

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss.

Board of Registration in Medicine
Adjudicatory Case No. 2025-051

In the Matter of

HOWARD H. LIU, M.D.

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, Howard H. Liu, M.D. (“Respondent”) and the Board of Registration in Medicine (“Board”) (hereinafter referred to jointly as the “Parties”) agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket No. 25-118.

Findings of Fact

1. The Respondent graduated from the New York University School of Medicine in 1997 and is certified by the American Board of Medical Specialties in Internal Medicine. He has been licensed to practice medicine in Massachusetts under certificate number 160548 since June 1999. He has a private medical practice in Brookline, the American Chinese Medical Center, and has privileges at Beth Israel Deaconess Medical Center.

Massachusetts Prescription Awareness Tool

2. The Massachusetts Prescription Awareness Tool (MassPAT) is an online database that lists all Schedule II to V prescriptions as well as gabapentin prescriptions filled by patients at pharmacies.

3. Beginning on or about December 5, 2014, physicians were required to check MassPAT prior to prescribing opioids listed in Schedules II and III, or a benzodiazepine.

Patient A

4. Patient A is a [REDACTED].

5. The Respondent began treating Patient A in 2005. As documented in Patient A's chart, Respondent prescribed [REDACTED] – a schedule II [REDACTED] – 1 mg three times daily for [REDACTED].

6. Beginning in 2016, the Respondent prescribed Patient A [REDACTED] – another schedule II [REDACTED] – at a dose of 2 mg four times daily for [REDACTED]. Patient A had not been seen in Respondent's office between December 2011 and May 2015, and in the interim, Patient A's dosage of [REDACTED] had been increased to 2 mg four times daily by other providers.

- a. The recommended dose of [REDACTED] for [REDACTED] is 1 mg per day, though some individual patients may benefit from doses up to a maximum of 4 mg per day.
- b. Physicians who prescribe [REDACTED] for extended periods should periodically reevaluate the long-term usefulness of the drug.
- c. The Respondent issued the [REDACTED] prescription according to Patient A's prior prescription at the pharmacy.

7. Beginning in 2021, the Respondent noted that Patient A should seek help from a [REDACTED] for his poorly controlled [REDACTED]. The Respondent had previously encouraged Patient A to seek [REDACTED] in 2008. In May 2017, the Respondent referred Patient A to see [REDACTED], and again in November 2022, August 2023, and October 2023. The Respondent also prescribed [REDACTED] in August 2021 and [REDACTED] in November 2023 to better control Patient A's [REDACTED].

8. In 2022, the Respondent authorized Patient A's request for early [REDACTED] refills in April, August, and September.

9. In November 2023, the Respondent issued Patient A a prescription for [REDACTED] to manage his [REDACTED] until Patient A could see a [REDACTED] at [REDACTED].

10. On [REDACTED], 2023, the Respondent issued a [REDACTED] prescription to Patient A at a dose of 2 mg four times daily.

- a. The Respondent failed to document any evaluation of [REDACTED]'s usefulness for Patient A in the medical record.
- b. The Respondent failed to query the MassPAT when prescribing [REDACTED] to Patient A.

11. On [REDACTED], 2024, the Respondent issued a [REDACTED] prescription to Patient A at a dose of 2 mg four times daily.

- a. The Respondent failed to document any evaluation of [REDACTED]'s usefulness for Patient A in the medical record.
- b. The Respondent failed to query the MassPAT when prescribing [REDACTED] to Patient A.

12. On [REDACTED], 2024, the Respondent issued a [REDACTED] prescription to Patient A at a dose of 2 mg four times daily.

- a. The Respondent failed to document any evaluation of [REDACTED]'s usefulness for Patient A in the medical record.
- b. The Respondent failed to query the MassPAT when prescribing [REDACTED] to Patient A.

13. In February 2025, the Respondent learned that Patient A had been seeing a [REDACTED] at [REDACTED] and had been receiving prescriptions for [REDACTED] — a [REDACTED] controlled substance — and [REDACTED] from another primary care provider.

- a. Prescriptions for both [REDACTED] and [REDACTED] are recorded in the MassPAT.
- b. Based on this information, the Respondent ceased prescribing [REDACTED] and [REDACTED] to Patient A and transferred his care to [REDACTED].

14. In March 2025, the Respondent terminated his physician-patient relationship with Patient A.

Conclusions of Law

A. The Respondent has violated G.L. c. 112, § 5, eighth par. (b) and 243 CMR 1.03(5)(a)2 by committing offenses against a provision of the laws of the Commonwealth relating to the practice of medicine, or a rule or regulation adopted thereunder—to wit:

1. 105 CMR 700.00 as it pertains to mandatory review of the MassPAT system for the issuance of certain prescriptions.

B. The Respondent has violated G.L. c. 112, § 5, eighth par. (h) and 243 CMR 1.03(5)(a)11 by violating regulations of the Board—to wit,

1. 243 CMR 2.07(13)(a), which requires a physician to maintain a medical record for each patient, which is adequate to enable the licensee to provide proper diagnosis and treatment.

Sanction and Order

The Respondent's license is hereby REPRIMANDED and the Respondent is hereby required to complete ten (10) CMEs on proper prescribing practices within 90 days. This sanction is imposed for each violation of law listed in the Conclusion section and not a combination of any or all of them.

Execution of this Consent Order

Complaint Counsel and the Respondent agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel and the Respondent are expressly conditioned on the Board accepting this Consent Order. If the Board rejects this Consent Order in whole or in part, then the entire document shall be null and void; thereafter, neither of the parties nor anyone else may rely on these stipulations in this proceeding.


As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on his behalf, has received any promises or representations regarding the same.

The Respondent waives any right of appeal that he may have resulting from the Board's acceptance of this Consent Order.


The Respondent shall provide a complete copy of this Consent Order with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which the Respondent

practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or any other kind of association; any state agency, in- or out-of-state, with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the Respondent has any kind of license to practice medicine; the Drug Enforcement Administration Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such designated entities with which the Respondent becomes associated in the year following the date of imposition of this reprimand. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.

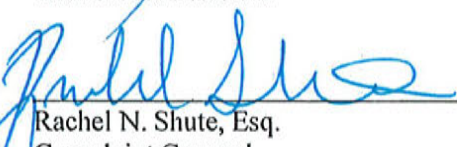
The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.


Howard H. Liu, M.D.
Licensee

11/6/2025
Date


Susan Bowen, Esq.
Counsel for Licensee

11/11/2025
Date


Rachel N. Shute, Esq.
Complaint Counsel

11/14/2025
Date

So ORDERED by the Board of Registration in Medicine this 4th__ day of December__ ,
2025_____.



Booker T. Bush, M.D.
Board Chair