

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

Mary Anne Vreeke, M.D.

**Physician's & Surgeon's
Certificate No. A 78457**

Respondent.

Case No. 800-2021-081903

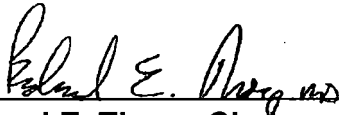
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on March 15, 2024.

IT IS SO ORDERED: February 16, 2024.

MEDICAL BOARD OF CALIFORNIA



**Richard E. Thorp, Chair
Panel B**

1 ROB BONTA
Attorney General of California
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10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA
12

13 In the Matter of the Accusation Against:

14 **MARY ANNE VREEKE, M.D.**
15 **504 Willow Glen Court**
Camarillo, California 93012-7841

16 **Physician's and Surgeon's Certificate No.**
17 **A 78457,**

18 Respondent.

Case No. 800-2021-081903

OAH No. 2023090359

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
23 California (Board). He brought this action solely in his official capacity and is represented in this
24 matter by Rob Bonta, Attorney General of the State of California, and by Joseph F. McKenna III,
25 Deputy Attorney General.

26 2. Respondent Mary Anne Vreeke, M.D. (Respondent) is represented in this proceeding
27 by attorney Kevin D. Cauley, Esq., whose address is: 225 South Lake Avenue, Suite 300,
28 Pasadena, California, 91101.

3. On or about March 27, 2002, the Board issued Physician's and Surgeon's Certificate No. A 78457 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2021-081903, and will expire on February 29, 2024, unless renewed.

JURISDICTION

4. On August 16, 2023, Accusation No. 800-2021-081903 was filed before the Board and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on August 16, 2023. Respondent timely filed her Notice of Defense contesting the Accusation. A true and correct copy of the Accusation is attached hereto as Exhibit A and hereby incorporated by reference as if fully set forth herein.

5. On March 10, 2023, a Stipulated Interim Suspension Order (ISO) was issued pursuant to Government Code section 11529 which imposed license restrictions on Respondent's ability to practice medicine. The ISO remains in full force and effect and Respondent is required to fully comply with the terms and conditions of the ISO until issuance of a final decision by the Board on the Accusation or until further order from the Office of Administrative Hearings.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, discussed with counsel, and fully understands the charges and allegations contained in Accusation No. 800-2021-081903. Respondent has also carefully read, discussed with her counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

1 **CULPABILITY**

2 9. Respondent admits the truth of each and every charge and allegation contained in
3 Accusation No. 800-2021-081903.

4 **ACKNOWLEDGMENT**

5 10. Respondent acknowledges the Disciplinary Order below, requiring the disclosure of
6 probation pursuant to Business and Professions Code section 2228.1, serves to protect the public
7 interest.

8 **CONTINGENCY**

9 11. This stipulation shall be subject to approval by the Board. Respondent understands
10 and agrees that counsel for Complainant and the staff of the Board may communicate directly
11 with the Board regarding this stipulation and settlement, without notice to or participation by
12 Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that
13 she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board
14 considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order,
15 the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this
16 paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not
17 be disqualified from further action by having considered this matter.

18 12. Respondent agrees that if she ever petitions for early termination or modification of
19 probation, or if an accusation and/or petition to revoke probation is filed against her before the
20 Board, all of the charges and allegations contained in Accusation No. 800-2021-081903 shall be
21 deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or
22 any other licensing proceeding involving Respondent in the State of California.

23 **ADDITIONAL PROVISIONS**

24 13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein
25 to be an integrated writing representing the complete, final and exclusive embodiment of the
26 agreements of the parties in the above-entitled matter.

27 14. The parties understand and agree that Portable Document Format (PDF) and facsimile

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1 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
2 signatures thereto, shall have the same force and effect as the originals.

3 15. In consideration of the foregoing admissions and stipulations, the parties agree that
4 the Board may, without further notice or opportunity to be heard by the Respondent, issue and
5 enter the following Disciplinary Order:

6 **DISCIPLINARY ORDER**

7 1. IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 78457
8 issued to Respondent MARY ANNE VREEKE, M.D., is revoked. However, the revocation is
9 stayed and Respondent is placed on probation for 10 years from the effective date of the Decision
10 on the following terms and conditions:

11 2. **ACTUAL SUSPENSION.**

12 As part of probation, Respondent is suspended from the practice of medicine for 180 days,
13 beginning the 16th day after the effective date of this Decision.

