COMMONWEALTH OF KENTUCKY
STATE BOARD OF MEDICAL LICENSURE
CASE NO. 758

IN RE: THE LICENSE TO PRACTICE OSTEOPATHY IN THE COMMONWEALTH OF KENTUCKY HELD BY STEVEN P. SNYDER, D.O., LICENSE NO. 02516, ADDRESS OF RECORD: 1203 MORTON HILL ROAD, SOUTH SHORE, KENTUCKY 41175

AGreed ORDER OF SURRENDER

Come now the Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through its Inquiry Panel, and Steven P. Snyder, D.O., and, based upon their mutual desire to permit the Board to fully and finally resolve a pending grievance without evidentiary proceedings, hereby ENTER INTO the following AGREED ORDER OF SURRENDER:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Agreed Order of Surrender:

1. At all relevant times, Steven P. Snyder, D.O., was licensed by the Board to practice osteopathy in the Commonwealth of Kentucky.

2. The licensee’s medical specialty is Family Practice.

3. On April 1, 1986, the licensee’s Indiana medical license was suspended on an emergency basis, based upon his inappropriate prescribing of controlled substances. By Order dated June 26, 1986, the licensee’s Indiana license was reinstated under certain restrictions relating to his professional use of controlled substances. On March 31, 1986, Information 86-5-55 was filed in the Circuit Court of Crawford County, Indiana, charging the licensee with 18 counts of controlled substance
violations. Following a Board review of the licensee's patient charts pursuant to the Orders issued in the original Board proceeding, the licensee's Indiana osteopathic license was again suspended on an emergency basis on June 13, 1989. On June 22, 1989, the Indiana Medical Licensure Board issued an Order Accepting Surrender of License in Lieu of Further Disciplinary Proceedings.

4. The licensee was charged with a felony offense in Indiana in 1986, but that charge was dismissed after the licensee completed an approved diversion program.

5. The licensee subsequently was licensed by the State of Florida on a probationary basis.

6. The Board granted the licensee a Kentucky osteopathic license at its June 19, 1997 meeting, after considering all information available to it.

7. The licensee was formerly associated with David Proctor, M.D., South Shore, Kentucky. On June 18, 1999, the Board issued a Complaint and an Emergency Order of Suspension, suspending Dr. Proctor's medical license, based upon a number of violations, including allegations that he had inappropriately utilized controlled substances. On August 17, 2000, Dr. Proctor entered into an Agreed Order of Surrender, surrendering his Kentucky medical license in lieu of revocation.

8. On September 13, 1999, the licensee notified the Board that he had permanently disassociated from Dr. Proctor's practice.

9. On July 7, 2000, the licensee notified the Board that he had closed his private osteopathic practice at 1203 Morton Hill Road, South Shore, Kentucky on an emergency basis. The licensee cited personal problems as the reasons for his action. To the Board's knowledge, the licensee has only written one prescription for
controlled substances since July 20, 2000 and that prescription was filed on

10. The licensee has been under investigation by the Drug Enforcement Agency (DEA)
regarding allegations that he was illegally utilizing and prescribing controlled
substances. The Board has been aware of and has informally monitored the DEA
investigation regarding the licensee.

11. On November 20, 2000, the licensee was interviewed by DEA agents and admitted
the following facts:

He has had a long-term drug addiction problem. He had taken up to 30 Loracet
10mg tablets a day and had self-injected Oxycontin. He had written prescriptions for
controlled substances to individuals for non-medical reasons and had “split” these
prescriptions with the patients so that he obtain controlled substances for his personal
use. He had traded controlled substance prescriptions in exchange for merchandise.

When he first started practicing with Dr. Proctor, the licensee was paid $2800
cash each week. His practice consisted of writing controlled substance prescriptions
for individuals 10-12 hours each day. Although he complained to Dr. Proctor about
this practice, the licensee continued at Dr. Proctor’s direction.

