribe him a cough suppressant but never issued him a prescription. When Complainant 1 obtained the telemedicine appointment records, the Respondent's notes stated that she intended to prescribe him amoxicillin.

13. Complainant 1 also stated that the Respondent inaccurately documented their conversation during his appointment including, but not limited to, his symptoms and COVID-test status and described the Respondent's notes from the telemedicine appointment as "gibberish."

14. Complainant 1 also stated that he never experienced connectivity issues and the Respondent never indicated that she was experiencing connectivity issues during the telemedicine appointment.

### **The Telemedicine Appointment Records**

15. Board investigators obtained the Respondent's telemedicine appointment records for Complainant 1 (the "Telemedicine Appointment Records") from the Practice.

16. The Respondent's Telemedicine Appointment Records contained misspellings, grammatical errors, incomplete statements, and repeated phrases, at times in succession, throughout the records.

## **Interview of Complainant 2**

17. On or around July 23, 2021, a Board investigator interviewed Complainant 2. Complainant 2 stated:

a. She had treated the Respondent for approximately three (3) months, and she last treated the Respondent on July 13, 2021.

b. The Respondent is struggling with a diagnosis that has become “severe.”

c. The Respondent was admitted to the emergency room multiple times in the past month for treatment related to her diagnosis.

## **The Respondent’s Treatment Records**

18. The Board obtained a copy of Complainant 2’s treatment records for the Respondent (the “Respondent’s Treatment Records”).

19. The Respondent’s Treatment Records confirmed that the Respondent had a condition that is likely to impact the Respondent’s ability to practice medicine safely and competently.

20. Among other things, the Respondent’s Treatment Records referenced an incident in June 2020 where the Respondent blacked out after “she accidentally ingested medication and wine,” physically assaulted two family members, and was criminally charged.

## **The Respondent’s Two Assault Convictions**

21. The Board obtained records regarding the Respondent’s criminal record (the “Court Records”).



22. The Court Records stated that the Respondent was charged with multiple counts of assault and assault-related charges in Oregon.

23. The Court Records further stated that on April 15, 2021, the Respondent pled “no contest” to two (2) counts of Assault in the fourth degree<sup>5</sup> and was sentenced to one (1) year of probation. The terms of probation ordered by the judge, included terms related to alcohol.

### **The Respondent’s Three Admissions to the Emergency Department**

24. The Board obtained the Respondent’s medical records and the related emergency medical services (“EMS”) reports for the Respondent’s three (3) hospital admissions on June 24, 2021 (the “June 24, 2021 Records”); June 27, 2021 (the “June 27, 2021 Records”); and July 14, 2021 (the “July 14, 2021 Records”). The Board also obtained the Respondent’s employment records including, but not limited to, the Respondent’s patient consultation list (the “Respondent’s Patient Consultation List”) which states the dates and times of the Respondent’s telemedicine appointments with patients.

### ***The Respondent’s June 24, 2021 Admission***

25. The June 24, 2021 Records stated that the Respondent was taken to the hospital after she was found in the bushes and stated that she had memory issues.

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<sup>5</sup> On April 16, 2021, the Respondent self-reported her convictions for two (2) fourth degree assault convictions to the Board.

26. The June 24, 2021 Records also stated, among other things, that while at the hospital, the Respondent had a blood alcohol level of 370 mg/100 mL and medication was found in her belongings.

***The Respondent's June 27, 2021 Admission***

27. The June 27, 2021 Records stated, among other things, that:

a. EMS responded to the Respondent's location at 5:55 p.m. after a family member of the Respondent contacted EMS and reported that the Respondent "ingested (*sic*) unknown amount of pills."

b. Multiple medications were found in the Respondent's bag.

c. The Respondent "stated that she worked, drank wine, and then was at the hospital" and that she believes that she "blacked out."

d. The Respondent was not discharged from the hospital until the following day.

28. The Respondent's Patient Consultation List states that the Respondent had telemedicine appointments with patients on June 27, 2021, around the time of her hospital admission.

***The Respondent's July 14, 2021 Admission***

29. The July 14, 2021 Records stated that the Respondent was admitted to the hospital after she was "found wandering around the streets" and stated that "she had a lot to drink."

30. The Respondent was found to have a "blood alcohol level of 240mg/100 ml or more" and released the same day.

31. The Respondent's Patient Consultation List states that the Respondent conducted two telemedicine appointments on July 14, 2021, around the time of her hospital admission.

### **The Respondent's Prescriptions**

32. As part of its investigation, the Board subpoenaed the Prescription Records to review the Respondent's prescribing practices.<sup>6</sup>

33. The Board's investigation determined that the Respondent prescribed a controlled dangerous substance (the "CDS") to an immediate family member (the "Family Member").

34. The Prescription Records showed that the Respondent wrote the Family Member prescriptions for the CDS ten (10) times between August 11, 2020 and June 18, 2021. Most of the prescriptions authorized refills.

### **The Respondent's Interview**

35. On or around September 3, 2021, Board investigators conducted an under-oath interview with the Respondent. The Respondent stated:

- a. Her telemedicine appointments occur "on demand," she usually signs in in the morning and signs off in the evening around 5 or 6 p.m., and she has twenty (20) to twenty-five (25) telemedicine appointments each day.

