
On or about June 18, 2015, Disciplinary Panel A of the Maryland State Board of Physicians (the "Board"), initiated an investigation of Peter L. Wisniewski, M.D. (the "Respondent"), under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") § 14-101 *et seq.*

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...

(17) Makes a willful misrepresentation in treatment;

- (27) Sells, prescribes, gives away, or administers drugs for illegal or illegitimate medical purposes[.]

Prior to Disciplinary Panel A issuing charges, the Respondent agreed to enter into this public Consent Order with Disciplinary Panel A's approval, consisting of Findings of Fact, Conclusions of Law and Order.

I. FINDINGS OF FACT

Disciplinary Panel A finds the following:

GENERAL FINDINGS

1. At all times relevant, the Respondent has been licensed to practice medicine in the State of Maryland. The Respondent was initially licensed by the Board on July 11, 1990, and his license is presently active through September 30, 2017.
2. The Respondent is board-certified in internal medicine, and he completed fellowship training in pulmonary and critical care medicine.
3. From approximately July 1995 through May 29, 2015, the Respondent was the member of an interdisciplinary practice with three locations in Calvert County ("Practice A").¹ The Respondent practiced in Prince Frederick, Maryland.
4. From approximately July 1995 through August 21, 2015, the Respondent held hospital privileges at Hospital A.
5. On or about June 1, 2015, the Respondent self-reported to the Maryland Physician Health Program ("MPHP"). MPHP evaluated the Respondent, and recommended that he be admitted into an inpatient drug rehabilitation program.

¹ In order to maintain confidentiality, facility, employee and patient names will not be used in this document.

Additionally, MPHP recommended that the Respondent temporarily cease the practice of medicine, and on June 1, 2015, the Respondent voluntarily agreed to do so.

6. On or about June 18, 2015, Practice A notified the Board through a Mandated 10-Day Report that the Respondent was taking a medical leave of absence, and through the direction of the MPHP, had entered a rehabilitation program for drug dependency.

7. On or about August 18, 2015, the Board notified the Respondent of its receipt of notification from Practice A noted in ¶6 and requested a written response from him.

8. On or about August 28, 2015, the Board received a second Mandated 10-Day Report from Hospital A notifying the Board that the Respondent's privileges had been suspended effective August 21, 2015, after he pled guilty to criminal charges involving prescription narcotic abuse.²

9. On or about September 16, 2015, the Respondent submitted a written response to the Board. The Respondent acknowledged an addiction to oxycodone that he states began in 2012, and extended through May 2015. He apologized for his actions over the last three years, stating that his addiction had jeopardized his career and his relationship with his family, and acknowledged that he could have potentially harmed patients. He stated that he was committed to recovery.

10. After receiving the notification from Practice A (the complaint) the Board initiated an investigation that included conducting interviews of the Respondent and other witnesses, subpoenaing documents including pharmacy surveys, relevant documents

² Ultimately, Hospital A allowed the Respondent to resign his privileges.

from Practice A and Hospital A, court documents and medical records. The results of the Board's investigation are set forth more fully below.

PLEA AGREEMENT

11. On or about August 21, 2015, the Respondent pled guilty in Federal District Court for the District of Maryland, Southern Division ("Court") to three counts of possession of oxycodone that was not obtained pursuant to a valid prescription or order, in violation of 21 U.S.C. § 844(a).

12. In the Plea Agreement the Respondent agreed that had the Government proceeded to trial, the following in part would have been proved:

- a. From March 2012 through April 2015, the Respondent³ wrote prescriptions for oxycodone⁴ and Adderall⁵ in the name of Patient A,⁶ but kept those drugs for himself. He had the prescriptions filled at Pharmacy A, and in total obtained more than 3,000 oxycodone pills written in the name of Patient A.
- b. From November 2012 through April 2015, the Respondent wrote prescriptions for oxycodone and Adderall in the name of Patient B, but kept those drugs for himself. He had the prescriptions filled at Pharmacy A, and in total obtained more than 3,000 oxycodone pills written in the name of Patient B.
- c. From December 2013 through April 2015, the Respondent wrote prescriptions for oxycodone and Adderall in the name of Patient C, but kept those drugs for himself. He had the prescriptions filled at Pharmacy A, and in total obtained more than 2,000 oxycodone pills written in the name of Patient C.
- d. To conceal his scheme to obtain oxycodone and Adderall, the Respondent created false entries in the patient files of Patients A, B and C.

³ Referred to in the plea agreement by his name.

⁴ Oxycodone is a Schedule II Controlled Dangerous Substance ("CDS") used in the management of pain.

⁵ Adderall is a Schedule II stimulant.

⁶ In the Plea Agreement, the patients were referred to as "individuals."

- e. On or about February 3, 13, and 19, 2015, the Respondent knowingly and intentionally possessed oxycodone, a Schedule II controlled substance, which was not obtained pursuant to a valid prescription or order.

13. On October 23, 2015, the Court sentenced the Respondent to three years of probation, and fined him \$40,000.00. As part of the plea agreement, the Respondent agreed not to practice medicine for a period of two years, and to voluntarily surrender his Drug Enforcement Administration ("DEA") certificate of registration for a period of two years from the date of his sentencing.