14 3. **PATIENT DISCLOSURE.**

15 Before a patient's first visit following the effective date of this order and while the
16 Respondent is on probation, the Respondent must provide all patients, or patient's guardian or
17 health care surrogate, with a separate disclosure that includes the Respondent's probation status,
18 the length of the probation, the probation end date, all practice restrictions placed on the
19 Respondent by the Board, the Board's telephone number, and an explanation of how the patient
20 can find further information on the Respondent's probation on the Respondent's profile page on
21 the Board's website. Respondent shall obtain from the patient, or the patient's guardian or health
22 care surrogate, a separate, signed copy of that disclosure. Respondent shall not be required to
23 provide a disclosure if any of the following applies:

24 (1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign
25 the copy of the disclosure and a guardian or health care surrogate is unavailable to comprehend
26 the disclosure and sign the copy.

27 (2) The visit occurs in an emergency room or an urgent care facility or the visit is
28 unscheduled, including consultations in inpatient facilities.

1 (3) Respondent is not known to the patient until immediately prior to the start of the visit.

2 (4) Respondent does not have a direct treatment relationship with the patient.

3 4. CONTROLLED SUBSTANCES – PARTIAL RESTRICTION.

4 Respondent shall not order, prescribe, dispense, administer, furnish, or possess any
5 controlled substances as defined by the California Uniform Controlled Substances Act; however,
6 Respondent may order, prescribe, dispense, administer, furnish, or possess any controlled
7 substances as defined by the California Uniform Controlled Substances Act when each of the
8 following 3 conditions are met:

9 (1) Respondent must be working in a hospital;

10 (2) Respondent must be working in her capacity as an anesthesiologist; and

11 (3) Respondent must be engaged in the peri-operative care of patients.

12 Respondent shall not issue an oral or written recommendation or approval to a patient or a
13 patient's primary caregiver for the possession or cultivation of marijuana for the personal medical
14 purposes of the patient within the meaning of Health and Safety Code section 11362.5. If
15 Respondent forms the medical opinion, after an appropriate prior examination and medical
16 indication, that a patient's medical condition may benefit from the use of marijuana, Respondent
17 shall so inform the patient and shall refer the patient to another physician who, following an
18 appropriate prior examination and medical indication, may independently issue a medically
19 appropriate recommendation or approval for the possession or cultivation of marijuana for the
20 personal medical purposes of the patient within the meaning of Health and Safety Code section
21 11362.5. In addition, Respondent shall inform the patient or the patient's primary caregiver that
22 Respondent is prohibited from issuing a recommendation or approval for the possession or
23 cultivation of marijuana for the personal medical purposes of the patient and that the patient or
24 the patient's primary caregiver may not rely on Respondent's statements to legally possess or
25 cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully
26 document in the patient's chart that the patient or the patient's primary caregiver was so informed.
27 Nothing in this condition prohibits Respondent from providing the patient or the patient's primary
28 caregiver information about the possible medical benefits resulting from the use of marijuana.

1 5. CONTROLLED SUBSTANCES – MAINTAIN RECORDS AND ACCESS TO
2 RECORDS AND INVENTORIES.

3 Respondent shall maintain a record of all controlled substances ordered, prescribed,
4 dispensed, administered, or possessed by Respondent, and any recommendation or approval
5 which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the
6 personal medical purposes of the patient within the meaning of Health and Safety Code section
7 11362.5, during probation, showing all of the following:

- 8 (1) The name and address of the patient;
9 (2) The date;
10 (3) The character and quantity of controlled substances involved; and
11 (4) The indications and diagnosis for which the controlled substances were furnished.

12 Respondent shall keep these records in a separate file or ledger, in chronological order. All
13 records and any inventories of controlled substances shall be available for immediate inspection
14 and copying on the premises by the Board or its designee at all times during business hours and
15 shall be retained for the entire term of probation.

16 6. CONTROLLED SUBSTANCES – ABSTAIN FROM USE.

17 Respondent shall abstain completely from the personal use or possession of controlled
18 substances as defined in the California Uniform Controlled Substances Act, dangerous drugs as
19 defined by Business and Professions Code section 4022, and any drugs requiring a prescription.
20 This prohibition does not apply to medications lawfully prescribed to Respondent by another
21 practitioner for a bona fide illness or condition.

22 Within 15 calendar days of receiving any lawfully prescribed medications, Respondent
23 shall notify the Board or its designee of the: issuing practitioner's name, address, and telephone
24 number; medication name, strength, and quantity; and issuing pharmacy name, address, and
25 telephone number.

26 7. ALCOHOL – ABSTAIN FROM USE.

27 Respondent shall abstain completely from the use of products or beverages containing
28 alcohol.

1 8. PREScribing PRACTICES COURSE.

