

IN THE MATTER OF

FELIX BARNETT, M.D.

Respondent

License Number: D0037421

BEFORE THE

MARYLAND STATE

BOARD OF PHYSICIANS

Case Number: 2225-0118A

CONSENT ORDER

On December 9, 2025, Disciplinary Panel A (“Panel A”) of the Maryland State Board of Physicians (the “Board”) charged **FELIX BARNETT, M.D.** (the “Respondent”), License Number D0037421, with violating the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occupations (“Health Occ.”) §§ 14-101 *et seq.* (2021 Repl. Vol. & 2025 Supp.).

Specifically, Panel A charges the Respondent with violating the following provisions of the Act:

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

- (a) 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[.]

On March 11, 2026, 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, Order, and Consent.

FINDINGS OF FACT

Panel A finds:

I. BACKGROUND

1. At all relevant times, the Respondent was and is licensed to practice medicine in the State of Maryland. The Board initially issued the Respondent a license to practice medicine in the State of Maryland on October 1, 1988. His license is active through September 30, 2026.

2. The Respondent is board-certified in Anesthesiology. The Respondent operates a small practice (the “Practice”)¹ where he provides anesthesia and pain management services in Centreville, Maryland. The Respondent is also employed as a staff physician at two surgery centers (“Surgery Center 1” and “Surgery Center 2”) located in Rockville, Maryland.

II. COMPLAINT

3. On or about December 31, 2024, the Board received a referral from the Maryland Office of Controlled Substances Administration (“OCSA”) regarding the Respondent’s practice of “prescribing high dose opioids and cocktail combinations of [controlled dangerous substances (“CDS”).]” Upon receipt of the OCSA referral, the Board initiated an investigation into the Respondent.

¹ For confidentiality reasons, the names of individuals referenced herein, will not be disclosed in this Order.

III. BOARD INVESTIGATION

4. By letter dated February 5, 2025, the Board notified the Respondent of the allegations contained in the OCSA referral regarding his prescribing practices. The Board provided the Respondent with a copy of the referral and requested that he provide a written response within ten business days. The Board also enclosed a *subpoena duces tecum* (“SDT”) for ten named patient records (hereinafter “Patients 1-10”), requiring production within ten business days along with corresponding summaries of care and records certification forms.

5. On or about March 3, 2025, the Board received medical records for Patients 1-10 with corresponding certification of medical records forms and summaries of care from the Respondent. In the summaries of care, the Respondent stated that all ten patients have been “very compliant” in the years that he has treated them and that “[t]here has been no history of misuse of [their] medications, diversion or overdose” for any of the ten patients.

IV. RESPONDENT’S INTERVIEW

6. On or around April 16, 2025, the Board conducted an interview with the Respondent who stated, in part, the following:

- (a) The Respondent has been semi-retired for approximately two or three years. He practices pain management at the Practice on Saturdays.
- (b) The Respondent performs intravenous (“I.V.”) sedation procedures at the surgery centers two or three days a week. He sees approximately 15-17 patients.

- (c) The Respondent has a total of 20 patients at the Practice and sees approximately 10 patients per day. He works alone at the Practice and does not employ any staff.
- (d) The Respondent monitors his patients' compliance with their CDS prescriptions "primarily by the patients and also occasionally I would do urine and doing saliva samples." The Respondent stated that he uses a testing kit in his office to test saliva samples and that he does not send the sample out for additional testing.
- (e) The Respondent stated that the last time he did a saliva or urine test for Patients 1-10 was "[p]robably about maybe two years [ago.]" He stated that he does not do them often because his patients have been with him for years and he has never had any trouble with them regarding their medications.
- (f) The Respondent stated that he last referred a patient to physical therapy "[p]robably about five years ago."

V. PEER REVIEW

7. As part of its investigation, the Board referred ten (10) patient records obtained from the Respondent (referenced *infra* as "Patients 1-10") and related materials for peer review. Two peer reviewers, each board-certified in Anesthesiology, separately reviewed the patient records. The reviewers submitted reports to the Board which addressed standard of care issues related to the Respondent's treatment of the patients, including the Respondent's prescribing practices.

8. The reviewers independently concluded that in all ten of the cases reviewed, the Respondent failed to meet appropriate standards for the delivery of quality medical care. The reviewers cited deficiencies that included but were not limited to the following:²

- (a) The Respondent failed to consistently conduct or document routine urine drug screens where appropriate (Patients 1-10);
- (b) The Respondent failed to adequately document justification for the continuation of chronic opioid therapy and/or a high-dose opioid regimen (Patients 2-7, 9, 10);
- (c) The Respondent prescribed high-dose opioid medications in conjunction with benzodiazepines without adequate justification (Patients 1-9);
- (d) The Respondent failed to prescribe Naloxone to patients to whom he prescribed high dosages of opioids and/or opioids in conjunction with benzodiazepines (Patients 1-10);
- (e) The Respondent failed to utilize or document imaging studies where appropriate to justify the need for high-dose opioid regimen (Patients 2-7, 10);
- (f) The Respondent failed adequately monitor the Prescription Drug Monitoring Program (“PDMP”) database (Patients 1-10); and
- (g) The Respondent failed to consistently taper high-dose opioid regimen (Patients 2-7, 9).

² The deficiencies pertain to Patients 1 through 10 unless specifically indicated.

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 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).