When he went into private practice, the licensee continued his inappropriate use
and prescribing of controlled substances. According to the licensee, he was making
approximately $2100 per day from individuals who came to him to obtain controlled
substance prescriptions.

12. Following a federal investigation, the licensee and his wife, a nurse-receptionist in his
medical practice, were indicted in the United States District Court, Eastern District of
Kentucky and charged with five felony counts. Count One charged that the licensee
and his wife knowingly and intentionally acquired and obtained controlled substances
by misrepresentation, fraud, deception, and subterfuge. Count Two charged that the
licensee and his wife wrote or approved prescriptions which were not issued for a
legitimate medical purpose and were not in the usual course of his professional
practice. Count Three charged that the licensee knowingly possessed 107 firearms
while he was an unlawful user of and addicted to controlled substances which had been transported in interstate commerce. Count Four charged that the 107 firearms listed in Count Three were forfeited to the United States government. Count Five alleged that the licensee conspired with others to knowingly make false and fictitious oral and written statements to a licensed firearms dealer in connection with his acquisition of firearms.

13. On April 18, 2001, the licensee entered into a Plea Agreement with the United States. Under that Plea Agreement, the licensee pled guilty to each of the five counts included in the Indictment. The Plea Agreement contains the following factual statements regarding the licensee’s prescribing of controlled substances:

The licensee and his wife were both addicted to controlled substances. The licensee would write prescriptions for controlled substances in the names of members of his wife’s family, who had no need for nor knowledge of the controlled substances. The licensee’s wife would fill these prescriptions and they would share the controlled substances.

On other occasions, the licensee would write controlled substance prescriptions to patients, with the agreement that the patients would fill the prescriptions and then split the controlled substances with the licensee, so that they could be used by the licensee and his wife.

The licensee wrote prescriptions for patients he never saw or examined; they were not his patients. Persons would call the licensee and request narcotics and he would respond by phoning in narcotic prescriptions in their name(s).

During a three-week period in early 2000, the licensee was ill. Patients would arrive at his office, but he was too fatigued to see them. Nevertheless, he wrote refill narcotic prescriptions for these persons.

The Plea Agreement also contains factual details regarding the firearms charges. The licensee has not yet been sentenced pursuant to the Plea Agreement.

14. On May 15, 2001, the licensee completed a neuropsychological evaluation. The evaluator included the following Diagnostic Impression in his report:

Axis I: Cognitive Disorder, NOS
Lorcan Abuse
Axis II: Narcissistic Personality Disorder
Antisocial Personality Disorder
Axis III: Probable left temporal/frontal dysfunction
Axis IV: Social and occupational problems
Axis V: 51

The evaluator concluded, in part,

...Within the area of verbal memory, the scores produced suggest some cause for concern, with this gentleman demonstrating decreased ability to learn a list of words, as well as problems encoding paragraph-length material. This may suggest left fronto-temporal dysfunction, of unknown etiology. It seems unlikely to be the result of his drug use, as visuospatial skills were consistently strong, which would not have been expected had substance use caused a dementia.

...Emotionally, the results of this evaluation at face value would not suggest a clinically significant level of depression or problems with anxiety, however, there are subtle indicators of mood fluctuation, as well as symptomatology suggesting that substances and may, in fact, have a polysubstance dependence. Further investigation into this area would be warranted with a specialist in addictions.

Primary emotional fluctuations, however, would appear to be linked to personality disorders. The most prominent symptomatology is, however, of the narcissistic variety. Dr. Snyder presented a variety of measures of cognitive functioning in which he asked about his level of performance in comparison to other test-takers. Furthermore, the patient’s history suggests a pattern of interpersonal exploitiveness (i.e., taking advantage of others to achieve his own end). This examinee appears to lack empathy, believes that others have acted negatively toward him due to envy/spite, demonstrates arrogance in his thought patterns, and believes that rules that are established for the masses should not be applied in the same manner toward him. Dr. Snyder shows evidence of emotional detachment and indifference to feedback from others.

