

Lelin Chao, M.D.

Mark Olszyk, M.D., Chair
Disciplinary Panel A
Maryland State Board of Physicians
4201 Patterson Avenue, 4th Floor
Baltimore, MD 21215-2299

Re: Surrender of License to Practice Medicine
Lelin Chao, M.D.
License Number: D57006
Case Number: 2221-0035A

Dear Dr. Olszyk and Members of Disciplinary Panel A:

Please be advised that, pursuant to Md. Code Ann., Health Occ. ("Health Occ.") §14-403 (2021 Repl. Vol.), I have decided to **SURRENDER** my license to practice medicine in the State of Maryland, License Number D57006, effective immediately. I understand that upon surrender of my license, I may not practice medicine, with or without compensation, in the State of Maryland as it is defined in the Maryland Medical Practice Act (the "Act"), Health Occ. §§ 14-101 *et seq.* and other applicable laws. In other words, as of the effective date of this Letter of Surrender, I understand that the surrender of my license means that I am in the same position as an unlicensed individual in the State of Maryland.

I understand that this Letter of Surrender is a **PUBLIC DOCUMENT**, and upon Disciplinary Panel A's ("Panel A") acceptance, becomes a **FINAL ORDER** of Panel A of the Maryland State Board of Physicians (the "Board").

I acknowledge that the Board initiated an investigation of my practice and on August 6, 2021, Panel A issued disciplinary charges against me under Health Occ. § 14-404(a)(3)(ii) (Is guilty of unprofessional conduct in the practice of medicine) and Health Occ. § 14-404(a)(38) (By corrupt means, threats, or force, hinders, prevents, or otherwise delays any person from making information available to the Board or a disciplinary panel in furtherance of any investigation of the Board or a disciplinary panel). Panel A alleged that I inappropriately treated a family member with Controlled Dangerous Substances and that I pressured the family member to withdraw the complaint. A copy of the charges is attached as Attachment 1. I have decided to surrender my license to practice medicine in the State of Maryland to avoid further investigation and prosecution of these disciplinary charges. I acknowledge that the allegations in the Charges are treated as proven.

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender to avoid further investigation and prosecution of these disciplinary charges. I do not wish to contest these allegations. I understand that by executing this Letter of Surrender I am waiving my right to contest the charging document in a formal hearing at which I would have had the right to counsel and all other substantive and procedural protections provided by law.

I understand that the Board will advise the Federation of State Medical Boards and the National Practitioner Data Bank of this Letter of Surrender. I also understand that in the event I

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Letter of Surrender

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would apply for licensure in any form in any other state or jurisdiction that this Letter of Surrender may be released or published by the Board to the same extent as a final order that would result from disciplinary action, pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2019), and that this Letter of Surrender constitutes a disciplinary action by Panel A.

I affirm that I will provide access to and copies of patient medical records to my patients in compliance with Title 4, subtitle 3 of the Health General Article. I also agree to surrender my Controlled Dangerous Substances Registration to the Office of Controlled Substances Administration.

I further recognize and agree that by submitting this Letter of Surrender, my license in Maryland will remain surrendered unless and until the Board grants reinstatement. In the event that I apply for reinstatement of my Maryland License, I understand that Panel A or its successor is not required to grant reinstatement; and, if it does grant reinstatement, may impose any terms and conditions the disciplinary panel considers appropriate for public safety and the protection of the integrity and reputation of the profession. I further understand that if I file a petition for reinstatement, I will approach Panel A or its successor in the same position as an individual whose license has been revoked.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have been advised of my right to be represented by an attorney of my choice throughout proceedings before Panel A, including the right to consult with an attorney prior to signing this Letter of Surrender. I consulted with and was represented by an attorney prior to signing this letter surrendering my license to practice medicine in Maryland. I understand both the nature of Panel A's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Letter of Surrender. I make this decision knowingly and voluntarily.

Very truly yours,

Signature On File

Lelin Chao, M.D.

8/16/2022 | 2:52 PM EDT

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NOTARY

STATE OF New York
CITY/COUNTY OF Suffolk

I HEREBY CERTIFY that on this 16th day of August, 2022 before me, a Notary Public of the City/County aforesaid, personally appeared Lelin Chao, M.D., and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was her voluntary act and deed.

AS WITNESS my hand and Notarial seal.



My commission expires: 10/15/2022

ACCEPTANCE

On behalf of Disciplinary Panel A, on this 18th day of August, 2022, I, Christine A. Farrelly, accept Lelin Chao, M.D.'s, **PUBLIC SURRENDER** of her license to practice medicine in the State of Maryland.

