

IN THE MATTER OF

NELLIE RUELOS, M.D.

Respondent

License Number: D0030381

BEFORE THE

MARYLAND STATE

BOARD OF PHYSICIANS

Case Number: 2225-0172

CONSENT ORDER

On February 3, 2026, Disciplinary Panel B (“Panel B”) of the Maryland State Board of Physicians (the “Board”) charged **NELLIE RUELOS, M.D.** (the “Respondent”), License Number D0030381, with violating the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occupations (“Health Occ.”) §§ 14-101 *et seq.*

Specifically, Panel B charged the Respondent with violating the following provisions of the Act:

§ 14-404. Denials, reprimands, probation, suspensions, and revocations.

- (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: ...
- (22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State; ...
- (46) Fails to comply with the requirements of the Prescription Drug Monitoring Program under Title 21, Subtitle 2A of the Health-General Article[.]

On April 29, 2026, Panel B 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, Order, and Consent.

FINDINGS OF FACT

Panel A finds:

Background

1. At all relevant times, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent originally was licensed to practice medicine in Maryland on February 9, 1984, under License Number D0030381. The Respondent's medical license is scheduled for renewal on September 30, 2027.

2. The Respondent does not possess any specialty board certifications.

3. At all relevant times, the Respondent practiced psychiatry at a medical office in Carroll County, Maryland.

The Complaint

4. On or about March 15, 2025, the Board received a written Complaint from the Carroll County Health Department concerning the Respondent. The Carroll County Health Department reported it was investigating the overdose death of an individual (“Patient 1”)¹ who was a patient of the Respondent. The Complaint alleged in part that the Respondent was unresponsive to multiple records requests from the Carroll County Health Department in its review process.

¹ For confidentiality and privacy reasons, the names of individuals, patients and health care facilities is not disclosed in this document. The Respondent may obtain the undisclosed names by contacting the Administrative Prosecutor.

The Board Investigation

5. Upon receipt of the Complaint, the Board opened an investigation. As part of its investigation, the Board interviewed the Respondent, received written responses from the Respondent, subpoenaed the Respondent's Prescription Drug Monitoring Program Report ("PDMP"),² issued a subpoena to the Respondent for 10 patient records and supporting materials including Patient 1, received written summaries for the 10 patients, and ordered a practice review.

6. The Board's investigation revealed that the Respondent began treating Patient 1 in 2008 for various psychiatric disorders. Patient 1 also had a history of alcohol and drug abuse. As part of her treatment, the Respondent prescribed Patient 1 Lexapro, Lamictal, Gabapentin, Ritalin,³ Xanax⁴ and Ambien. The Respondent stated she rarely checked Patient 1's PDMP report and found the process "tedious." The Respondent also stated she had no record of being contacted by the Carroll County Health Department prior to the Complaint being filed with the Board.

² Since 2018, Maryland requires all prescribers to request at least the prior 4 months of prescription monitoring data for a patient before initiating a course of treatment for the patient that includes prescribing or dispensing an opioid or a benzodiazepine; and if a patient's course of treatment continues to include prescribing or dispensing an opioid or a benzodiazepine for more than 90 days after the initial request for prescription monitoring data, request prescription monitoring data for the patient at least every 90 days until the course of treatment has ended. Md. Health Gen. §§ 21-2A.

³ Stimulant drugs are a class of psychoactive drugs that provides temporary improvements in physical or mental functioning, thus elevating mood and increasing feelings of wellbeing, energy and alertness. Prescription stimulants are classified as a Schedule II controlled substance under the Controlled Substances Act and are associated with serious risks, including misuse, addiction, overdose, and diversion.

⁴ Benzodiazepines are a class of depressant medications that can be prescribed to treat conditions including but not limited to anxiety disorders, insomnia, and muscle spasms. Prescription benzodiazepines are classified as a Schedule IV controlled substance under the Controlled Substances Act.

7. The Respondent reported she does not prescribe opioids and never did so for Patient 1. However, the Respondent does prescribe Suboxone⁵ to some of her patients (approximately 10) despite having no training in addiction medicine.

8. The Respondent stated she does not check PDMP records before starting any of her patients on any controlled substances. The Respondent admitted she is required by Maryland law to do so.

9. The Respondent also stated she does not conduct urine toxicology screenings for any of her patients, including those with a history of substance abuse. The Respondent stated she does not conduct urine toxicology screenings because she trusts her patients.

10. The Respondent stated she does not utilize substance abuse contracts when prescribing medications to treat her ADHD and anxiety patients. The Respondent does recognize that “incorporating treatment agreements for stimulant and benzodiazepine prescribed patients, may have some benefit in some cases.”

