

<b>IN THE MATTER OF</b>	*	<b>BEFORE THE</b>
<b>OSAMA SALEH, M.D.</b>	*	<b>MARYLAND STATE</b>
<b>Respondent</b>	*	<b>BOARD OF PHYSICIANS</b>
<b>License Number: D50397</b>	*	<b>Case Number: 2225-0096 B</b>
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**CONSENT ORDER**

On December 16, 2025, Disciplinary Panel B (“Panel B” or the “Panel”) of the Maryland State Board of Physicians (the “Board”) charged Osama Saleh, M.D. (the “Respondent”), License Number D50397, under the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. §§ 14-101 *et seq.* (2021 Repl. Vol. & 2024 Supp.).

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

**Health Occ. § 14-404.**

- (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; [and]
  - ...
  - (40) Fails to keep adequate medical records as determined by appropriate peer review[.]

On February 25, 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 B makes the following findings of fact:

### **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 April 16, 1996, under License Number D50397. The Respondent's medical license is scheduled for renewal on September 30, 2027.

2. The Respondent is board-certified in Psychiatry.

3. At all relevant times, the Respondent was and is the owner and practices psychiatry at a medical office (the "Office")<sup>1</sup> in Prince Frederick, Maryland. He also provided psychiatric and substance use disorder services through a clinic (the "Clinic").

### **Referral from the Maryland Office of Controlled Substances Administration**

4. The Board initiated an investigation of the Respondent after receiving a referral, dated November 19, 2024, from the Maryland Office of Controlled Substances Administration ("OCSA"). In its referral, OCSA stated that, in its professional judgment, the Respondent was prescribing Control Dangerous Substances ("CDS") combinations with a black box warning against the combination and combinations that could lead to abuse and/or diversion in his patient population. OCSA specifically reported that the

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<sup>1</sup> For confidentiality and privacy reasons, the name of individuals and health care facilities is not disclosed.

Respondent was prescribing buprenorphine along with stimulants, benzodiazepines, and/or hypnotic sleep aids (e.g., Ambien), and noted that there is a black box warning against the combination of opioids with benzodiazepines.

### **Board Investigation**

5. In its investigation, the Board interviewed the Respondent, subpoenaed the Respondent's Prescription Drug Monitoring Program Report ("PDMP"), issued a subpoena to the Respondent for 10 patient records and supporting materials, and ordered a practice review. The Board requested from the Respondent and received a written response to the complaint, or summaries of patient care.

6. In his response, the Respondent stated that he treated a large population of patients with substance use disorders and comorbid psychiatric conditions, and that some of his patients received combinations of buprenorphine<sup>2</sup>, benzodiazepines<sup>3</sup>, and stimulants<sup>4</sup>.

7. The Respondent stated that he previously used written "contracts" or agreements with his Suboxone<sup>5</sup> patients but no longer routinely used formal drug contracts,

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<sup>2</sup> Buprenorphine is a Schedule III controlled substance and partial opioid agonist commonly used to treat opioid use disorder and, less frequently, chronic pain.

<sup>3</sup> 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.

<sup>4</sup> 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 associated with serious risks, including misuse, addiction, overdose, and diversion.

<sup>5</sup> Suboxone is a combination of two drugs - buprenorphine and naloxone - that works chemically to treat

and that he referred patients to individual therapy and outside providers for group therapy rather than running in-house groups. Respondent stated that, because of the nature of his specialty, he treated complicated patients and sometimes used combinations of different medicines, including controlled substances.

### **Peer Review**

8. 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.<sup>6</sup> 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 Suboxone often in conjunction with other scheduled medications such as benzodiazepines and/or stimulants. The reviewers independently agreed that in 2 of the 10 cases reviewed, the Respondent failed to meet appropriate standards for the delivery of quality medical care. The reviewers also independently concluded that in 10 of the 10 cases reviewed, the Respondent failed to keep adequate medical records.

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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.

<sup>6</sup> 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.

9. Specifically, the reviewers found in part the Respondent failed to meet appropriate standards for the delivery of quality medical care and failed to keep adequate medical records in that the Respondent:

- a) With respect to Patients 3 and 6, prescribed and continued high-risk combinations of CDS—including buprenorphine with benzodiazepines, stimulants, and other sedating medications—without an adequate clinical rationale or risk–benefit analysis, and without maintaining appropriate monitoring (including PDMP checks and urine drug testing) for safety, adherence, and potential misuse or diversion;
- b) With respect to Patients 1 through 10, failed to keep adequate medical records by not adequately documenting his clinical reasoning for initiating and continuing controlled-substance regimens, including buprenorphine, benzodiazepines, stimulants, and sedative–hypnotic medications, and by rarely documenting any discussion of the risks, benefits, or alternatives to those medications; and
- c) With respect to Patients 1 through 10, failed to consistently document in the medical records that he requested and assessed Prescription Drug Monitoring Program data before initiating or continuing controlled-substance regimens, including buprenorphine, benzodiazepines, and stimulants, despite the high-risk nature of these regimens and applicable statutory and professional expectations.

## CONCLUSIONS OF LAW

Based on the Findings of Fact, Panel B concludes that the Respondent: failed 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, in violation of Health Occ. § 14-404(a)(22); and failed to keep adequate medical records as determined by appropriate peer review, in violation of Health Occ. § 14-404(a)(40).

## ORDER

It is, thus, on the affirmative vote of a majority of the quorum of Panel B, hereby:

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

**ORDERED** that the Respondent is placed on **PROBATION**<sup>7</sup> until the Respondent completes the terms and conditions of probation. The Respondent shall comply with the following terms and conditions of probation:

Within **SIX MONTHS**, the Respondent is required to take and successfully complete a course in **medical recordkeeping**. 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 begins;
- (b) the Respondent must provide documentation to the disciplinary panel that the Respondent successfully completed the course;
- (c) the course may not be used to fulfill the continuing medical education credits required for license renewal; and

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

(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 a violation of probation constitutes a violation of this Consent Order; and it is further

**ORDERED** that this Consent Order shall not be amended or modified, and future requests for modification will not be considered by the Board or a disciplinary panel; and it is further

**ORDERED** that, after the Respondent has complied with all terms and conditions of probation imposed by this Consent Order, the Respondent may submit a written petition for termination of probation. After consideration of the petition, the Respondent's 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 the 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 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 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 the Respondent's license 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 this Consent Order goes into effect on the date the Consent Order is signed by the Executive Director of the Board or her designee. The Executive Director or her designee 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).

04/08/2026  
Date

***Signature on File***

Christine A. Farrelly, Executive Director  
Maryland State Board of Physicians

**CONSENT**

I, Osama Saleh, M.D., acknowledge that I have consulted with counsel before signing this Consent Order.

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***

4/3/26  
Date

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Osama Saleh, M.D.

NOTARY

STATE OF Maryland

CITY/COUNTY OF Montgomery

I HEREBY CERTIFY that on this 3rd day of April 2026, before me, a Notary Public of the foregoing State and City/County, Osama Saleh, M.D., personally appeared 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.

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Notary Public

My Commission expires: June 29, 2029