2 Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a
3 course in prescribing practices approved in advance by the Board or its designee. Respondent
4 shall provide the approved course provider with any information and documents that the approved
5 course provider may deem pertinent. Respondent shall participate in and successfully complete
6 the classroom component of the course not later than 6 months after Respondent's initial
7 enrollment. Respondent shall successfully complete any other component of the course within 1
8 year of enrollment. The prescribing practices course shall be at Respondent's expense and shall
9 be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

10 A prescribing practices course taken after the acts that gave rise to the charges in the
11 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
12 or its designee, be accepted towards the fulfillment of this condition if the course would have
13 been approved by the Board or its designee had the course been taken after the effective date of
14 this Decision.

15 Respondent shall submit a certification of successful completion to the Board or its
16 designee not later than 15 calendar days after successfully completing the course, or not later than
17 15 calendar days after the effective date of the Decision, whichever is later.

18 9. MEDICAL RECORD KEEPING COURSE.

19 Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a
20 course in medical record keeping approved in advance by the Board or its designee. Respondent
21 shall provide the approved course provider with any information and documents that the approved
22 course provider may deem pertinent. Respondent shall participate in and successfully complete
23 the classroom component of the course not later than 6 months after Respondent's initial
24 enrollment. Respondent shall successfully complete any other component of the course within 1
25 year of enrollment. The medical record keeping course shall be at Respondent's expense and shall
26 be in addition to the CME requirements for renewal of licensure.

27 A medical record keeping course taken after the acts that gave rise to the charges in the
28 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board

1 or its designee, be accepted towards the fulfillment of this condition if the course would have
2 been approved by the Board or its designee had the course been taken after the effective date of
3 this Decision.

4 Respondent shall submit a certification of successful completion to the Board or its
5 designee not later than 15 calendar days after successfully completing the course, or not later than
6 15 calendar days after the effective date of the Decision, whichever is later.

7 **10. PROFESSIONALISM PROGRAM (ETHICS COURSE).**

8 Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a
9 professionalism program, that meets the requirements of Title 16, California Code of Regulations
10 (CCR) section 1358.1. Respondent shall participate in and successfully complete that program.
11 Respondent shall provide any information and documents that the program may deem pertinent.
12 Respondent shall successfully complete the classroom component of the program not later than 6
13 months after Respondent's initial enrollment, and the longitudinal component of the program not
14 later than the time specified by the program, but no later than 1 year after attending the classroom
15 component. The professionalism program shall be at Respondent's expense and shall be in
16 addition to the CME requirements for renewal of licensure.

17 A professionalism program taken after the acts that gave rise to the charges in the
18 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
19 or its designee, be accepted towards the fulfillment of this condition if the program would have
20 been approved by the Board or its designee had the program been taken after the effective date of
21 this Decision.

22 Respondent shall submit a certification of successful completion to the Board or its
23 designee not later than 15 calendar days after successfully completing the program or not later
24 than 15 calendar days after the effective date of the Decision, whichever is later.

25 **11. PSYCHIATRIC EVALUATION.**

26 Within 30 calendar days of the effective date of this Decision, and on whatever periodic
27 basis thereafter may be required by the Board or its designee, Respondent shall undergo and
28 complete a psychiatric evaluation (and psychological testing, if deemed necessary) by a Board-

1 appointed board certified psychiatrist, who shall consider any information provided by the Board
2 or designee and any other information the psychiatrist deems relevant, and shall furnish a written
3 evaluation report to the Board or its designee. Psychiatric evaluations conducted prior to the
4 effective date of the Decision shall not be accepted towards the fulfillment of this requirement.
5 Respondent shall pay the cost of all psychiatric evaluations and psychological testing.

6 Respondent shall comply with all restrictions or conditions recommended by the evaluating
7 psychiatrist within 15 calendar days after being notified by the Board or its designee.

8 12. PSYCHOTHERAPY.

9 Within 60 calendar days of the effective date of this Decision, Respondent shall submit to
10 the Board or its designee for prior approval the name and qualifications of a California-licensed
11 board certified psychiatrist or a licensed psychologist who has a doctoral degree in psychology
12 and at least 5 years of postgraduate experience in the diagnosis and treatment of emotional and
13 mental disorders. Upon approval, Respondent shall undergo and continue psychotherapy
14 treatment, including any modifications to the frequency of psychotherapy, until the Board or its
15 designee deems that no further psychotherapy is necessary.

16 The psychotherapist shall consider any information provided by the Board or its designee
17 and any other information the psychotherapist deems relevant and shall furnish a written
18 evaluation report to the Board or its designee. Respondent shall cooperate in providing the
19 psychotherapist with any information and documents that the psychotherapist may deem
20 pertinent.

21 Respondent shall have the treating psychotherapist submit quarterly status reports to the
22 Board or its designee. The Board or its designee may require Respondent to undergo psychiatric
23 evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of
24 probation, Respondent is found to be mentally unfit to resume the practice of medicine without
25 restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the
26 period of probation shall be extended until the Board determines that Respondent is mentally fit
27 to resume the practice of medicine without restrictions.