Antisocial personality characteristics are evident in his lack of conformity to social norms, deceitfulness, impulsivity, lack of regard for safety for self and others, and consistent irresponsibility. Furthermore, there is questionable remorse evidenced by this man, which is also a sign of antisocial personality characteristics. Given the wide range of maladaptive personality traits evidenced by this individual, it would appear that diagnoses of at least two personality disorders would be warranted – those being Narcissistic Personality Disorder and Antisocial Personality Disorder.

The decline in higher order cognitive skills, as well as the difficulties encoding new verbal information evidenced by this physician, along with the personality traits discussed above, present a difficult treatment picture. It is likely that Dr. Snyder will be able to appear sincere in his efforts to change behavior in the short term; however, long-term compliance will be less likely. The narcissism evidenced by this gentleman makes it difficult for him to accept that there is,
indeed, a problem, and periods of projection of his difficulties onto others is likely to complicate the treatment process.

Furthermore, the lack of sufficient interpersonal skills to develop long-term supportive relationships will likely lead to a pattern of establishing and then running from therapeutic interventions. While Dr. Snyder would likely benefit from a 12-step program to address the substance abuse problems, it is unlikely, given the narcissism and antisocial personality characteristics, that he will be able to successfully navigate such a treatment program. This individual is likely to become highly irritated and frustrated with others involved in the treatment program and will discontinue due to his perception that he is uniquely different from others in the problems that he faces. Additionally, this subject's high level of intellect is likely to serve as an impediment, especially given signs of decreased flexibility in problem-solving at present.

Recommendations would include placement into a 12-step program with mechanisms established to encourage compliance. Secondly, this man needs to be placed in ongoing psychotherapy to address personality characteristics that impede effective interpersonal communication and lead to disregard for the needs, concerns and safety of others. Resistance to intervention is likely to be high, and the probability of this examinee firing several therapists and going through periods of lack of intervention is exceedingly high. However, without long-term intervention aimed at modifying the core personality characteristics, it is unlikely that this gentleman would ever be able to function successfully within the boundaries of expected social norms, and may again engage in behaviors that are harmful to himself and, at times, place others at risk. There is repressed anger and hostility that could pose a threat to others, and, if when faced with time in the penitentiary, may also pose a risk to himself. Imprisonment is likely to be a significant blow to his narcissism, and periods of pronounced depression, despair and possible self-harming behaviors may present.

15. A substance abuse evaluator has recommended that the licensee be sent to a long term residential facility to begin his treatment process.

16. The licensee also completed a psychiatric evaluation on May 25, 2001. The evaluator commented, in part,

The history reveals that Dr. Snyder was using in excess of thirty Lorcan per day while he was in South Shore, KY, from February 1999 to July 2000. He also supplied his wife, who was addicted to narcotics with these medications. He would write prescriptions for her as well as her family members, without their knowledge, and then pick up the medicines for he and his wife's use. He also wrote similar prescriptions for patients and other people with the understanding that they would then split them with him. Based on all the information it appears that Dr. Snyder used 3-4 Lorcarcs per day during the twelve years he practices in Corydon, IN. He was investigated at that time and his license was restricted.
During his last year in Florida, prior to moving to KY in February 1999, he was using 6-10 Lorcit per day. Dr. Snyder admits to his addiction to Lorcit. He describes himself as a “Binge user”, saying he could go lengths of time without using if he had his supply ran out. Dr. Snyder also described abuse of alcohol intermittently over the years. Most recently he was drinking Vodka excessively 3-4 times per week. In September 2000, he was charged with Public Intoxication. He now has chosen to abstain from all alcohol use. Dr. Snyder reports very minimal use of marijuana and using amphetamines a couple of times many years ago when in school.

Impression:
1. Narco tic Dependence.
2. Alcohol Abuse.
3. Narcissistic and Antisocial Personality disorders
4. Cognitive Disorder, NOS per neuropsychological testing.

