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| **IN THE MATTER OF** | * | **BEFORE THE** |
| **GLENN D. LEGLER, SR. M.D.** | * | **MARYLAND STATE BOARD** |
| **Respondent** | * | **OF PHYSICIANS** |
| **LICENSE NUMBER: D09044** | * | **CASE NUMBER: 2219-0105 A** |

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## ORDER OF SUMMARY SUSPENSION OF LICENSE TO PRACTICE MEDICINE

Disciplinary Panel A ("Panel A") of the Maryland State Board of Physicians (the "Board") hereby **SUMMARILY SUSPENDS Glenn D. Legler, Sr. M.D.**'s (the "Respondent") license to practice medicine in the State of Maryland, License Number D09044.

Panel A takes such action pursuant to its authority under Md. Code Ann., State Gov't ("State Gov't") § 10-226(c)(2) (2014 Repl. Vol. and 2018 Supp.), concluding that the public health, safety or welfare imperatively requires emergency action. Panel A bases its conclusion on the following investigative findings.

## INVESTIGATIVE FINDINGS[1]

Panel A has obtained investigatory information that Respondent's continued practice of medicine poses a substantial likelihood or risk of serious harm to public health safety and welfare as evidenced by:

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[1] The statements regarding Respondent's conduct are intended to provide 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 Respondent regarding this matter.

1. His telephonic communications with Board staff which raised significant concerns regarding the effect of his physical mobility limitations on his ability to practice medicine in a safe and competent manner;

2. His responses in an interview with Board staff which raised significant concerns regarding his ability to concentrate on the topics discussed;

3. The physical condition of his home office and the lack of a readily accessible computer and patient medical records;

4. His prescribing controlled dangerous substances ("CDS") for patients who are geographically distant from his office, including patients who are out-of-state;

5. His prescribing CDS for himself and a family member, Family Member A[2]; and

6. His failure to submit to an appropriate examination on three occasions as directed by the Board, pursuant to Md. Code Ann., Health Occ. § 14-402.[3]

The Board opened this case in November 2018 based on a complaint from a Corporal with the St. Mary's County Sheriff's Office (the "Corporal"). A pharmacist in St. Mary's County, in Southern Maryland, called the Corporal because a patient with a St. Mary's County address presented a prescription for CDS which had been written by Respondent whose practice is located in Montgomery County, Maryland.

The Board's investigation revealed that Respondent, a psychiatrist, predominately treats individuals with drug addiction and dependence in his home office where there is no professional staff or other individuals present. The office is located on the lower level of the home, which is not readily accessible to other individuals who may be present in the home. Respondent has been experiencing mobility issues for several years. He uses a

[2] The names of patients are confidential and are not used in a public order. Respondent is aware of the identity of Family Member A.

[3] Health Occ. § 14-402 authorizes the Board when investigating an allegation against a licensee to direct the licensee to a health professional program to submit to an appropriate examination.

chair lift from the main level of the home to access his office on the lower level and uses a walker to ambulate.

In addition, after Board staff conducted a site visit to Respondent's home office and interviewed Respondent in March 2019, the focus of the investigation became Respondent's competence and potential danger to the public. The Board, however, has been unable to obtain an assessment of Respondent's competence since Respondent has failed to keep three appointments for an intake evaluation and referral for an appropriate examination.

Based on the investigatory information obtained by Panel A as summarized above, and the specific instances described below, Panel A has reason to believe that the following facts are true and that there is a substantial likelihood of a risk of serious harm to the public health, safety, or welfare by Respondent.

## I. Background of License

1. At all times relevant hereto, Respondent was licensed to practice medicine in Maryland. Respondent was originally licensed to practice medicine in Maryland on February 19, 1960. On or about September 26, 2018, Respondent last renewed his license, which will expire on September 30, 2020.

2. Since 1962, Respondent had also maintained a license to practice medicine in the District of Columbia ("DC"); however, the license expired on December 31, 2018.

3. Respondent graduated from medical school in 1958. He received post-graduate training in internal medicine and psychiatry. Respondent also received

psychoanalytic training. Respondent is not, and has never been, board-certified in any practice areas.