INTERVIEW OF RESPONDENT

14. On or about September 24, 2015, Board staff interviewed the Respondent regarding the allegations. He stated that he had been diagnosed with a chronic illness in 1988 that had required surgeries and resulted in gastrointestinal symptoms. Initially, the Respondent's primary care physician had begun prescribing Tramadol⁷ to the Respondent, beginning in 2003, for approximately nine years. After his physician retired, the Respondent began taking Tramadol samples from Practice A.

15. From sometime in 2012 through May 2015, the Respondent began falsely issuing prescriptions for oxycodone and Adderall to three separate patients (A, B and C)⁸ but filling the prescriptions for himself.

16. The Respondent acknowledged that he had falsely documented in Patients A, B and C's medical records that he had prescribed oxycodone and/or Adderall to these three patients between 2012 and May 2015.

⁷ Tramadol is an opioid medication used in the treatment of pain that was scheduled by the DEA in August 2014 as a Schedule IV CDS.

⁸ Patients A, B and C were all patients of the Respondent at Practice A.

17. The Respondent estimated that during the time frame referenced in ¶ 16, he prescribed approximately 300 pills per month for self-use.

18. The Respondent stated that he had the prescriptions filled at Pharmacy A.

II. CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, Disciplinary Panel A concludes as a matter of law that the Respondent violated Md. Code Ann., Health Occ. § 14-404(a)(3)(ii), (8), (11), (17) and (27).

III. ORDER

Based upon the foregoing findings of fact and conclusions of law, it is, by Disciplinary Panel A, hereby:

ORDERED that the Respondent's medical license is **SUSPENDED** for a minimum period of **TWO YEARS retroactive to June 1, 2015**; and it is further

ORDERED that within **TEN (10) DAYS** of the execution of this Consent Order the Respondent shall enroll in the Maryland Physician's Rehabilitation Program ("MPRP"),⁹ and shall fully comply with all recommendations of the MPRP; and it is further

ORDERED The Respondent shall provide the MPRP with all records and information requested by the MPRP, and the Respondent shall sign all releases and consent forms to ensure that the MPRP is able to obtain all records and information, including medical, psychiatric, and substance abuse records and information. The Respondent shall also sign all releases and consent forms to ensure that the Board receives all necessary documents and information from the MPRP; and it is further

⁹ The Respondent enrolled in MPRP effective June 1, 2015, and therefore this condition will require only a transfer over to MPRP.

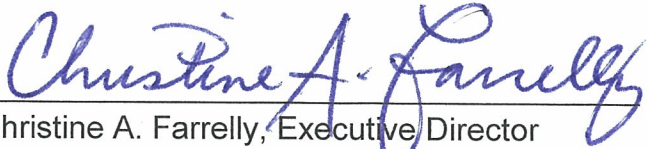
ORDERED that after a minimum period of **TWO (2) YEARS from June 1, 2015**, the Respondent may petition the Board or a disciplinary panel for termination of the suspension of his medical license. The Board or disciplinary panel will then determine the appropriate licensure status of the Respondent and, if the termination of suspension is warranted, the probationary terms and conditions, if any, to be imposed; and it is further

ORDERED that if the Respondent fails to comply with any terms and conditions of the suspension or this Consent Order; the Board or Board panel, after notice and an opportunity for a show cause hearing before the Board or Board panel, or an evidentiary hearing before the Office of Administrative Hearings if material facts are disputed may further suspend or revoke the Respondent's medical license and impose any further terms and conditions it deems reasonable; 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 this Consent Order shall be a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 through 4-601 (2014).

12/14/15
Date


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

CONSENT

I, Peter L. Wisniewski, M.D., acknowledge that I am represented by counsel and have consulted with counsel before entering into this Consent Order. By this Consent

and for the sole purpose of resolving the issues raised by Disciplinary Panel A of the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.

I acknowledge the validity of this Consent Order as if entered into 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 own behalf, and to all other substantive and procedural protections provided by law. I agree to forego my opportunity to challenge these allegations. I acknowledge the legal authority and jurisdiction of a disciplinary panel of the Board to initiate these proceedings and to issue and enforce this Consent Order. I affirm that I am waiving my right to appeal any adverse ruling of a disciplinary panel of the Board that I might have filed after any such hearing.

I sign this Consent Order after having an opportunity to consult with counsel, voluntarily and without reservation, and I fully understand and comprehend the language, meaning and terms of the Consent Order.

12/07/15 pm
Date

Peter L. Wisniewski, M.D.
Peter L. Wisniewski, M.D. 12/7/15

Reviewed and Approved by:

Carolyn Jacobs
Carolyn Jacobs, Esquire

STATE OF MARYLAND

CITY/COUNTY OF:

I HEREBY CERTIFY that on this 7th day of December, 2015, before me, a Notary Public of the State and County aforesaid, personally appeared Peter L. Wisniewski, M.D. and gave oath in due form of law that the foregoing Consent Order was his voluntary act and deed.

AS WITNESS, my hand and Notary Seal.

Concetta Schmitz
Notary Public

My commission expires:

4/10/2017