

Joseph H. Miller, M.D.

April 13, 2018

Christine A. Farrelly, Executive Director
Disciplinary Panel B
Maryland Board of Physicians
4201 Patterson Avenue, 4th Floor
Baltimore, MD 21215

RE: Surrender of License to Practice Medicine
License Number: D06982
MBP Case Number: 2217-0109 B

Dear Ms. Farrelly and Members of Disciplinary Panel B,

Please be advised that, pursuant to Md. Code Ann., Health Occ. II ("Health Occ. II") § 14-403 (2014 Repl. Vol. & 2017 Supp.), I have decided to **SURRENDER** my license to practice medicine in the State of Maryland, License Number D06982, effective immediately. I understand that upon surrender of my license, I may not give medical advice or treatment to any individual, with or without compensation, and cannot prescribe medications or otherwise engage in the practice of medicine in the State of Maryland as it is defined in the Maryland Medical Practice Act (the "Act"), Health Occ. II §§ 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 on Disciplinary Panel B ("Panel B") of the Maryland State Board of Physicians' (the "Board's") acceptance, becomes a **FINAL ORDER** of Panel B.

I acknowledge that the Board received two complaints regarding my prescribing of controlled substances to patients in methadone treatment and opened an investigation concerning my prescribing practices. I have decided to surrender my license to practice medicine in the State of Maryland to avoid further investigation and prosecution of these allegations and due to my planned retirement. I recognize that for all purposes relevant to medical licensure that these allegations shall be treated as proven and that these allegations support a conclusion that I violated Health Occ. II § 14-404(a) (22) and (40), which require physicians to practice within the standard of care and keep adequate medical records.

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender to avoid the issuance of charges and prosecution of the aforementioned allegations. I do not wish to contest these allegations.

I understand that by executing this Letter of Surrender I am waiving my right to contest any charges that would issue from Panel B's investigative findings in a formal evidentiary

hearing at which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf and all other substantive and procedural protections provided by law, including the right to appeal.

I understand that the Board will advise the Federation of State Medical Boards and the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank of this Letter of Surrender. I also understand that in the event I 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 or Panel B 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.* (2014), and that this Letter of Surrender constitutes a disciplinary action by Panel B.

I affirm that I will provide access to and copies of patient medical records in compliance with Title 4, subtitle 3 of the Health General Article.

I further recognize and agree that by submitting this Letter of Surrender, my license 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 B 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 ever file petition for reinstatement, I will approach Panel B 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 the attorney of my choice throughout proceedings before Panel B, including the right to counsel with an attorney prior to signing this Letter of Surrender. I have consulted with and have been represented by an attorney prior to signing this letter surrendering my license to practice medicine in Maryland. I understand both the nature of Panel B'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

Joseph H. Miller, M.D.

NOTARY

STATE OF Maryland
CITY/COUNTY OF Baltimore

I **HEREBY CERTIFY** that on this 13th day of April, 2018 before me, a Notary Public of the City/County aforesaid, personally appeared Joseph H. Miller, M.D., and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was his voluntary act and deed.

AS WITNESS my hand and Notarial seal.

Alicia Lyn Moskal
Notary Public

ALICIA LYN MOSKAL
NOTARY PUBLIC STATE OF MARYLAND
My Commission Expires October 5, 2017
2021

My commission expires:

ACCEPTANCE

On behalf of Disciplinary Panel B of the Maryland Board of Physicians, on this 20th day of April, 2018, I, Christine A. Farrelly, accept Joseph H. Miller, M.D.'s **SURRENDER** of his license to practice medicine in the State of Maryland.

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