28 Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

1 13. MEDICAL EVALUATION AND TREATMENT.

2 Within 30 calendar days of the effective date of this Decision, and on a periodic basis
3 thereafter as may be required by the Board or its designee, Respondent shall undergo a medical
4 evaluation by a Board-appointed physician who shall consider any information provided by the
5 Board or designee and any other information the evaluating physician deems relevant and shall
6 furnish a medical report to the Board or its designee. Respondent shall provide the evaluating
7 physician with any information and documentation that the evaluating physician may deem
8 pertinent.

9 Following the evaluation, Respondent shall comply with all restrictions or conditions
10 recommended by the evaluating physician within 15 calendar days after being notified by the
11 Board or its designee. If Respondent is required by the Board or its designee to undergo medical
12 treatment, Respondent shall within 30 calendar days of the requirement notice, submit to the
13 Board or its designee for prior approval the name and qualifications of a California licensed
14 treating physician of Respondent's choice. Upon approval of the treating physician, Respondent
15 shall within 15 calendar days undertake medical treatment and shall continue such treatment until
16 further notice from the Board or its designee.

17 The treating physician shall consider any information provided by the Board or its designee
18 or any other information the treating physician may deem pertinent prior to commencement of
19 treatment. Respondent shall have the treating physician submit quarterly reports to the Board or
20 its designee indicating whether or not the Respondent is capable of practicing medicine safely.
21 Respondent shall provide the Board or its designee with any and all medical records pertaining to
22 treatment that the Board or its designee deems necessary.

23 If, prior to the completion of probation, Respondent is found to be physically incapable
24 of resuming the practice of medicine without restrictions, the Board shall retain continuing
25 jurisdiction over Respondent's license and the period of probation shall be extended until the
26 Board determines that Respondent is physically capable of resuming the practice of medicine
27 without restrictions. Respondent shall pay the cost of the medical evaluation(s) and treatment.

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1 14. MONITORING – PRACTICE.

2 Within 30 calendar days of the effective date of this Decision, Respondent shall submit to
3 the Board or its designee for prior approval as a practice monitor, the name and qualifications of
4 one or more licensed physicians and surgeons whose licenses are valid and in good standing, and
5 who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall
6 have no prior or current business or personal relationship with Respondent, or other relationship
7 that could reasonably be expected to compromise the ability of the monitor to render fair and
8 unbiased reports to the Board, including but not limited to any form of bartering. Unless prior
9 approval is granted by the Board or its designee, the monitor shall be in Respondent's field of
10 practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring
11 costs.

12 The Board or its designee shall provide the approved monitor with copies of the Decision
13 and Disciplinary Order and Accusation No. 800-2021-081903, and a proposed monitoring plan.
14 Within 15 calendar days of receipt of the Decision and Disciplinary Order and Accusation, and
15 proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read
16 the Decision and Disciplinary Order and the Accusation, fully understands the role of a monitor,
17 and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the
18 proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed
19 statement for approval by the Board or its designee.

20 Within 60 calendar days of the effective date of this Decision, and continuing throughout
21 probation, Respondent's practice shall be monitored by the approved monitor. Respondent
22 shall make all records available for immediate inspection and copying on the premises by the
23 monitor at all times during business hours and shall retain the records for the entire term of
24 probation.

25 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
26 date of this Decision, Respondent shall receive a notification from the Board or its designee to
27 cease the practice of medicine within 3 calendar days after being so notified. Respondent shall
28 cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

1 The monitor shall submit a quarterly written report to the Board or its designee which
2 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
3 are within the standards of practice of medicine and whether Respondent is practicing medicine
4 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
5 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
6 preceding quarter.

7 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
8 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
9 name and qualifications of a replacement monitor who will be assuming that responsibility within
10 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
11 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
12 notification from the Board or its designee to cease the practice of medicine within 3 calendar
13 days after being so notified. Respondent shall cease the practice of medicine until a replacement
14 monitor is approved and assumes monitoring responsibility.

15 In lieu of a monitor, Respondent may participate in a professional enhancement program
16 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
17 review, semi-annual practice assessment, and semi-annual review of professional growth and
18 education. Respondent shall participate in the professional enhancement program at Respondent's
19 expense during the term of probation.

20 **15. SOLO PRACTICE PROHIBITION.**

21 Respondent is prohibited from engaging in the solo practice of medicine. Prohibited solo
22 practice includes, but is not limited to, a practice where:

23 (1) Respondent merely shares office space with another physician but is not affiliated for
24 purposes of providing patient care, or

25 (2) Respondent is the sole physician practitioner at that location.

