

IN THE MATTER OF	*	BEFORE THE
VIJAYALAKSHMI REDDY, M.D.	*	MARYLAND STATE
Respondent	*	BOARD OF PHYSICIANS
License Number: D47644	*	Case Number: 2223-0039B
* * * * *		

**CONSENT ORDER**

On May 28, 2024, Disciplinary Panel B (“Panel B”) of the Maryland State Board of Physicians (the “Board”) charged **VIJAYALAKSHMI REDDY, M.D.** (the “Respondent”), License Number D47644, with violating the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. §§ 14-101 *et seq.* (2021 Repl. Vol. & 2023 Supp.).

Specifically, Panel B charged the Respondent with violating the following provisions of the Act under Health Occ. § 14-404:

**§ 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; [and]

...

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

On August 28, 2024, 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 finds the following:

#### **I. Background**

1. At all relevant times, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was initially licensed to practice on June 30, 1995, under license number D47644. The Respondent’s license is presently active and expires on September 30, 2025.

2. The Respondent is board-certified in internal medicine. She does not currently have any hospital privileges.

3. At all relevant times, the Respondent practiced and practices internal medicine with a focus on Suboxone<sup>1</sup> treatment at a medical facility (the “Medical Facility”)<sup>2</sup> in Baltimore City, Maryland.

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<sup>1</sup> Suboxone is a medication containing buprenorphine and naloxone. Buprenorphine is classified as a Schedule III controlled substance under the federal Controlled Substances Act. Suboxone is often prescribed to treat opioid use disorder.

<sup>2</sup> To ensure confidentiality and privacy, the names of individuals, patients and institutions involved in this case are not disclosed in this Consent Order.

## **II. Board Disciplinary History**

### ***October 2010 Summary Suspension***

4. On October 13, 2010, the Board summarily suspended the Respondent's license to practice medicine under Case Number 2009-0034 due to multiple, significant deficiencies in the Respondent's patient care. Prior to the issuance of the Board's *Order for Summary Suspension of License to Practice Medicine*, the Board received a report that the hospital ("Hospital A") where the Respondent worked at the time suspended her after it conducted a peer review of six patients. As part of its investigation, the Board obtained via *subpoena duces tecum* the records for six of the Respondent's patients and sent the records to a peer review entity for review. Two peer reviewers, each board-certified in internal medicine, agreed that "the Respondent failed to meet the standard of quality care with regard to five of the six patients reviewed, and that her documentation was inadequate in all six of the records reviewed." The Board also received information from another hospital ("Hospital B") that the Respondent's privileges had been permanently suspended due to her failure to adhere to Hospital B's rules and regulations. As a result of its investigation, the Board voted to summarily suspend the Respondent's license to practice medicine.

### ***November 2010 Consent Order***

5. On November 5, 2010, the Respondent entered into a Consent Order (the "November 2010 Consent Order") under Case Number 2009-0034, in which the Board found as a matter of law that the Respondent violated the following provisions of the Act under Health Occ. § 14-404(a): (3)(ii) Is guilty of unprofessional conduct in the practice of

medicine; (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. The Board ordered that the Respondent's license be suspended from the effective date of the November 2010 Consent Order until the Respondent complied with several terms and conditions, which included enrollment and completion of a "physician competency testing program." The Board further ordered that once she completed such a program, she could petition the Board's Reinstatement Inquiry Panel to request a termination of the suspension of her license. The Board ordered that if her license was reinstated, it would be placed on probation for a minimum of two years with the requirement that she comply with several terms and conditions.

6. On October 12, 2011, the Board issued an *Order Terminating Suspension and Initiating Probation* (the "October 2011 Order") in Case Number 2009-0034. In the October 2011 Order, the Board stated that the Respondent successfully completed a Board-approved physician competency testing program, and it ordered that her suspension be terminated and her license be placed on probation for a minimum of two years with the requirement that she comply with several terms and conditions. The terms and conditions included but were not limited to: the completion of a board-approved course in anticoagulation including patient monitoring and treatment; the completion of a Board-approved 1:1 tutorial in recordkeeping; and the requirement that her outpatient and hospital medical records be reviewed by Board-approved physician supervisors who will submit

monthly reports to the Board regarding the quality of the Respondent's medical care and recordkeeping.

7. On November 7, 2013, the Board ordered that the probationary terms and conditions imposed by the October 2011 Order are satisfied and of no further force or effect.