ORDER

It is thus, on the affirmative vote of the quorum of Disciplinary Panel A 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**.³ During probation, the Respondent shall comply with the following terms and conditions of probation:

1. The Respondent is prohibited from prescribing and dispensing all Controlled Dangerous Substances (CDS) for new patients in his private practice until after he has successfully completed the courses described in probation condition two (2) and has a supervisor approved by the Panel as described in probation condition three (3). The prohibition on prescribing and dispensing in his private practice may be administratively terminated through an Order of the Panel upon the Respondent's proof of successful completion of the courses and after the Panel has approved the Respondent's proposed supervisor. The following conditions also apply for new patients in his private practice:
 - (a) the Respondent shall not delegate to any physician assistant the prescribing of CDS;
 - (b) the Respondent is prohibited from certifying patients for

³ If the Respondent's license expires during the period of probation, the probation and any conditions will be tolled.

the medical use of cannabis; and

- (c) the Panel may issue administrative subpoenas to the Maryland Prescription Drug Monitoring Program on a quarterly basis for the Respondent's Controlled Dangerous Substances ("CDS") prescriptions. The administrative subpoenas will request the Respondent's CDS prescriptions from the beginning of each quarter; and
2. Within **SIX (6) MONTHS** the Respondent is required to take and successfully complete courses in **CDS prescribing** and **medical documentation**. 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.
3. Following completion of the courses, the Respondent shall be subject to supervision for a minimum of one year (four quarterly reports)⁴ by a Board or disciplinary panel-approved supervisor who is board-certified in Anesthesiology and/or Physical Medicine and Rehabilitation, as follows:
- (a) within **30 CALENDAR DAYS** of the effective date of this Consent Order, the Respondent shall provide the disciplinary panel with the name, pertinent professional background information of the supervisor whom the Respondent is offering for approval, and written notice to the disciplinary panel from the supervisor confirming his or her acceptance of the supervisory role of the Respondent and that there is no personal or professional relationship

⁴ If the Respondent is not practicing medicine, the supervision shall begin when the Respondent resumes the practice of medicine and the disciplinary panel has approved the proposed supervisor. The Respondent shall submit the name of a proposed supervisor within 30 days of resuming the practice of medicine and shall be subject to supervision by a disciplinary panel approved supervisor upon the return to the practice of medicine.

with the supervisor;

- (b) the Respondent's proposed supervisor, to the best of the Respondent's knowledge, should not be an individual who is currently under investigation, and has not been disciplined by the Board within the past five years;
- (c) if the Respondent fails to provide a proposed supervisor's name within 30 calendar days from the effective date of the order, the Respondent's license shall be automatically suspended from the 31st day until the Respondent provides the name and background of a supervisor;
- (d) the disciplinary panel, in its discretion, may accept the proposed supervisor or request that the Respondent submit a name and professional background, and written notice of confirmation from a different supervisor;
- (e) the supervision begins after the disciplinary panel approves the proposed supervisor;
- (f) the disciplinary panel will provide the supervisor with a copy of this Consent Order and any other documents the disciplinary panel deems relevant;
- (g) the Respondent shall grant the supervisor access to patient records selected by the supervisor, which shall, to the extent practicable, focus on the type of treatment at issue in the Respondent's charges;
- (h) if the supervisor for any reason ceases to provide supervision, the Respondent shall immediately notify the Board and shall not practice medicine beyond the 30th day after the supervisor has ceased to provide supervision and until the Respondent has submitted the name and professional background, and written notice of confirmation, from a proposed replacement supervisor to the disciplinary panel;
- (i) it shall be the Respondent's responsibility to ensure that the supervisor:
 - i. reviews the records of ten (10) patients each month, such patient records to be chosen by the supervisor and not the Respondent;
 - ii. meets in-person with the Respondent at least once each month and discuss in-person with the Respondent the care the Respondent has provided

for these specific patients;

- iii. be available to the Respondent for consultations on any patient;
 - iv. maintains the confidentiality of all medical records and patient information;
 - v. provides the Board with quarterly reports which detail the quality of the Respondent's practice, any deficiencies, concerns, or needed improvements, as well as any measures that have been taken to improve patient care; and
 - vi. immediately reports to the Board any indication that the Respondent may pose a substantial risk to patients;
- (j) the Respondent shall follow any recommendations of the supervisor;
- (k) if the disciplinary panel, upon consideration of the supervisory reports and the Respondent's response, if any, has a reasonable basis to believe that the Respondent is not meeting the standard of quality care or failing to keep adequate medical records in his or her practice, the disciplinary panel may find a violation of probation after a hearing; and it is further

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

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

ORDERED that upon receipt of completion of the course and after approving a
supervisor, the Board will issue an order terminating probationary condition 1; 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 his 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, 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 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, Felix Barnett, 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.

Signature on File

4-6-26
Date

Felix Barnett, M.D.

NOTARY

STATE OF MARYLAND

CITY / COUNTY OF Baltimore

I HEREBY CERTIFY that on this 6th day of April 2026, before me, a Notary Public of the foregoing State and City/County, personally appeared Felix Barnett, M.D. and made oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

AS WITNESSETH my hand and notarial seal.



Dorothy A Appel
Notary Public

My Commission expires: 12/21/2029

ACCEPTANCE

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

04/23/2026
Date

Signature on File

Christine A. Farrelly
Executive Director
Maryland State Board of Physicians