26 If Respondent fails to establish a practice with another physician or secure employment in
27 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
28 Respondent shall receive a notification from the Board or its designee to cease the practice of

1 medicine within 3 calendar days after being so notified. The Respondent shall not resume practice
2 until an appropriate practice setting is established.

3 If, during the course of the probation, the Respondent's practice setting changes and the
4 Respondent is no longer practicing in a setting in compliance with this Decision and Disciplinary
5 Order, the Respondent shall notify the Board or its designee within 5 calendar days of the practice
6 setting change. If Respondent fails to establish a practice with another physician or secure
7 employment in an appropriate practice setting within 60 calendar days of the practice setting
8 change, Respondent shall receive a notification from the Board or its designee to cease the
9 practice of medicine within 3 calendar days after being so notified. The Respondent shall not
10 resume practice until an appropriate practice setting is established.

11 16. CLINICAL DIAGNOSTIC EVALUATIONS AND REPORTS.

12 Within 30 calendar days of the effective date of this Decision, and on whatever periodic
13 basis thereafter as may be required by the Board or its designee, Respondent shall undergo and
14 complete a clinical diagnostic evaluation, including any and all testing deemed necessary, by a
15 Board-appointed board certified physician and surgeon. The examiner shall consider any
16 information provided by the Board or its designee and any other information he or she deems
17 relevant, and shall furnish a written evaluation report to the Board or its designee.

18 The clinical diagnostic evaluation shall be conducted by a licensed physician and surgeon
19 who holds a valid, unrestricted license, has 3 years' experience in providing evaluations of
20 physicians and surgeons with substance abuse disorders, and is approved by the Board or its
21 designee. The clinical diagnostic evaluation shall be conducted in accordance with acceptable
22 professional standards for conducting substance abuse clinical diagnostic evaluations. The
23 evaluator shall not have a current or former financial, personal, or business relationship with
24 Respondent within the last 5 years. The evaluator shall provide an objective, unbiased, and
25 independent evaluation. The clinical diagnostic evaluation report shall set forth, in the evaluator's
26 opinion, whether Respondent has a substance abuse problem, whether Respondent is a threat to
27 herself or others, and recommendations for substance abuse treatment, practice restrictions, or
28 other recommendations related to Respondent's rehabilitation and ability to practice safely. If the

1 evaluator determines during the evaluation process that Respondent is a threat to herself or others,
2 the evaluator shall notify the Board within 24 hours of such a determination.

3 In formulating his or her opinion as to whether Respondent is safe to return to either part-
4 time or full-time practice and what restrictions or recommendations should be imposed, including
5 participation in an inpatient or outpatient treatment program, the evaluator shall consider the
6 following factors: Respondent's license type; Respondent's history; Respondent's documented
7 length of sobriety (i.e., length of time that has elapsed since Respondent's last substance use);
8 Respondent's scope and pattern of substance abuse; Respondent's treatment history, medical
9 history and current medical condition; the nature, duration and severity of Respondent's
10 substance abuse problem or problems; and whether Respondent is a threat to herself or the public.

11 For all clinical diagnostic evaluations, a final written report shall be provided to the Board
12 no later than 10 days from the date the evaluator is assigned the matter. If the evaluator requests
13 additional information or time to complete the evaluation and report, an extension may be
14 granted, but shall not exceed 30 days from the date the evaluator was originally assigned the
15 matter.

16 The Board shall review the clinical diagnostic evaluation report within 5 business days of
17 receipt to determine whether Respondent is safe to return to either part-time or full-time practice
18 and what restrictions or recommendations shall be imposed on Respondent based on the
19 recommendations made by the evaluator. Respondent shall not be returned to practice until she
20 has at least 30 days of negative biological fluid tests or biological fluid tests indicating that she
21 has not used, consumed, ingested, or administered to herself a prohibited substance, as defined in
22 section 1361.51, subdivision (e), of Title 16 of the California Code of Regulations.

23 Clinical diagnostic evaluations conducted prior to the effective date of this Decision shall
24 not be accepted towards the fulfillment of this requirement. The cost of the clinical diagnostic
25 evaluation, including any and all testing deemed necessary by the examiner, the Board or its
26 designee, shall be borne by the licensee.

27 Respondent shall not engage in the practice of medicine until notified by the Board or its
28 designee that she is fit to practice medicine safely. The period of time that Respondent is not

1 practicing medicine shall not be counted toward completion of the term of probation. Respondent
2 shall undergo biological fluid testing as required in this Decision at least 2 times per week while
3 awaiting the notification from the Board if she is fit to practice medicine safely.

4 Respondent shall comply with all restrictions or conditions recommended by the examiner
5 conducting the clinical diagnostic evaluation within 15 calendar days after being notified by the
6 Board or its designee.