Recommendations:
1. Dr. Snyder needs to enter into a contract with the Kentucky Impaired Physicians Program for the implementation and monitoring of the following recommendations.
2. To start, Dr. Snyder needs to be involved in an intensive level of care. At the discretion of the IPP, this could be either an intensive outpatient treatment or residential level of care.
3. Dr. Snyder needs to abstain from the use of alcohol and all mood-altering drugs of abuse. This should be documented by random urine drug screen monitoring.
4. He needs to attend 12-step recovery meetings and obtain a sponsor.
5. Individual therapy as well as participation in one of the physician therapy groups is indicated.

16. At this time, the licensee has not entered into long-term residential treatment.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order of Surrender:

1. The licensee's Kentucky osteopathic license is subject to regulation and discipline by the Board.

2. Based upon the information in the Stipulations of Fact, the licensee has engaged in conduct which violates KRS 311.595(4), (6), (8), and (9), as illustrated by KRS
311.597(1), (3) and (4). Accordingly, there are legal bases for the Board to impose disciplinary sanctions against the licensee's Kentucky medical license.

3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may resolve a pending grievance, without an evidentiary hearing, by entering into an informal resolution such as this Agreed Order of Surrender.

AGREED ORDER OF SURRENDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to permit the Board to complete its investigation without the possibility of risk to patients or the public, the parties hereby ENTER INTO the following AGREED ORDER OF SURRENDER:

1. The licensee shall SURRENDER his Kentucky osteopathic license, in lieu of revocation, for an indefinite period to commence immediately upon the filing of this Agreed Order of Surrender.

2. During that period of surrender, the licensee shall not engage in any act which would constitute the "practice of medicine," as that term is defined in KRS 311.550(10) – the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, or infirmities by any and all means, methods, devices, or instrumentalities.

3. The licensee may not petition for reinstatement of his Kentucky medical license for a period of two (2) years from the date of filing of this Agreed Order of Surrender. Any petition for reinstatement filed by the licensee shall be governed by the provisions of KRS 311.607. The decision whether to permit the licensee to resume the practice of osteopathy in Kentucky rests in the sole discretion of the Panel and the burden is on the licensee to satisfy the Panel that he is presently of good moral
character and is qualified both physically and mentally to resume the practice of osteopathy without undue risk of harm to patients or the public. The parties agree that the Panel may require the licensee to submit to evaluation(s)/assessment(s), including a clinical skills assessment, approved by the Panel but at the licensee’s cost, for review by the Panel in making its determination.

4. If the Panel should permit the licensee to resume the practice of medicine, the Panel shall do so by an Order of Revocation; Probated or an Order of Indefinite Restriction, which shall restrict/limit the licensee’s osteopathic license for an indefinite period so that he may not prescribe, dispense or otherwise utilize controlled substances and which shall contain all other terms and conditions determined by the Panel to be appropriate based upon its review of all available information at that time.

5. The licensee expressly agrees that, if the licensee should violate any term or condition of this Agreed Order of Surrender, the licensee’s practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that, if the Board should receive information that he has violated any term or condition of this Agreed Order of Surrender, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an ex parte presentation of the relevant facts by the Board’s General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Agreed Order of Surrender would render the licensee’s practice an immediate danger to the health, welfare and safety of patients and the general public,
pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order of Surrender.

6. The licensee understands and agrees that any violation of this Agreed Order of Surrender would constitute separate grounds for disciplinary action against his Kentucky medical license, including revocation, pursuant to KRS 311.595(13).

SO AGREED on this 10th day of October, 2001.

FOR DR. SNYDER:

[Signature]
STEVEN P. SNYDER, D.O.

[Signature]
BART ADAMS, ESQ.
COUNSEL FOR DR. SNYDER

FOR THE BOARD:

[Signature]
KATHIE E. GRESHAM, ESQ.
CHAIR, INQUIRY PANEL

C. LLOYD VEST II
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-8046

ENTERED: 10/10/01