Signature On File

Christine A. Farrelly, Executive Director
Maryland Board of Physicians

Attachment 1

IN THE MATTER OF

LELIN CHAO, M.D.

Respondent

License Number: D57006

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BEFORE THE

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MARYLAND STATE

*

BOARD OF PHYSICIANS

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Case Number: 2221-0035A

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CHARGES UNDER THE MARYLAND MEDICAL PRACTICE ACT

Disciplinary Panel A ("Panel A") of the Maryland State Board of Physicians (the "Board") hereby charges **Lelin Chao, M.D.** (the "Respondent"), License Number D57006, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") §§ 14-401 *et seq.* (2014 Repl. Vol. & 2020 Supp.).

The pertinent provisions of the Act under Health Occ. § 14-404(a) provide as follows:

§ 14-404. Denials, reprimands, probations, suspensions, and revocations – Grounds.

(a) *In general.* Subject to the hearing provisions of § 14-405 of this subtitle, the Board, 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:

...

(3) Is guilty of:

...

(ii) Unprofessional conduct in the practice of medicine;

...

(38) By corrupt means, threats, or force, hinders, prevents, or otherwise delays any person from making information available to the Board or a disciplinary panel in furtherance of any investigation of the Board or a disciplinary panel[.]

One form of unprofessional conduct in the practice of medicine is providing self-treatment or treatment to family members. The American Medical Association has addressed this in a series of ethics opinions:¹

Opinion 8.19 (2012) – Self-Treatment or Treatment of Immediate Family Members

Physicians generally should not treat themselves or members of their immediate families. Professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered. Physicians may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the physical examination. Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the physician is an immediate family member. This discomfort is particularly the case when the patient is a minor child, and sensitive or intimate care should especially be avoided for such patients. When treating themselves or immediate family members, physicians may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a physician's professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician.

Concerns regarding patient autonomy and informed consent are also relevant when physicians attempt to treat members of their immediate family. Family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician. In particular, minor children will generally not feel free to refuse care from their parents. Likewise, physicians may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care.

It would not always be inappropriate to undertake self-treatment or treatment of immediate family members. In emergency settings or isolated settings where there is no other qualified physician available, physicians should not hesitate to treat themselves or family members until another physician

¹ The Board and the disciplinary panels may consider the Principles of Ethics of the American Medical Association, but those principles are not binding on the Board or the disciplinary panels. See COMAR 10.32.02.16.

becomes available. In addition, while physicians should not serve as a primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems. Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members.

Opinion 1.2.1 (2016) – Treating Self or Family

When the patient is an immediate family member, the physician's personal feelings may unduly influence his or her professional medical judgment. Or the physician may fail to probe sensitive areas when taking the medical history or to perform intimate parts of the physical examination. Physicians may feel obligated to provide care for family members despite feeling uncomfortable doing so. They may also be inclined to treat problems that are beyond their expertise or training.

Similarly, patients may feel uncomfortable receiving care from a family member. A patient may be reluctant to disclose sensitive information or undergo an intimate examination when the physician is an immediate family member. This discomfort may particularly be the case when the patient is a minor child, who may not feel free to refuse care from a parent.

In general, physicians should not treat themselves or members of their own families. However, it may be acceptable to do so in limited circumstances:

- (a) In emergency settings or isolated settings where there is no other qualified physician available. In such situations, physicians should not hesitate to treat themselves or family members until another physician becomes available.
- (b) For short-term, minor problems.

When treating self or family members, physicians have a further responsibility to:

- (c) Document treatment or care provided and convey relevant information to the patient's primary care physician.
- (d) Recognize that if tensions develop in the professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried

over into the family member's personal relationship with the physician.

- (e) Avoiding providing sensitive or intimate care especially for a minor patient who is uncomfortable being treated by a family member.
- (f) Recognize that family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician.

ALLEGATIONS OF FACT²

Panel A bases its charges on the following facts that it has cause to believe are true:

I. Background

1. At all relevant times, the Respondent was licensed to practice medicine in Maryland. She was originally licensed on January 24, 2001. Her license is scheduled to expire on September 30, 2022.

2. The Respondent was board-certified in Family Medicine; however, her certification expired on December 31, 2016.

3. The Respondent is the medical director for a non-profit health care center in Baltimore, Maryland³ that provides behavioral health counseling, and individual, family and group therapy.

² The allegations set forth in this document are intended to provide the Respondent with reasonable notice of the asserted facts. They are not intended as, and do not necessarily represent, a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with these charges.

³ The names of health facilities, other health care providers, and the Complainant are confidential and not disclosed. The Respondent may obtain the names from the Administrative Prosecutor.