### **III. The Complaint**

8. On or about September 22, 2022, an employee of a pharmacy (the "Pharmacy") located in the Medical Facility submitted a complaint (the "Complaint") to the Board regarding the Respondent. The Complaint alleged that many of the Respondent's patients fill their prescriptions at the Pharmacy. It alleged that one of the Respondent's patients ("Patient 1") recently shared several complaints about the Respondent with Pharmacy staff. Patient 1's complaints primarily addressed the Respondent's prescribing practices.

9. The Complaint further alleged that Pharmacy staff have interacted with the Respondent "when clarifying treatment regimens and have expressed concerns with controlled and non-controlled substance regimens." According to the Complaint, on some occasions, when the Respondent has not provided Pharmacy staff with information justifying the treatment regimen, the staff has not filled the prescriptions.

### **IV. Board Investigation**

10. After reviewing the Complaint, the Board initiated an investigation.

11. By letter dated October 5, 2022, the Board notified the Respondent of the Complaint and its investigation, and it requested that the Respondent provide a written

response to the allegations. The Respondent provided the Board with a written response to the allegations on or about October 26, 2022.

12. Through its investigation, the Board issued two *subpoenas duces tecum* to the Prescription Drug Monitoring Program (“PDMP”). First, the Board subpoenaed a report of all controlled substances written by the Respondent from January 1, 2021 to September 30, 2022. Second, the Board subpoenaed a report of all controlled substances written by the Respondent from September 30, 2022 to present. The Board received these PDMP reports on or about October 3, 2022 and July 13, 2023, respectively.

13. The Board subpoenaed the Respondent’s medical records for 10 patients (“Patients 1 - 10”) and requested that she provide the Board with summaries of care for Patients 1 - 10, as well as signed Certification of Medical Records forms for Patients 1 - 10. On or about September 25, 2023, the Respondent provided the Board with the medical records, summaries of care, and signed Certification of Medical Records forms for Patients 1 - 10.

14. On November 14, 2023, Board staff conducted an under-oath interview of the Respondent. The Respondent stated that she is the only medical provider at the Medical Facility where she works in Baltimore City, Maryland. She stated that she did have hospital privileges before, but they were suspended due to patient care and recordkeeping issues.

15. The Respondent stated that she currently has approximately 300 patients, and that she sees less than 100 of those patients for Suboxone treatment, although that number “varies from day-to-day.”

16. When asked how often she checks PDMP or CRISP,<sup>3</sup> the Respondent stated that it depends on the individual patients. She checks PDMP or CRISP if she sees “something abnormal in their behavior” or if she “suspect[s] something[.]” The Respondent takes the same approach to ordering urine drug screening.

## **V. Peer Review**

17. On or about December 13, 2023, the Board transmitted the Complaint, the Respondent’s written response, the PDMP reports, the medical records for Patients 1 - 10 with summaries of care and Certification of Medical Records forms, and the transcript of the Respondent’s Board interview to a peer review entity for review.

18. Two peer reviewers, each board-certified in family medicine and addiction medicine, separately reviewed the materials. On or about January 25, 2024, the Board received the peer reviewers’ written reports.

19. The peer reviewers independently concurred that the Respondent failed to meet appropriate standards for the delivery of quality medical and surgical care for 10 out of 10 patients (Patients 1 - 10). In support thereof, the peer reviewers cited the following reasons, among others:

- a. The Respondent prescribed medications, including Suboxone, and changed dosages of medications without sufficient assessment, indication, clinical and/or diagnostic findings (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10);
- b. The Respondent continued to refill medications, including Suboxone, without assessing the ongoing therapeutic benefits of medications (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10);

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<sup>3</sup> “CRISP” stands for “Chesapeake Regional Information System for our Patients.” It is the State designated health information exchange and health data utility for Maryland.

- c. The Respondent failed to implement consistent compliance monitoring practices for patients receiving treatment for opioid use disorder (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10);
- d. The Respondent failed to address noncompliant behavior, and continued to prescribe and refill medications in the presence of noncompliant behavior (e.g., discordant urine screens) (Patients 5, 6, 7).

