

To Terri Hill, MD

(Redacted – referenced private patient information)

You asked me to email you my concerns about the Maryland Board of Physicians audit and actions of the Board.

I spoke to the auditor on the phone about a month ago. He made it clear that the report was already written, and no change would occur because of my information. He listened to me perfunctorily. I felt that was inadequate and that is why I am reaching out to you.

I don't understand how an audit could take place without my case being examined. Let me explain in an abbreviated manner what I have been dealing with.

I have given you a bullet view and in a separate attachment a more explanatory view.

What I am I going through

-15 years of being investigated by the Board

-6 month suspension

-3 year probation extended by 18 months and now at 6 ½ years and counting

-3 Administrative Law Judge hearings

-7 meetings with the Board

-18 months of being supervised by a pain specialist and psychiatrist. It cost 50,000 dollars. Both wrote letters I was practicing within standard of care.

-Within 2 months of those letters the Board started a new investigation. The Board is now threatening my license and my DEA/CDS license. I have another (4th) hearing scheduled for March.

-Turned into Medicaid by the Board. Being investigated for fraud. Medicaid is holding 30,000 dollars of mine while investigating the complaint. Medicaid has not told me what I did despite threats of legal action by my lawyer.

-Given a cease and desist order to stop writing opioids with no warning.

This is all despite

-CDC and HHS writing letters stating don't taper patients who have been on opioids chronically because that can cause harm.

-The Board has never shown I harmed a patient, in fact all my patients were shown to be doing well.

-2 pages of changes I have made in my practice in an attempt to be compliant with my supervising physicians and the Board.

-I had a 90% success rate when treating pts for opioid addiction.

-I have worked in a rural county for 35 years, providing continuous care including patients with Medicaid. The county health officer is unable to find enough doctors as it is.

I believe the Board has caused harm to my patients

-gave no notice when taking away my ability to write opioids. The Board had no plan and denied my request for a 2 month stay so I could safely transition my patients to another physician.

-350 patients were left to scramble to find a new provider. Many turned to the streets. At least one overdose.

-All the patients I have talked to since are doing worse.

-The Board has set up an environment that physicians cannot be safe taking care of patients with chronic pain, anxiety or ADD. Consequently, physicians have stopped writing these meds and patients are suffering.

-The Board has its chairman and at least one other Board member who are pain specialist. By restricting my practice and threatening thousands of other doctors, their business flourishes.

The consequences to these actions to me

-300,000 in legal fees

-100,000 in consultant and monitoring fees

-Loss of all insurance carriers except Medicare

-Terminated from Med Mutual

-Loss accreditation as a medical director

-Loss of attending status at 3 nursing homes

-Loss of 80% of my outpatient practice

-Hundreds of thousands of dollars in lost revenue

-I have had to exclude myself from a recovery residence that my wife and I have invested a million dollars because of my besmirched reputation.

-Stress on my wife, family, staff and patients

-and much more.

Proposals to make the Board more fair and effective in keeping the patients of Maryland safe

-Boards goal should be remediation not punishment

-Legal standard should be changed to Clear and convincing (75%) instead of preponderance of evidence(51%)

-Suspension should only be used for doctors who have harmed their patients, committed crimes, operated under the influence.

-Probation should never be more than a year.

- Probation should not be used for breaches of standard of care. The Board has other ways to enforce compliance.
- Consultants and expert witnesses should have to disclose their fees and the amount of times they have testified.
- Board notifications should be sent by registered mail.
- The Board should have a plan in place for the patients affected by the Board's action.
- The Board votes should be written not oral which would reduce group bias.
- Their needs to be a permanent oversight committee or judicial process to appeal verdicts.
- Their should be a process for expunging old charges.

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