7 **17. NOTICE OF EMPLOYER OR SUPERVISOR INFORMATION.**

8 Within 7 days of the effective date of this Decision, Respondent shall provide the Board the
9 names, physical addresses, mailing addresses, and telephone numbers of any and all employers
10 and supervisors. Respondent shall also provide specific, written consent for the Board,
11 Respondent's worksite monitor, and Respondent's employers and supervisors to communicate
12 regarding Respondent's work status, performance, and monitoring.

13 For purposes of this section, "supervisors" shall include the Chief of Staff and Health or
14 Well Being Committee Chair, or equivalent, if applicable, when the Respondent has medical staff
15 privileges.

16 **18. BIOLOGICAL FLUID TESTING.**

17 Respondent shall immediately submit to biological fluid testing, at Respondent's expense,
18 upon request of the Board or its designee. "Biological fluid testing" may include, but is not
19 limited to, urine, blood, breathalyzer, hair follicle testing, or similar drug screening approved by
20 the Board or its designee. Respondent shall make daily contact with the Board or its designee to
21 determine whether biological fluid testing is required. Respondent shall be tested on the date of
22 the notification as directed by the Board or its designee. The Board may order a Respondent to
23 undergo a biological fluid test on any day, at any time, including weekends and holidays. Except
24 when testing on a specific date as ordered by the Board or its designee, the scheduling of
25 biological fluid testing shall be done on a random basis. The cost of biological fluid testing shall
26 be borne by the Respondent.

27 During the first year of probation, Respondent shall be subject to 52 to 104 random tests.
28 During the second year of probation and for the duration of the probationary term, up to 5 years,

1 Respondent shall be subject to 36 to 104 random tests per year. Only if there has been no positive
2 biological fluid tests in the previous 5 consecutive years of probation, may testing be reduced to 1
3 time per month. Nothing precludes the Board from increasing the number of random tests to the
4 first-year level of frequency for any reason.

5 Prior to practicing medicine, Respondent shall contract with a laboratory or service,
6 approved in advance by the Board or its designee, that will conduct random, unannounced,
7 observed, biological fluid testing and meets all of the following standards:

8 (a) Its specimen collectors are either certified by the Drug and Alcohol Testing Industry
9 Association or have completed the training required to serve as a collector for the United
10 States Department of Transportation.

11 (b) Its specimen collectors conform to the current United States Department of
12 Transportation Specimen Collection Guidelines.

13 (c) Its testing locations comply with the Urine Specimen Collection Guidelines published by
14 the United States Department of Transportation without regard to type of test administered.

15 (d) Its specimen collectors observe the collection of testing specimens.

16 (e) Its laboratories are certified and accredited by the United States Department of Health
17 and Human Services.

18 (f) Its testing locations shall submit a specimen to a laboratory within 1 business day of
19 receipt and all specimens collected shall be handled pursuant to chain of custody
20 procedures. The laboratory shall process and analyze the specimens and provide legally
21 defensible test results to the Board within 7 business days of receipt of the specimen. The
22 Board will be notified of non-negative results within 1 business day and will be notified of
23 negative test results within 7 business days.

24 (g) Its testing locations possess all the materials, equipment, and technical expertise
25 necessary in order to test Respondent on any day of the week.

26 (h) Its testing locations are able to scientifically test for urine, blood, and hair specimens for
27 the detection of alcohol and illegal and controlled substances.

28 (i) It maintains testing sites located throughout California.

1 (j) It maintains an automated 24-hour toll-free telephone system and/or a secure on-line
2 computer database that allows the Respondent to check in daily for testing.

3 (k) It maintains a secure, HIPAA-compliant website or computer system that allows staff
4 access to drug test results and compliance reporting information that is available 24 hours a
5 day.

6 (l) It employs or contracts with toxicologists that are licensed physicians and have
7 knowledge of substance abuse disorders and the appropriate medical training to interpret
8 and evaluate laboratory biological fluid test results, medical histories, and any other
9 information relevant to biomedical information.

10 (m) It will not consider a toxicology screen to be negative if a positive result is obtained
11 while practicing, even if the Respondent holds a valid prescription for the substance.

12 Prior to changing testing locations for any reason, including during vacation or other travel,
13 alternative testing locations must be approved by the Board and meet the requirements above.

14 The contract shall require that the laboratory directly notify the Board or its designee of
15 non-negative results within 1 business day and negative test results within 7 business days of the
16 results becoming available. Respondent shall maintain this laboratory or service contract during
17 the period of probation.

18 A certified copy of any laboratory test result may be received in evidence in any
19 proceedings between the Board and Respondent.