4. Since 1962, Respondent's practice has included the private practice of general psychiatry in DC and Maryland, and employment at a forensic psychiatric hospital in DC and at a drug treatment clinic in Baltimore. Respondent is certified to prescribe Buprenorphine (Suboxone). Approximately two years ago, Respondent moved his practice from DC to his home in Montgomery County, Maryland because of his difficulty in getting to the DC office. Respondent employs an individual to assist with filing, approximately once a week; however, the individual has not been available for several weeks.

5. Respondent has an active DEA registration. Respondent's most recent Controlled Dangerous Substances Registration in Maryland was issued on October 19, 2017 and expired on March 31, 2019.

## II. Complaint

6. On November 14, 2018, the Board received a complaint from the Corporal, stating that he had received a report of concern from a pharmacy in St. Mary's County regarding a prescription from Respondent which was written in Bethesda, Maryland.[4] The Corporal called Respondent at the telephone number which was on the prescription and received a voice message which stated, "missed your call, will get back to you." Later Respondent called the Corporal at 11:00 p.m. and stated that the individual was his

[4] The normal travel time by automobile from the relevant area in St. Mary's County to Bethesda, Maryland is approximately one and a half hours.

patient, but he did not remember the prescription. The Corporal reported that he thought Respondent sounded "intoxicated."

## III. Initial Investigation

7. On December 14, 2018, pursuant to a subpoena, the Board received a computer print-out from the Prescription Drug Monitoring Program ("PDMP") of all CDS written by Respondent from January 1, 2017 to December 5, 2018, documenting Respondent's prescribing of CDS medications to multiple patients. Based on an updated PDMP report obtained on March 12, 2019, the Board subsequently obtained hard copies of prescriptions from an area pharmacy confirming that Respondent has prescribed Schedule IV CDS to himself and to Family Member A from approximately January 2017 through March 12, 2018.

8. On February 13, 2019, Board staff received the police report from St. Mary's County Sheriff's Office which documents that on September 18, 2018, they conducted an investigation into a possible fraudulent prescription for amphetamine mixed salts[5] written on Respondent's prescription pad. The patient, Patient A[6], resides in Charles County, Maryland, which is over an hour from the location of the pharmacy and the prescription was dropped off by an individual who resides in Lexington Park, Maryland. The report noted that when the Pharmacist, who is located in California, Maryland, called the Respondent's phone number listed on the prescription to confirm the prescription and the answering machine did not advise that there was a medical

[5] Amphetamine mixed salts is the generic name for Adderall.
[6] The Corporal provided Respondent with the name of Patient A.

practice located there. The pharmacist was also concerned because the address of the prescriber (Respondent) is a residence. The report further documents that the Corporal also attempted to reach Respondent but received the same voice message. Later in the day at approximately 11:00 p.m., Respondent called the Corporal and confirmed that Patient A is his patient although he stated the prescription was for Alprazolam (Xanax). Respondent agreed to call the Corporal the next day after he retrieved and reviewed Patient A's file. When Respondent did not call, on September 20, 2018, the Corporal called Respondent, who reportedly did not recall their conversation on September 18, 2019. Respondent again stated he would have to get Patient A's file and he would call back. The Corporal left messages on Respondent's answering machine on September 25, 2018 and October 3, 2018 but as of November 15, 2018, Respondent had not returned his calls.

9. On March 6, 2019, the Board notified Respondent of the investigation and requested a written response to the complaint, which was enclosed. In addition, the Board issued a subpoena to Respondent for the complete medical records of fourteen (14) patients, for his current appointment logs, and also issued a subpoena directing him to appear at the Board for an interview on April 9, 2019.

