

IN THE MATTER OF	*	BEFORE THE
DARRYL HOOKER, PA-C	*	MARYLAND STATE
Respondent	*	BOARD OF PHYSICIANS
License Number: C05314	*	Case Number: 2221-0121 B
* * * * *	*	* * * * *

CONSENT ORDER

On June 28, 2022, Disciplinary Panel B (“Panel B”) of the Maryland State Board of Physicians (the “Board”) charged **Darryl Hooker, PA-C** (the “Respondent”), License Number C05314, with violating the Maryland Physician Assistants Act (the “Act”), Md. Code Ann., Health Occ. §§ 15-101 *et seq.*

Specifically, Panel B charged the Respondent with violating the following provisions of the Act under Health Occ. § 15-314:

- (a) Subject to the hearing provisions of § 15-315 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum, may reprimand any physician assistant, place any physician assistant on probation, or suspend or revoke a license if the physician assistant:
 - (22) Fails to meet appropriate standards 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 September 28 2022, Panel B was convened as a Disciplinary Committee for Case Resolution (“DCCR”) in this matter. Based on the 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 finds the following:

1. At all relevant times, the Respondent was and is licensed to practice as a physician assistant in the State of Maryland. The Respondent originally was licensed to practice as a physician assistant in Maryland on January 28, 2014, under License Number C05314. The Respondent's license is scheduled for renewal on June 30, 2023.

2. At all relevant times, the Respondent was a part owner and practiced at a medical office in Prince George's County, Maryland that offers pain management and primary care services. ("Health Care Facility A").¹

3. The Board initiated an investigation of the Respondent after receiving an anonymous complaint from a pharmacist (the "Complainant") alleging that the Respondent was overprescribing controlled dangerous substances ("CDS"). The Complainant stated that a "whole family" with the same surname was being prescribed CDS by the Respondent. The Complainant included a prescription list with redacted patient names.

4. As part of its investigation, the Board subpoenaed records from the Prescription Drug Monitoring Program ("PDMP") and medical records of ten (10) patients identified from the PDMP reports including the five (5) family members with the same surname. The Board received a written response from the Respondent addressing the complaint and received summaries of care for all ten (10) patients. Board staff also conducted an under-oath interview with the Respondent.

¹ For confidentiality and privacy reasons, the names of patients and health care facilities have not been disclosed in this document.

5. In his interview, the Respondent stated that 10-15% of his patients see him for chronic pain management. The Respondent stated this includes “[p]ractically anything that comes through there that involves pain, low back pain, cervical radiculopathy, lumbar radiculopathy, shoulder pain, knee pain, anything that involves pain.” The Respondent stated that he has no advanced training in pain management. Rather, the Respondent’s pain management training and experience has come from two supervising physicians while “on the job.”

6. The Respondent stated that for first-time patients, they are to bring any imaging records they possess, three progress notes from prior pain management providers, and one year of pain management prescription history from their pharmacy. The Respondent stated new patients undergo a physical examination and a urine drug screening during the initial visit, and that pain medications typically are not prescribed during the initial visit. However, the Respondent stated that he will make exceptions for patients with a current prescription and “whose pain management provider no longer accepts their insurance,” and that as “long as everything adds up in terms of a urine screen, the PDMP, then we don’t have a problem continuing them on that medication.”

7. After the initial visit, the Respondent stated that he sees patients for “pain management maintenance typically...once a month.” During these follow-up visits, the Respondent stated that before COVID, the office protocol was to perform urine drug screenings once a month. However, “during the whole COVID period,” the Respondent stated “we try to make sure that we get a urine screen at least every three months.” During these follow-up visits, the Respondent also stated he usually performs a pill count. The

Respondent stated he utilizes controlled substance agreements with his patients. The Respondent stated he also uses “PDMP every visit that I’m going to prescribe their medication.”

8. In terms of following the Center for Disease Control (“CDC”) guidelines for opioid prescribing, the Respondent stated that “there are some exceptions that I go beyond the limits of the guideline,” but that he tries to stay within those limits.