20 If a biological fluid test result indicates Respondent has used, consumed, ingested, or
21 administered to herself a prohibited substance, the Board shall order Respondent to cease practice
22 and instruct Respondent to leave any place of work where Respondent is practicing medicine or
23 providing medical services. The Board shall immediately notify all of Respondent's employers,
24 supervisors and work monitors, if any, that Respondent may not practice medicine or provide
25 medical services while the cease-practice order is in effect.

26 A biological fluid test will not be considered negative if a positive result is obtained while
27 practicing, even if the practitioner holds a valid prescription for the substance. If no prohibited
28 substance use exists, the Board shall lift the cease-practice order within 1 business day.

1 After the issuance of a cease-practice order, the Board shall determine whether the positive
2 biological fluid test is in fact evidence of prohibited substance use by consulting with the
3 specimen collector and the laboratory, communicating with the licensee, her treating physician(s),
4 other health care provider, or group facilitator, as applicable.

5 For purposes of this condition, the terms "biological fluid testing" and "testing" mean the
6 acquisition and chemical analysis of a Respondent's urine, blood, breath, or hair.

7 For purposes of this condition, the term "prohibited substance" means an illegal drug, a
8 lawful drug not prescribed or ordered by an appropriately licensed health care provider for use by
9 Respondent and approved by the Board, alcohol, or any other substance the Respondent has been
10 instructed by the Board not to use, consume, ingest, or administer to herself.

11 If the Board confirms that a positive biological fluid test is evidence of use of a prohibited
12 substance, Respondent has committed a major violation, as defined in section 1361.52(a), and the
13 Board shall impose any or all of the consequences set forth in section 1361.52(b), in addition to
14 any other terms or conditions the Board determines are necessary for public protection or to
15 enhance Respondent's rehabilitation.

16 19. SUBSTANCE ABUSE SUPPORT GROUP MEETINGS.

17 Within 30 days of the effective date of this Decision, Respondent shall submit to the Board
18 or its designee, for its prior approval, the name of a substance abuse support group which she
19 shall attend for the duration of probation. Respondent shall attend substance abuse support group
20 meetings at least once per week, or as ordered by the Board or its designee. Respondent shall pay
21 all substance abuse support group meeting costs.

22 The facilitator of the substance abuse support group meeting shall have a minimum of 3
23 years' experience in the treatment and rehabilitation of substance abuse, and shall be licensed or
24 certified by the state or nationally certified organizations. The facilitator shall not have a current
25 or former financial, personal, or business relationship with Respondent within the last 5 years.
26 Respondent's previous participation in a substance abuse group support meeting led by the same
27 facilitator does not constitute a prohibited current or former financial, personal, or business
28 relationship.

1 The facilitator shall provide a signed document to the Board or its designee showing
2 Respondent's name, the group name, the date and location of the meeting, Respondent's
3 attendance, and Respondent's level of participation and progress. The facilitator shall report any
4 unexcused absence by Respondent from any substance abuse support group meeting to the Board,
5 or its designee, within 24 hours of the unexcused absence.

6 20. WORKSITE MONITOR FOR SUBSTANCE-ABUSING LICENSEE.

7 Within 30 calendar days of the effective date of this Decision, Respondent shall submit to
8 the Board or its designee for prior approval as a worksite monitor, the name and qualifications of
9 one or more licensed physician and surgeon, other licensed health care professional if no
10 physician and surgeon is available, or, as approved by the Board or its designee, a person in a
11 position of authority who is capable of monitoring the Respondent at work.

12 The worksite monitor shall not have a current or former financial, personal, or familial
13 relationship with Respondent, or any other relationship that could reasonably be expected to
14 compromise the ability of the monitor to render impartial and unbiased reports to the Board or its
15 designee. If it is impractical for anyone but Respondent's employer to serve as the worksite
16 monitor, this requirement may be waived by the Board or its designee, however, under no
17 circumstances shall Respondent's worksite monitor be an employee or supervisee of the licensee.

18 The worksite monitor shall have an active unrestricted license with no disciplinary action
19 within the last 5 years, and shall sign an affirmation that he or she has reviewed the terms and
20 conditions of Respondent's disciplinary order and agrees to monitor Respondent as set forth by
21 the Board or its designee.

22 Respondent shall pay all worksite monitoring costs.

23 The worksite monitor shall have face-to-face contact with Respondent in the work
24 environment on as frequent a basis as determined by the Board or its designee, but not less than
25 once per week; interview other staff in the office regarding Respondent's behavior, if requested
26 by the Board or its designee; and review Respondent's work attendance.

27 The worksite monitor shall verbally report any suspected substance abuse to the Board and
28 Respondent's employer or supervisor within 1 business day of occurrence. If the suspected

1 substance abuse does not occur during the Board's normal business hours, the verbal report shall
2 be made to the Board or its designee within 1 hour of the next business day. A written report that
3 includes the date, time, and location of the suspected abuse; Respondent's actions; and any other
4 information deemed important by the worksite monitor shall be submitted to the Board or its
5 designee within 48 hours of the occurrence.