II Prior Disciplinary Action

4. On March 12, 2013, the Board charged the Respondent with unprofessional conduct in the practice of medicine and failure to cooperate with a lawful investigation of the Board, in violation of Health Occ. § 14-404(a)(3) and (33), respectively.

5. The Board's charges arose when the Respondent failed to comply in a timely manner with the Board's subpoenas for treatment records of a patient regarding a complaint that did not pertain to the Respondent's care of the patient and she failed to appear or respond to the Board's initial subpoena to be interviewed under oath.

6. On July 24, 2013, the Respondent entered into a Consent Order with the Board to resolve the charges. The Board dismissed the charge of unprofessional conduct in the practice of medicine. Under the terms and conditions of the Consent Order, the Respondent was ordered to pay a monetary penalty of \$2,000.

III. Current Allegations

7. On or about September 20, 2020, the Board received a written complaint from an individual who had had a long-term personal relationship with the Respondent (the "Complainant"). The Complainant alleged, in pertinent part, that the Respondent had prescribed to him Controlled Dangerous Substances ("CDS") and other prescription-only medications to treat several different chronic medical conditions⁴ for several years, ending in 2018.

⁴ The nature of the Complainant's medical conditions is confidential.

8. The Complainant also alleged that the Respondent had prescribed to him a combination of CDS without explaining the adverse side effects, which the Complainant alleged caused him to become “delusional,” resulting in conduct that led to his hospitalization for over three (3) weeks.

9. The Complainant further alleged that the Respondent did not perform any examinations, check his vital signs, order any laboratory studies, or maintain a medical record of her treatment of him.

10. The Complainant further alleged that in 2018, health care professionals who subsequently treated him determined that he did not have the medical condition the Respondent had diagnosed, nor did he require the CDS she had prescribed for the condition.

IV. Board Investigative Allegations

11. The Board initiated an investigation that included subpoenaing the Complainant’s prescription records from various pharmacies, reviewing the Prescription Drug Monitoring Program (“PDMP”) for CDS that the Respondent prescribed to the Complainant from 2013 through 2018, and interviewing under oath the Respondent and the Complainant.

Respondent’s Response to the Complaint

12. By letter dated November 9, 2020, the Board notified the Respondent that it had initiated an investigation of her and asked her to respond to allegations that she had prescribed CDS to the Complainant. The Board also sent a *subpoena duces tecum* (“SDT”) to the Respondent for the Complainant’s complete medical records.

13. By letter dated November 18, 2020, the Respondent provided a response to the Board's inquiry. The Respondent stated in pertinent part that the Complainant had been diagnosed with a chronic medical condition in 2000, but that he did not maintain care with a health care professional for this condition. The Respondent attached to her response a one-page "inactive medical record" on her employer's letterhead that consisted of a listing for seven (7) prescription-only medications that the Respondent stated she had prescribed to the Complainant in November 2015. One (1) of the listed medications was a CDS.

14. In her response the Respondent further stated that there was "no other data in [the Complainant's] medical record since he never established care. No opioids, benzodiazepines or other controlled dangerous were ever prescribed."

Prescription Review and Response to Subpoenas

15. A review of the PDMP revealed that the Respondent prescribed the same non-opioid CDS to the Complainant approximately 53 times from September 2013 to March 2018.

16. The responses to the subpoenas sent to various pharmacies listed on the PDMP also revealed that the Respondent prescribed an opioid CDS to the Complainant on one (1) occasion in June 2015, and one (1) non-opioid CDS and four (4) different non-CDS medications from August through December 2008.

The Respondent's Interview

17. On January 29, 2021, Board staff interviewed the Respondent under oath. The Respondent stated that in 2000, the Complainant was diagnosed with a significant chronic medical condition by a health care professional other than herself. Thereafter, the

Respondent prescribed for that diagnosed medical condition and others she diagnosed because the Complainant did not maintain care with other health care professionals. She told Board staff that she prescribed to the Complainant based on her "clinical experience."

18. The Respondent stated that she did not treat the Complainant at her employing medical center and acknowledged that she did not maintain a medical record for him. She further stated that she did not conduct laboratory studies, tests, or urine screens because she "didn't have the infrastructure to do that," and that she "knew him so well that there was no formal, you know, fill out these papers (*sic*)."

19. The Respondent acknowledged that "it would have been far more appropriate that he was under the care of someone else to get all that established and done." The Respondent stated that she had requested a colleague to provide care to the Complainant, but the colleague had declined, citing a conflict of interest.