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<sup>6</sup> The Board obtained a report of the Respondent's prescribing history through the Maryland Prescription Drug Monitoring Program ("PDMP"), which the PDMP provided in response to a Board subpoena.

b. In the past month, she has “drank a little bit more than usual” and her hospital admissions were due to “alcohol use.”

c. She is “working actively to improve things in [her] life and continue to not consume any alcohol and...weaning off [medication] actively and considering...an intensive outpatient program or an intensive inpatient program as a possibility to help [her] do those things.”

d. She wrote the CDS prescriptions for the Family Member, did not coordinate care with the Family Member’s primary physician, and did not maintain a medical record for the Family Member.

### **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, in violation of Health Occ. § 14-404(a)(3)(ii); is professionally, physically or mentally incompetent, in violation of Health Occ. § 14-404(a)(4); habitually is intoxicated, in violation of Health Occ. § 14-404(a)(7); is addicted to, or habitually abuses, any narcotic or controlled dangerous substance as defined in § 5-101 of the Criminal Law Article, in violation of Health Occ. § 14-404(a)(8); provides professional services while under the influence of alcohol, in violation of Health Occ. § 14-404(a)(9)(i); and provides professional services while using any narcotic or controlled dangerous substance, as defined in § 5-101 of the Criminal Law Article, or other drug that is in excess of therapeutic amounts or without valid medical indication, in violation of Health Occ. § 14-404(a)(9)(ii).

## **ORDER**

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

**ORDERED** that the Order for Summary Suspension of the Respondent's license to practice medicine, issued on September 21, 2021, pursuant to State Gov't § 10-226(c)(2), is affirmed and is **TERMINATED** as moot; and it is further

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

**ORDERED** that the Respondent's medical license is **SUSPENDED** for a minimum period of **ONE (1) YEAR**, beginning on the effective date of this Consent Order;<sup>7</sup> and it is further

**ORDERED** that during the suspension, the Respondent shall comply with the following terms and conditions:

(1) The Respondent shall not:

- (a) practice medicine;
- (b) take any actions after the effective date of this Consent Order to hold 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) prescribe or dispense medications;

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<sup>7</sup> If the Respondent's license expires during the period of suspension, the suspension and any conditions will be tolled.

- (f) perform any other act that requires an active medical license.
- (2) The Respondent shall enroll in the Maryland Professional Rehabilitation Program ("MPRP") as follows:
- (a) Within 5 business days of the effective date of this Consent Order, the Respondent shall contact MPRP to schedule an initial consultation for enrollment;
  - (b) Within 15 business days of the effective date of this Consent Order, 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;
  - (f) The Respondent's failure to comply with any of the above terms or conditions including terms or conditions of the Participant Rehabilitation Agreement(s) or Participant Rehabilitation Plan(s) constitutes a violation of this Consent Order;

(3) Within **SIX (6) MONTHS** of the effective date of this Consent Order, the Respondent is required to take and successfully complete a course in medical ethics. The following terms apply:

(a) it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the course before the course is begun;

(b) the disciplinary panel will accept a course taken in-person or over the internet during the state of emergency;

(c) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the course;

(d) the course may not be used to fulfill the continuing medical education credits required for license renewal;

(e) the Respondent is responsible for the cost of the course; and it is further

**ORDERED** that a violation of suspension constitutes a violation of the Consent Order; and it is further

**ORDERED** that, after the minimum period of a **ONE (1) YEAR** suspension has passed, and after the Respondent has complied with all terms and conditions of suspension, and upon a report from MPRP to the Board that the Respondent has complied with all of the requisite referrals and treatment and is safe to resume the practice of medicine, the Respondent may submit a written petition to the Board requesting termination of suspension. The Respondent may be required to appear before the disciplinary panel to discuss her petition for termination. After consideration of the petition, and if the disciplinary panel determines that 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 may impose any terms and conditions it deems appropriate on the Respondent's return to the practice of medicine, including, but not limited to, probation and/or continuation of the Respondent's enrollment in MPRP. If the disciplinary panel determines that it is not safe for the Respondent to return to 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 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, suspend the Respondent's license 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 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 this Consent Order is a public document. See Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6) (2014 & 2019 Supp.).

02/02/2022  
Date

***Signature On File***  
Christine A. Farrelly, Executive Director  
Maryland State Board of Physicians

### **CONSENT**

I, Jessica Greco, D.O., 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.

1/27/2022  
Date

*Signature On File*  
Jessica Greco, D.O.

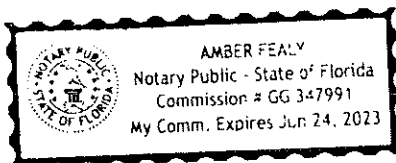
**NOTARY**

STATE OF Florida

CITY / COUNTY OF Collier

I HEREBY CERTIFY that on this 27<sup>th</sup> day of January 2022, before me, a Notary Public of the foregoing State and City/County, personally appeared Jessica Greco, D.O., 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.



Amber Fealy  
Notary Public

My Commission expires: June 24, 2023