20. The peer reviewers also independently concurred that the Respondent failed to maintain adequate medical records for 10 out of 10 patients (Patients 1 - 10). In support thereof, the peer reviewers cited the following reasons, among others:

- a. The Respondent appears to copy and paste previous treatment notes without making changes to reflect current information (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10);
- b. The Respondent failed to document sufficient clinical and/or diagnostic findings to justify prescribed medications and/or changes in prescribed medications (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10);
- c. The Respondent failed to accurately document prescribed medications in the treatment notes, and failed to accurately document changes in prescribed medications (Patient 1, 2, 3, 4, 6, 7, 8, 9, 10);
- d. The Respondent failed to document consistent compliance monitoring practices (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10).

21. On or about January 26, 2024, the Board provided the peer reviewers' reports to the Respondent and gave her an opportunity to review and provide a written response to the reports by February 14, 2024. The Respondent did not provide a response by February 14, 2024.

### CONCLUSIONS OF LAW

Based on the foregoing findings of fact, Disciplinary Panel B concludes as a matter of law 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 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 Respondent is **REPRIMANDED**; and it is further

**ORDERED** that the Respondent is **permanently prohibited** from prescribing and dispensing Schedule II and Schedule III Controlled Dangerous Substances (“CDS”); and it is further

**ORDERED** that on every January 31st thereafter if the Respondent holds a Maryland medical license, the Respondent shall provide the Board with an affidavit verifying that the Respondent: (1) has not prescribed or dispensed any Schedule II or Schedule III medications in the past year; and it is further

**ORDERED** that if the Respondent fails to provide the required annual verification of compliance with these conditions:

- (1) There is a presumption that the Respondent has violated these permanent conditions; and
- (2) The alleged violation will be adjudicated pursuant to the procedures of a

Show Cause Hearing; and it is further

**ORDERED** that the Respondent agrees that the CDS Registration issued by the Office of Controlled Substances Administration will be restricted in accordance with the permanent prohibition on Schedule II and Schedule III categories of CDS as limited by this Order; and it is further

**ORDERED** that the disciplinary 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 it is further

**ORDERED** that the Respondent is placed on probation for a minimum period of **TWO (2) YEARS**.<sup>4</sup> During the probationary period, the Respondent shall comply with the following probationary terms and conditions:

1. The Respondent shall be subject to supervision for a minimum period of **ONE (1) YEAR** by a disciplinary panel-approved supervisor who is board-certified in internal medicine 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 with the supervisor;

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<sup>4</sup> If the Respondent's license expires during the period of probation, the probation and any conditions of probation, will be tolled.

- (b) The Respondent's proposed supervisor, to the best of the Respondent's knowledge, should not be an individual who is currently under investigation, or an individual who has 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 this Consent Order, the Respondent's license shall be automatically suspended from the 31<sup>st</sup> 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 from a list of all patients, 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 30<sup>th</sup> 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 **four (4) 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 her practice, the disciplinary panel may find a violation of probation after a hearing.

2. Within **SIX (6) MONTHS** of the effective date of this Consent Order, the Respondent is required to take and successfully complete a course in 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 has 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.

3. Within **ONE (1) YEAR** of the effective date of this Consent Order, the Respondent shall pay a civil fine of **FIVE THOUSAND DOLLARS (\$5,000.00)**. The Payment shall be by money order or bank certified check made payable to the Maryland Board of Physicians and mailed to P.O. Box 37217, Baltimore, Maryland 21297. The

Board will not renew or reinstate the Respondent's license if the Respondent fails to timely pay the fine to the Board; 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, 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. The Respondent may be required to appear before the disciplinary panel to discuss her petition for termination. After consideration of the petition, 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 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).

09/25/2024  
Date

***Signature On File***

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

CONSENT

I, Vijayalakshmi Reddy, M.D., acknowledge that I have consulted with counsel before signing this document.

By the 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***

9/23/24  
Date \_\_\_\_\_

Vijayalakshmi Reddy, M.D.

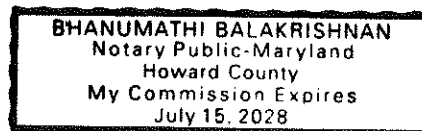
NOTARY

STATE OF MARYLAND

CITY/COUNTY OF HOWARD

I HEREBY CERTIFY that on this 23<sup>rd</sup> day of September 2024, before me, a Notary Public of the foregoing State and City/County, personally appeared Vijayalakshmi Reddy, 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.



S.B. [Signature]

Notary Public

My Commission expires: July 15, 2028