20. The Respondent stated that she was aware of the AMA opinion regarding treatment of immediate family members and told Board staff, "I'm sure if we were to audit a lot of physicians there would be prescriptions that were outside of their immediate scope of practice." She stated that "we could probably do a better job overall of ...educating and probably, you know, more, more of our assertiveness as clinicians to say, look this is really against my ethical code...This is not appropriate. Here's a friend who can help take care of you."

21. The Respondent further stated that she prescribed to the Complainant under emergent circumstances for years because his conduct caused her to be "under duress and coerced."

Basis of charging the Respondent under Health Occ. § 14-404(a)(38)

22. On November 16, 2020, the Complainant transmitted to the Board a text of the same date that the Respondent had sent him. The Respondent's text directed the Complainant to "contact the Board by close of business on Monday, November 16 and retract the complaint or you have until the end of the month to get a new cell phone service, auto insurance and dental insurance. Have you forgotten who has been generous enough to help you all these years???"

23. At the Respondent's interview, Board staff showed the Respondent her text to the Complainant. The Respondent acknowledged that she had sent the text. She stated that she had sent the text "out of anger, it was done out of disbelief."

24. By text dated February 9, 2021, the Respondent provided additional information regarding her attempts to urge the Complainant to seek treatment for his significant chronic medical condition. With regard to the November 16, 2020 text she had sent to the Complainant, the Respondent stated that it was "made out of shock and outrage," because of her anger that the Complainant would jeopardize her practice of medicine after she had attempted to provide care and resources to him.

25. By text dated February 21, 2021, the Complainant notified Board staff that he was withdrawing his complaint. By text dated March 10, 2021, the Complainant notified Board staff that he was not withdrawing his complaint, stating that he initially withdrew it because of "[p]ressure from [the Respondent]." By text dated April 5, 2021, the Complainant once again notified Board staff that he was withdrawing his complaint, this time without explanation.

V. Grounds for Discipline

26. The Respondent diagnosed the Complainant with significant chronic medical conditions and provided non-emergent care to the Complainant from at least 2008 to 2018, during which time she wrote multiple prescriptions for CDS and other prescription-only medications. The Respondent failed to perform screening tests or order laboratory studies when prescribing medications to the Complainant. The Respondent failed to keep medical records of the medical care she provided to the Complainant. The Respondent provided treatment under circumstances where her professional judgment and objectivity were compromised.

27. The Respondent threatened the Complainant that if he did not withdraw his complaint, she would take action against him. The Complainant subsequently withdrew his complaint.

28. The Respondent's conduct as described above, constitute, in whole or in part, violation of Health Occ. § 14-404(a): (3)(ii) is guilty of unprofessional conduct in the practice of medicine; and (38) by corrupt means, threats, or force, hinders, prevents, or otherwise delays any person from making information available to the Board or a disciplinary panel in furtherance of any investigation of the Board or a disciplinary panel.

NOTICE OF POSSIBLE SANCTIONS

If, after a hearing, a disciplinary panel of the Board finds that there are grounds for action under Health Occ. § 14-404(a)(3)(ii) and/or (38), it may impose disciplinary sanctions against the Respondent's license in accordance with the Board's regulations under Md. Code Regs. 10.32.02.09 and 10.32.02.10, including revocation, suspension, or

reprimand, and may place the Respondent on probation. The panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine upon the Respondent.

**NOTICE OF DISCIPLINARY COMMITTEE FOR CASE RESOLUTION
CONFERENCE, PREHEARING CONFERENCE AND HEARING**

A conference before Panel A, sitting as the Disciplinary Committee for Case Resolution ("DCCR") in this matter, is scheduled for **Wednesday, October 6, 2021, at 9:00 a.m.**, at the Board's office, 4201 Patterson Avenue, Baltimore, Maryland 21215. The Respondent must confirm in writing her intention to attend the DCCR. The Respondent should send written confirmation of her intention to participate in the DCCR to: Christine A. Farrelly, Executive Director, Maryland State Board of Physicians, 4201 Patterson Avenue, 4th Floor, Baltimore, Maryland 21215. The nature and purpose of the DCCR is described in the attached letter to the Respondent.

If the case cannot be resolved at the DCCR, a pre-hearing conference and a hearing in this matter will be scheduled at the Office of Administrative Hearings, 11101 Gilroy Road, Hunt Valley, Maryland 21031. The hearing will be conducted in accordance with Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 *et seq.* (2014 Repl. Vol. & 2020 Supp.).

**BRIAN E. FROSH
ATTORNEY GENERAL OF MARYLAND**

August 6, 2021
Date

Victoria H. Pepper
Victoria H. Pepper, Assistant Attorney General
Health Occupations Prosecution and Litigation
Division

Office of the Attorney General
300 West Preston Street, Suite 201
Baltimore, Maryland 21201
(410) 767-1873