10. On March 11, 2019, Board staff received a voicemail from Respondent regarding the March 6, 2019 correspondence. Respondent's message raised significant

concerns regarding the effect of his physical mobility limitation on his ability to safely and competently practice medicine[7]

11. On March 12, 2019, Board staff called Respondent to discuss his voicemail. Respondent's statements raised significant concerns regarding his fitness to practice medicine.[8]

## IV. Subsequent Investigation of Respondent

12. On Tuesday March 19, 2019, Respondent was interviewed, under oath by Board staff. The interview took place in the lower level of Respondent's home, which is where Respondent sees patients. Board staff waited outside for over 30 minutes for the Respondent to come to the door and noted that the Respondent used a walker to ambulate and is unable to walk unassisted. Board staff noted that the "patient area" is extremely disorganized; cluttered with papers and personal belongings, including two empty animal cages.[9] During the interview, the Respondent often paused quite long between answers and at times provided unsolicited information.

13. On March 19, 2019, Board staff also served Respondent in-person with a copy of the subpoena for appointment logs previously issued on March 6, 2019 and requested immediate production of the appointment logs.

14. Board staff requested to see Respondent's computer room. Respondent was physically unable to accompany Board staff. Board staff entered the computer room,

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[7] See Transcript of voice message of March 11, 2019 and Memo to File, March 12, 2019. Respondent has been provided with a copy of these non-public documents.

[8] See Memo to File, March 13, 2019. Respondent has been provided with a copy of this non-pubic document.

[9] See Memo of Site Visit, March 19, 2019. Respondent has been provided a copy of this non-public document.

located at the end of a long hallway on the lower level and noted the room was extremely cluttered with mounds of paper. There was also an unlocked box of prescription pads and a bag of empty prescription bottles with labels on them. Respondent indicated that he stores his patient medical records in a "bedroom" upstairs on the main level and allowed Board staff to go upstairs to retrieve the subpoenaed medical records. Board staff noted the room was cluttered and had a strong smell of urine.

15. During the interview, Respondent stated the following:

a. Respondent used to see patients in the "study room" where his computer is located, but no longer does because it is "quite crowded." He now sees patients in a room which is accessed directly through a sliding glass door at the rear of the home;

b. Patients are referred to him by other physicians and by other patients;

c. Patients contact him on his home telephone;[10]

d. Respondent sees two to nine patients a day, in the afternoon on Wednesdays, Fridays, and Saturdays;

e. More than 50% of his patients are on Suboxone. Respondent sees the Suboxone patients monthly;

f. Approximately 25 or 30 of his patients are from out-of-state;

g. Respondent charges between $100 to $350 per visit, depending on the duration. He does not participate in any insurance program; and he only accepts cash payments;

h. Respondent monitors the PDMP approximately every six months; although sometimes he does not do so until after the patient has left because the computer is in another room;

[10] The voice message does not indicate that the person has reached a medical office.

i. Respondent keeps his prescription pad in his chair in the space between the cushion and the arm;

j. Respondent denied being intoxicated when he called the sheriff at 11:00 p.m.. He had "no sedative drugs and no alcohol." He was hoarse and halting in his speech, a condition which he has had off and on since the fall;

k. Respondent assumed that the pharmacist was concerned about the patient's use of Alprazolam and Buprenorphine; but instead the concern was about a prescription for amphetamine mixed salts. Respondent does not know "what the problem was" with his prescription. Respondent thinks the concern may have been because he handwrote his home office address on the top of the pad;

l. Respondent acknowledged that Family Member A is his patient and that he has been treating Family Member A since the beginning of 2017, and has prescribed CDS medications for Family Member A;

m. Respondent maintained a medical record on Family Member A on his computer,[11] but it has "disappeared;"

n. Respondent acknowledged that he is prescribing CDS medications for himself;

o. When asked if he plans to continue to prescribe to himself he said, "what I was planning to do was make an appointment with the internist/cardiologist and let him take over the prescribing...but I didn't get that done yet;" and

p. Respondent acknowledged that when he spoke with Board staff on the telephone he could not concentrate because of the pain in his foot.

16. On March 19, 2019, during the site visit and interview, Respondent submitted medical records of eleven patients. Respondent noted that one of the individuals was no longer his patient.[12] The Board also requested the medical records of

[11] The individual who assists with filing has informed Respondent that his computer "is dying."
[12] Respondent did not explain why did not maintain his record of treatment of this "inactive" patient.

