

**IN THE MATTER OF**

\*

**BEFORE THE**

**PETER SU, M.D.**

\*

**MARYLAND STATE**

**Respondent**

\*

**BOARD OF PHYSICIANS**

**License Number: D56977**

\*

**Case Number: 2221-0010A**

\* \* \* \* \*

**CONSENT ORDER**

On May 5, 2021, Disciplinary Panel A (“Panel A”) of the Maryland State Board of Physicians (the “Board”) charged **PETER SU, M.D.** (the “Respondent”), License Number D56977, with violating Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. §§ 14-101 *et seq.* (2014 Repl. Vol. & 2020 Supp.).

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

(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 July 14, 2021, Panel A 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 Facts, 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 was originally licensed to practice medicine in Maryland on January 17, 2001, under License Number D56977. The Respondent's medical license is scheduled for renewal on September 30, 2021.

2. The Respondent is board-certified in family medicine.

3. At all relevant times, the Respondent practiced at a medical office in Anne Arundel County, Maryland. The Respondent does not have any hospital privileges at this time.

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

4. The Board initiated an investigation of the Respondent after receiving a referral, dated June 30, 2020, from the Maryland Office of Controlled Substances Administration (“OCSA”). In its referral, OCSA stated that in its professional judgment, the Respondent was prescribing “dangerous combinations of opioids and benzodiazepines.”

### **Respondent's written response**

5. By letter dated August 20, 2020, the Board informed the Respondent that it had opened an investigation of him after receiving the OCSA's referral. The Board requested that the Respondent address the matter in a written response.

6. By letter to the Board dated August 31, 2020 (received by the Board on September 10, 2020), the Respondent addressed the concerns the OCSA raised in its referral. The Respondent stated that when he started practicing medicine in 2001, he developed a medical condition and that "[b]ecause of this experience, I became more empathetic to patients with chronic pain." The Respondent stated, "I have been struggling to persuade patients on high dose opioids to taper their medications or to pain management with little success." The Respondent proposed to transfer all of his chronic pain patients "who are taking high dose opioids" to pain management specialists. The Respondent further stated, "I sincerely regret that I was not more aggressive in persuading my patients to make that change . . . I will redouble my efforts to reduce the doses of opioids and pain medications and benzodiazepines."

### **Respondent's Board interview**

7. On November 24, 2020, Board staff conducted an under-oath interview of the Respondent. The Respondent stated that he provides chronic pain treatment for about ten percent of his patients. The Respondent added that he "probably would" prescribe controlled dangerous substances ("CDS") to new patients who did not bring prior imaging studies with them, stating that it was "probably not the best practice." The Respondent admitted that he stopped utilizing controlled substance contracts approximately five years

ago, stating that he was “too busy” and “sort of lazy” about requiring them. The Respondent stated that he does not require his patients to sign releases for their prior medical records. The Respondent also stated that when prescribing high dose opioids, he does not order urine toxicology testing to assess treatment compliance or prescribe Narcan<sup>1</sup> for possible overdoses. The Respondent stated, “I’m not trying to accept any more chronic pain patients . . . Because I tend to be a pushover I think when it comes to people complaining of pain . . . It can be extremely irritating and depressing to have chronic pain, so I’m probably a little too liberal in prescribing some medications.”

### **Peer review**

8. As part of its investigation, the Board issued a subpoena to the Respondent for ten patient records and supporting materials and ordered a practice review (referred to *infra* as “Patients 1 through 10”).<sup>2</sup> The review was performed by two physicians who are board-certified in anesthesiology and pain medicine. The patients whose cases were reviewed were adult male and female patients who presented with chronic pain complaints. The Respondent typically diagnosed these patients with chronic pain syndrome. The Respondent maintained these patients, sometimes for multiple years, on combinations of high-dose opioids (*i.e.*, 80 to 270 MME)<sup>3</sup>, often in conjunction with other scheduled medications such as benzodiazepines, amphetamines and sedative-hypnotics. The

---

<sup>1</sup> Narcan (generic name, naloxone) is a medication designed to reverse a known or suspected opioid overdose.

<sup>2</sup> For confidentiality reasons, the names of patients have not been disclosed in this document. The Respondent may obtain the identity of any patient referenced herein by contacting the Board.

<sup>3</sup>MME stands for morphine milligram equivalents.

reviewers independently concluded that in all ten cases reviewed, the Respondent failed to meet appropriate standards for the delivery of quality medical care and failed to keep adequate medical records.