9. As part of its investigation, the Board issued a subpoena to the Respondent for ten patient records in total and supporting materials and ordered a practice review (referred to *infra* as “Patients 1 through 10”). The review was performed by a physician assistant delegated to work in pain management.² The patients whose cases were reviewed were adult male and female patients to whom the Respondent prescribed CDS from July 1, 2020 to January 6, 2021. The Respondent provided a summary of care that included a medication chronology for the ten patients. The reviewer concluded that in eight (8) of the cases reviewed, the Respondent failed to meet appropriate standards for the delivery of quality medical care.

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

- (a) failed to document and/or discuss opioid prescribing risks, realistic benefits, patient responsibility, and clinical responsibilities (Patient 1);

² The specific findings of the reviewer pertaining to the ten patients reviewed are set forth completely in the Report which has been provided to the Respondent.

- (b) failed to document and/or discuss the harms and risks of prescribing opioids, benzodiazepines and/or central nervous depressants such as Ambien (Patient 1);
 - (c) failed to document and/or discuss benefits and harms of opioid prescribing, and tapering when improvements are not sustained, outweighed by risks, and/or if the patient experiences warning signs of harm (Patients 2, 10);
 - (d) failed to document or perform appropriate work-up, diagnostic imaging and testing, treatments and referrals to appropriate specialists to justify the prescribing of opioids and other potent medications (Patients 1, 2, 3, 4, 7);
 - (e) prescribed opioids prior to conducting urine drug screening (“UDS”), and/or continued to prescribe opioids despite noncompliant UDS (Patients 3, 4, 7, 9, 10);
 - (f) failed to offer treatment for opioid use disorder (Patients 3, 4);
 - (g) engaged in opioid prescribing practices that afforded patients the ability to divert pills, escalate and/or stockpile prescription medication (Patients 6, 7, 9, 10); and
- prescribed excessive dosages of opioids (Patients 2, 4, 6).

CONCLUSIONS OF LAW

Based on the Findings of Fact, Disciplinary Panel B of the Board concludes as a matter of law that the Respondent failed to meet the appropriate standards for the delivery

of quality medical and surgical care performed in this State, in violation of Health Occ. § 15-314(a)(22).

ORDER

It is, thus, by 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 of **TWO YEARS**.³ During probation, the Respondent shall comply with the following terms and conditions of probation:

1. Within **SIX MONTHS**, the Respondent is required to take and successfully complete a course in appropriate prescribing practices for opioids and benzodiazepines. 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;

(d) the Respondent is responsible for the cost of the course; and

2. After completion of the courses, the Respondent is subject to a chart and/or peer review conducted by the disciplinary panel or its agents as follows:

(a) the Respondent shall cooperate with the chart and/or peer review process;

(b) the disciplinary panel, in its discretion, may change the focus of the chart and/or peer review if the Respondent changes the specialty of his practice;

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

(c) if the disciplinary panel, upon consideration of the chart and/or peer review and the Respondent's response, if any, determines that the Respondent is meeting the standard of quality care in his practice, the disciplinary panel shall consider the peer review condition of the Consent Order met;

(d) a peer and/or chart review indicating that the Respondent has not met the standard of quality care and/or has failed to keep adequate medical records may be deemed, by a disciplinary panel, a violation of probation and/or a violation of Health Occ. § 15-314(a)(22) and/or Health Occ. § 15-314(a)(40); and

3. Panel B 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 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;

ORDERED that, after the Respondent has complied with all terms and conditions of probation and after 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 Respondent's probation may be administratively terminated 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 the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this 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 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 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* Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

Signature on File

October 25, 2022

Date

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

CONSENT

I, Darryl Hooker, PA-C, 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. § 15-315 and Md. Code Ann., State Gov't §§ 10-201 *et seq.* concerning the 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

10/20/2022
Date

Darryl Hooker, PA-C
Respondent

NOTARY

STATE OF District of Columbia

CITY/COUNTY OF Washington

I HEREBY CERTIFY that on this 20th day of October, 2022, before me, a Notary Public of the foregoing State and City/County, did personally appear Darryl Hooker, PA-C, and made oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

AS WITNESSTH my hand and seal.

Tracy Gilman - Miles
Notary Public

My commission expires: 04/30/2027