Respondent and Family Member A; however, Respondent informed Board staff that he did not have records on himself or Family Member A.

## V. Referrals for Examination of Respondent

17. On March 20, 2019, pursuant to Md. Code Ann., Health Occ. § 14-402(a), Board staff sent correspondence to Respondent by electronic mail and overnight delivery, directing him to appear on Tuesday, March 26, 2019 at 1:00 p.m. at the Maryland Professional Rehabilitation Program ("MPRP") for an intake evaluation and for the purpose of scheduling a follow-up examination. Respondent was advised that his unreasonable failure or refusal to submit to an examination is prima facie evidence of a licensed medical practitioner's inability to practice medicine.[13]

18. Respondent sent an email to Board staff stating he is unable to attend because of "safety concerns due to difficulty ambulating." He also requested that the appointment be rescheduled for a Tuesday or Thursday afternoon. Respondent did not appear for the scheduled evaluation.

19. On March 26, 2019, Board staff sent correspondence to Respondent by electronic mail and overnight delivery, directing him to appear on Thursday, April 4, 2019, at 1:00 p.m. at the MPRP for an intake evaluation and for the purpose of scheduling a follow-up examination. Respondent was advised that his unreasonable failure or refusal to submit to an examination is prima facie evidence of a licensed medical practitioner's inability to practice medicine.

[13] Health Occ. § 14-402(c) states: The unreasonable failure or refusal of the licensed . . . individual to submit to an examination is prima facie evidence of the licensed . . . individual's' inability to practice medicine or the respective discipline competently, unless the Board finds that the failure or refusal was beyond the control of the licensed . . .individual.

20. On April 3, 2018, at 6:25 p.m., Respondent left a telephone message with Board staff, stating he requires a full-time assistant, due to a recent fall and that he was unable to locate transportation. Respondent did not appear for the second scheduled evaluation.

21. On April 5, 2019, Board staff sent correspondence to Respondent by electronic mail and overnight delivery, directing him to appear at MPRP on Tuesday, April 9 at 1:00 p.m. for an intake evaluation. Respondent was advised that his unreasonable failure or refusal to submit to an examination is prima facie evidence of a licensed medical practitioner's inability to practice medicine.

22. On April 8, 2019, Respondent left a telephone message with Board staff, stating "I need an attendant to accompany me due to my ambulation problems...it's beyond my control now...my housekeeper does not feel comfortable driving me to Baltimore." Respondent did not appear for the third scheduled evaluation.

23. On April 9, 2019, Respondent left two telephone messages with Board staff, stating the reason he fell the night before was "the bed is too high for my physical limitation" and that he was "up most of the night because he fell twice and had to have the rescue squad come."

## CONCLUSION OF LAW

Based upon the foregoing Investigative Findings, the Board concludes that the public health, safety, or welfare imperatively requires emergency action, and that pursuant to Md. Code Ann., State Gov't § 10-226(c)(2), Respondent's license must be immediately suspended.

## ORDER

It is, by the affirmative vote of a majority of the quorum of Panel A considering this case:

**ORDERED** that pursuant to the authority vested by Md. Code Ann., State Gov't § 10-226(c)(2), Respondent's medical license, D09044, to practice as a physician in the State of Maryland be and is hereby **SUMMARILY SUSPENDED**; and be it further

**ORDERED** that a post-deprivation hearing in accordance with Md. Code Regs. 10.32.02.08B(7)(c), D and E on the Summary Suspension, in which Panel A will determine whether the summary suspension will continue, has been scheduled for **May 8, 2019, at 1:15 p.m.**, at the Maryland State Board of Physicians, 4201 Patterson Avenue, Baltimore, Maryland 21215-0095; and be it further

**ORDERED** that after the **SUMMARY SUSPENSION** hearing held before Panel A , 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 a copy of this Order of Summary Suspension shall be filed with the Board in accordance with Md. Code Ann., Health Occ. § 14-407 (2014 Repl. Vol. & 2018 Supp.); and be it further

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

4/30/19
Date

Ellen Douglas Smith, Deputy Director
Maryland State Board of Physicians