

**IN THE MATTER OF**  
**NILAY B. THAKER, D.O.**

**Respondent**

**License Number: H70147**

**\* BEFORE THE**  
**\* MARYLAND STATE**  
**\* BOARD OF PHYSICIANS**  
**\* Case Number: 2219-0181A**

\* \* \* \* \*

**ORDER FOR SUMMARY SUSPENSION**  
**OF LICENSE TO PRACTICE MEDICINE**

Disciplinary Panel A (“Panel A”) of the Maryland State Board of Physicians (the “Board”) hereby **SUMMARILY SUSPENDS** the license of **NILAY B. THAKER, D.O.** (the “Respondent”), License Number H70147, to practice medicine in the State of Maryland.

Panel A takes such action pursuant to its authority under Md. Code Ann., State Gov’t § 10-226(c) (2014 Repl. Vol. & 2019 Supp.), concluding that the public health, safety or welfare imperatively requires emergency action.

**INVESTIGATIVE FINDINGS**

Based on information received by, and made known to Panel A, and the investigatory information obtained by, received by and made known to and available to Panel A, including the instances described below, Panel A has reason to believe that the following facts are true:<sup>1</sup>

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<sup>1</sup> The statements regarding Panel A’s investigative findings are intended to provide the Respondent with notice of the basis of the suspension. 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 this matter.

## **I. BACKGROUND**

1. At all times relevant hereto, 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 8, 2010, under License Number H70147. The Respondent's license is current through September 30, 2021.

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

3. At all times relevant hereto, the Respondent was employed as a family medicine physician with a health care provider (the "Health Care Group") located in Frederick, Maryland.

4. On or about April 15, 2019, the Board opened an investigation of the Respondent after receiving a complaint from a family member (the "Complainant")<sup>2</sup> of a patient (the "Patient"). The Complainant alleged that the Respondent, who was the Patient's family physician, prescribed excessive amounts of Adderall to the Patient. The Complainant further provided copies of social media message exchanges between the Respondent and the Patient in which the Respondent agreed to provide cash for the Patient to pay her telephone bill in exchange for videos of her having sex with her boyfriend.

## **II. BOARD INVESTIGATION**

5. As part of its investigation, the Board requested that the Respondent provide a written response to the complaint. In a letter date October 8, 2019, the

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<sup>2</sup> For confidentiality and privacy purposes, the names of individuals and health care facilities involved in this case are not disclosed in this document. The Respondent may obtain the names of all individuals and health care facilities referenced in this document by contacting the administrative prosecutor.

Respondent explained his medical rationale for increasing or decreasing the Patient's Adderall dosage. The Respondent further denied engaging in an inappropriate relationship with the Patient.

6. The Board's investigation revealed that the Respondent began treating the Patient, then in her early 20s, in or around April 2015 for Attention Deficit Hyperactivity Disorder ("ADHD"). On or about June 20, 2016, the Complainant filed a complaint with the Health Care Group alleging that the Respondent prescribed excessive amounts of Adderall to the Patient. In furtherance of the investigation, the Board issued a subpoena to the Prescription Drug Monitoring Program ("PDMP"). The Board also obtained and reviewed the Respondent's pharmacy records. The information obtained revealed that the Respondent prescribed several controlled dangerous substances to the Patient in or around February 2017, which the Respondent admitted was done without any office visits with the Patient. Pharmacy drug surveys further revealed that the Respondent wrote two prescriptions on or about August 7, 2018, for an antibiotic medication in his family member's name and later provided the medications to the Patient pursuant to the Patient's request.

7. The Board's investigation further revealed that in a series of social media message exchanges between July 2018 and February 2019, the Respondent continued to provide medical advice and a prescription-only medication to the Patient during that time period. The message exchanges further revealed that the Respondent periodically provided cash to the Patient in order that she could pay her telephone bills in exchange

for videos of the Patient having sex with her partners. The message exchanges included sexually explicit discussions of the videos.

8. On or about February 27, 2020, the Respondent was interviewed under oath at the Board's offices. The Respondent stated that he initially treated the Patient for ADHD beginning April 2015. The Respondent stated that he stopped providing care to the Patient in December 2016 after her family member filed a complaint with the Health Care Group. The Respondent stated that in August of 2016, he began exchanging sexually explicit electronic communications with the Patient, which led to their having sexual intercourse at a parking lot in the winter of late 2016/early 2017. The Respondent further stated that between August 2018 and March 2019, he continued to provide medical advice to the Patient regarding urinary tract infections, reviewed her laboratory report and prescribed an antibiotic medication to her. The Respondent admitted that during this time period, he provided a total of approximately \$1,000 in cash to the Patient in exchange for approximately ten videos of the Patient having sex with her partners.

#### **CONCLUSIONS OF LAW**

Based upon the foregoing Investigative Findings, Panel A concludes as a matter of law that the public health, safety, or welfare imperatively requires emergency action, pursuant to Md. Code Ann., State Gov't § 10-226(c)(2) (2014 Repl. Vol. and 2019 Supp.) and Md. Code Regs. ("COMAR") 10.32.02.08B(7)(a).

**ORDER**

It is, by a majority of the quorum of Panel A, hereby:

**ORDERED** that pursuant to the authority vested in Panel A by Md. Code Ann., State Gov't § 10-226(c)(2) and COMAR10.32.02.08B(7)(a), the Respondent's license to practice medicine in the State of Maryland is hereby **SUMMARILY SUSPENDED**; and it is further

**ORDERED** that a post-deprivation hearing in accordance with COMAR10.32.02.05B(7) on the summary suspension will be held on **Wednesday, April 8, 2020, at 11:15 a.m.** before Panel A at the Maryland State Board of Physicians, 4201 Patterson Avenue, Baltimore, Maryland 21215-0095; and it is further

**ORDERED** that at the conclusion of the post-deprivation hearing before Panel A, the Respondent, if dissatisfied with the result of the hearing, may request within ten (10) days an evidentiary hearing, such hearing to be set within thirty (30) days of the request, before an Administrative Law Judge at the Office of Administrative Hearings, Administrative Law Building, 11101 Gilroy Road, Hunt Valley, Maryland 21031-1301; and it is further

**ORDERED** that a copy of this Order for Summary Suspension shall be filed with the Board in accordance with Health Occ. § 14-407 (2014 Repl. Vol. and 2019 Supp.); and it is further

**ORDERED** that this is an Order of Disciplinary Panel A, and as such, is a **PUBLIC DOCUMENT**. See Md. Code Ann., Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Provisions § 4-333(b)(6).

03/24/2020  
Date

## *Signature on File*

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Christine A. Farrelly  
Executive Director  
Maryland State Board of Physicians