9. Specifically, the reviewers found that 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) failed to document or utilize controlled substance contracts when placing patients on chronic opioid therapy (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10);
- (b) failed to document or order/perform urine toxicology screening while maintaining patients on chronic opioid therapy (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10);
- (c) failed to prescribe naloxone while maintaining patients on chronic opioid therapy (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10);
- (d) prescribed excessive dosages of opioids (Patients 2, 3, 5, 7, 8);
- (e) inappropriately prescribed benzodiazepines in conjunction with prescribing opioids (Patients 1, 2, 3, 5, 6, 9, 10);
- (f) inappropriately prescribed multiple benzodiazepines in conjunction with prescribing opioids (Patient 9)
- (g) prescribed opioids in conjunction with two benzodiazepines, an amphetamine and a sedative-hypnotic (Patient 1);

- (h) prescribed high-dose opioids to patients whose diagnostic studies did not support such prescribing (Patients 4, 6);
- (i) failed to employ or document consideration of adjuvant measures/multi-modal care in addition to, or to reduce reliance on, opioid therapy (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10);
- (j) failed to taper or reduce high-dose opioids after recommendation from pain management consultant (Patient 5);
- (k) failed on a consistent basis to document or take a past medical history or document or perform pain-related physical examinations (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10);
- (l) failed on a consistent basis to document or assess/reassess pain levels (Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10); and
- (m) prescribed two immediate-release opioids in conjunction with a benzodiazepine (Patient 10).

10. The Board subsequently provided the reports from the peer reviewers to the Respondent, who submitted a response to those reports in a letter dated February 26, 2021. The Respondent stated, “[g]enerally, I agree with the reviewers’ comments . . . .” The Respondent stated that he did consult the Prescription Drug Monitoring Program but that documentation in his patients’ charts was noted “near the end of each note in the plan section.” The Respondent concluded by stating, “I will no longer be prescribing opioid medications for management of chronic pain.”

## CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, Disciplinary Panel A of the Board 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 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 by Disciplinary Panel A of the Board, hereby:

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

**ORDERED** that the prohibition on prescribing and dispensing goes into effect **THIRTY** calendar days after the effective date of this Consent Order; and it is further

**ORDERED** that the Respondent is placed on **PROBATION** for a minimum of **TWO YEARS**.<sup>4</sup> 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) until after he has successfully completed the courses described in condition 2 and has a supervisor approved by the Panel as described in condition 3. The CDS prohibition may be administratively

---

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

terminated through an Order of the Panel upon successful completion of the courses and after the Panel has approved the Respondent's proposed supervisor.

2. Within **SIX (6) MONTHS**, the Respondent is required to take and successfully complete courses in CDS prescribing and 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 courses before the courses are begun;
- (b) the disciplinary panel will accept courses taken over the internet;
- (c) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the courses;
- (d) the courses may not be used to fulfill the continuing medical education credits required for license renewal;
- (e) the Respondent is responsible for the cost of the courses.

3. Following completion of the courses, the Respondent shall be subject to supervision for a minimum of one year (four quarterly reports)<sup>5</sup> by a disciplinary panel-approved supervisor who is board-certified as follows:

- (a) within **30 CALENDAR DAYS** of the completion of the courses described in condition 2, 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;

---

<sup>5</sup> 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.



- (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) 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;
- (d) the supervision begins after the disciplinary panel approves the proposed supervisor;
- (e) the disciplinary panel will provide the supervisor with a copy of this Consent Order and any other documents the disciplinary panel deems relevant;
- (f) 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;
- (g) 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;
- (h) it shall be the Respondent's responsibility to ensure that the supervisor:
  - i. reviews the records of 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;
  - (i) the Respondent shall follow any recommendations of the supervisor;
  - (j) 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 practice, the disciplinary panel may find a violation of probation after a hearing.
4. The Respondent agrees that the CDS Registration issued by the Office of Controlled Substances Administration will be restricted as limited by this Order.
  5. The Respondent's delegation agreement shall be modified to prohibit the respondent from supervising Physician Assistants in their prescribing of the categories of CDS or Opioids as limited by this Order.
  6. The Respondent is prohibited from certifying patients for the medical use of cannabis.
  7. 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 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, after and the minimum period of probation imposed by the Consent Order

has passed, and after the Respondent's supervisor has submitted to the Board four quarterly reports that are satisfactory to the Panel, 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 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 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).

08/16/2021  
Date

***Signature on File***

Christine A. Farrelly  
Executive Director  
Maryland State Board of Physicians

**CONSENT**

I, Peter Su, 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*

August 6, 2021  
Date

\_\_\_\_\_  
Peter Su, M.D.  
Respondent

### NOTARY

STATE OF Maryland

CITY/COUNTY OF Howard

I HEREBY CERTIFY that on this 6<sup>th</sup> day of August, 2021, before me, a Notary Public of the foregoing State and City/County, did personally appear Peter Su, M.D., 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.



Carol Jean Dower  
Notary Public Carol Jean DOWER

My commission expires: 3-13-2023