Peer Review

11. As part of its investigation, the Board issued a subpoena to the Respondent for 10 patient records and supporting materials and ordered a practice review (referred to *infra* as “Patients 1 through 10”). The review was performed by two physicians who are board-certified in Psychiatry, one with a subspecialty certification in Addiction Psychiatry

⁵ Suboxone is a combination of two drugs - buprenorphine and naloxone - that works chemically to treat opioid use disorder by decreasing the severity of withdrawal symptoms and reducing a patient’s dependence on opioids in the long term. Suboxone is classified as a Schedule III controlled substance under the Controlled Substances Act.

and one with a subspecialty certification in Addiction Medicine.⁶ The patients whose cases were reviewed were adult male and female patients. The Respondent maintained many of these patients, sometimes for multiple years, on combinations of scheduled medications such as benzodiazepines and/or stimulants such as Ritalin and Adderall. The reviewers independently concluded that in seven (7) of the ten (10) cases reviewed, the Respondent failed to meet appropriate standards for the delivery of quality medical care.

12. Specifically, the reviewers found the Respondent failed to meet appropriate standards for the delivery of quality medical care in that the Respondent:

- (a) failed to document or order/perform urine toxicology screening at required intervals while maintaining patients on prescribed controlled substances, or for the presence of illicit substances (Patients 1, 2, 3, 5, 8, 9, 10);
- (b) failed to document or perform CRISP/PDMP searches at required intervals (Patients 1, 2, 3, 5, 8, 9, 10);
- (c) failed to utilize substance abuse contracts (Patient 1, 2, 3, 5, 8, 9, 10);
and
- (d) failed to document or perform appropriate assessments, work-ups, diagnoses, counseling of risks, compliance monitoring practices and/or referrals to appropriate health care providers to justify the prescribing of controlled substances, such as benzodiazepines,

⁶ The specific findings of both of the reviewers pertaining to the 10 patients reviewed are set forth completely in the Peer Review Reports which have been provided to the Respondent.

stimulants and other potent medications, either singularly or in combination (Patients 1, 2, 3, 5, 8, 9, 10).

13. The Board subsequently provided the reports from the peer reviewers to the Respondent, who submitted a response to those reports in a letter dated October 22, 2025. Panel B reviewed the Respondent's written response to the peer review reports prior to issuing these charges.

CONCLUSIONS OF LAW

Based on the foregoing findings of fact, Disciplinary Panel B concludes as a matter of law that the Respondent is guilty of a failure to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State, a violation of Health Occ. § 14-404(a)(22), and failure to comply with the requirements of the Prescription Drug Monitoring Program under Title 21, Subtitle 2A of the Health--General Article, a violation of Health Occ. § 14-404(a)(46).

ORDER

It is thus, on the affirmative vote of the quorum of Disciplinary Panel B of the Board, hereby:

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

ORDERED that the Respondent is placed on **PROBATION** for a **minimum period of ONE (1) YEAR**.⁷ During probation, the Respondent shall comply with the following terms and conditions of probation:

1. The Respondent is prohibited from prescribing and dispensing all

⁷ If the Respondent's license expires during the period of probation, the probation and any conditions will be tolled.

Controlled Dangerous Substances (CDS) for new patients until after he has successfully completed the courses described in probation condition two (2). The prohibition on prescribing and dispensing goes into effect **forty-five** calendar days after the effective to give the Respondent adequate time to transition patients to other providers. The prohibition on prescribing and dispensing may be administratively terminated through an Order of the Panel upon the Respondent's proof of successful completion of the courses.

2. Within **SIX (6) MONTHS** the Respondent is required to take and successfully complete courses in **CDS prescribing** and **medical record keeping**. 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 Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the course;
 - (c) the course may not be used to fulfill the continuing medical education credits required for license renewal; and
 - (d) the Respondent is responsible for the cost of the course; and it is further

ORDERED that the Respondent shall not apply for early termination of probation; and it is further

ORDERED that, after the Respondent has complied with all terms and conditions of probation and the minimum period of probation imposed by the Consent Order has passed, the Respondent may submit to the Board a written petition for termination of probation. After consideration of the petition, the probation may be terminated through an order of the disciplinary panel. The Respondent may be required to appear before the disciplinary panel to discuss her petition for termination. The disciplinary panel may grant the petition to terminate the probation, through an order of the disciplinary panel, if the

Respondent has complied with all probationary terms and conditions and there are no pending complaints relating to the charges; and it is further

ORDERED that a violation of probation constitutes a violation of the 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, or suspend 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 this Consent Order shall not be amended or modified and future requests for modification will not be considered; 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 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 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* Md. Code Ann., Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

CONSENT

I, Nellie Ruelos, M.D., 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.

5/20/26
Date

Signature on File

Nellie Ruelos, M.D.

NOTARY

STATE OF Maryland

CITY / COUNTY OF Baltimore

I HEREBY CERTIFY that on this 20th day of May 2026, before me, a Notary Public of the foregoing State and City/County, personally appeared Nellie Ruelos, M.D. 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.



Deborah A Estes
Notary Public

My Commission expires: 9/23/2029

ACCEPTANCE

I, Christine A. Farrelly, sign this **CONSENT ORDER** on behalf of Disciplinary Panel B.

5/22/2026
Date

Signature on File

Christine A. Farrelly
Executive Director
Maryland State Board of Physicians