6 The worksite monitor shall complete and submit a written report monthly or as directed by
7 the Board or its designee which shall include the following:

- 8 (1) Respondent's name and Physician's and Surgeon's Certificate number;
- 9 (2) The worksite monitor's name and signature;
- 10 (3) The worksite monitor's license number, if applicable;
- 11 (4) The location or location(s) of the worksite;
- 12 (5) The dates Respondent had face-to-face contact with the worksite monitor;
- 13 (6) The names of worksite staff interviewed, if applicable;
- 14 (7) A report of Respondent's work attendance;
- 15 (8) Any change in Respondent's behavior and/or personal habits; and
- 16 (9) Any indicators that can lead to suspected substance abuse by Respondent.

17 Respondent shall complete any required consent forms and execute agreements with the
18 approved worksite monitor and the Board, or its designee, authorizing the Board, or its designee,
19 and worksite monitor to exchange information.

20 If the worksite monitor resigns or is no longer available, Respondent shall, within 5
21 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior
22 approval, the name and qualifications of a replacement monitor who will be assuming that
23 responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement
24 monitor within 60 calendar days of the resignation or unavailability of the monitor, Respondent
25 shall receive a notification from the Board or its designee to cease the practice of medicine within
26 3 calendar days after being so notified. Respondent shall cease the practice of medicine until a
27 replacement monitor is approved and assumes monitoring responsibility.

28 ////

1 21. VIOLATION OF PROBATION CONDITION FOR SUBSTANCE ABUSING
2 LICENSEES.

3 Failure to fully comply with any term or condition of probation is a violation of probation.

4 A. If Respondent commits a major violation of probation as defined by section 1361.52,
5 subdivision (a), of Title 16 of the California Code of Regulations, the Board shall take one or
6 more of the following actions:

7 (1) Issue an immediate cease-practice order and order Respondent to undergo a clinical
8 diagnostic evaluation to be conducted in accordance with section 1361.5, subdivision (c)(1), of
9 Title 16 of the California Code of Regulations, at Respondent's expense. The cease-practice order
10 issued by the Board or its designee shall state that Respondent must test negative for at least a
11 month of continuous biological fluid testing before being allowed to resume practice. For
12 purposes of determining the length of time a Respondent must test negative while undergoing
13 continuous biological fluid testing following issuance of a cease-practice order, a month is
14 defined as 30 calendar days. Respondent may not resume the practice of medicine until notified in
15 writing by the Board or its designee that she may do so;

16 (2) Increase the frequency of biological fluid testing; and/or

17 (3) Refer Respondent for further disciplinary action, such as suspension, revocation, or
18 other action as determined by the Board or its designee.

19 B. If Respondent commits a minor violation of probation as defined by section 1361.52,
20 subdivision (c), of Title 16 of the California Code of Regulations, the Board shall take one or
21 more of the following actions:

22 (1) Issue a cease-practice order;

23 (2) Order practice limitations;

24 (3) Order or increase supervision of Respondent;

25 (4) Order increased documentation;

26 (5) Issue a citation and fine, or a warning letter;

27 (6) Order Respondent to undergo a clinical diagnostic evaluation to be conducted in

28 /////

1 accordance with section 1361.5, subdivision (c)(1), of Title 16 of the California Code of
2 Regulations, at Respondent's expense; and/or

3 (7) Take any other action as determined by the Board or its designee.

4 C. Nothing in this Decision shall be considered a limitation on the Board's authority to
5 revoke Respondent's probation if she has violated any term or condition of probation. If
6 Respondent violates probation in any respect, the Board, after giving Respondent notice and the
7 opportunity to be heard, may revoke probation and carry out the disciplinary order that was
8 stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed
9 against Respondent during probation, the Board shall have continuing jurisdiction until the matter
10 is final, and the period of probation shall be extended until the matter is final.

11 22. NOTIFICATION.

12 Within 7 days of the effective date of this Decision, the Respondent shall provide true and
13 correct copies of this Decision and Disciplinary Order and Accusation No. 800-2021-081903 to
14 the Chief of Staff or the Chief Executive Officer at every hospital where privileges or
15 membership are extended to Respondent, at any other facility where Respondent engages in the
16 practice of medicine, including all physician and locum tenens registries or other similar agencies,
17 and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance
18 coverage to Respondent. Respondent shall submit proof of compliance to the Board or its
19 designee within 15 calendar days.

20 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

21 23. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
22 NURSES.

23 During probation, Respondent is prohibited from supervising physician assistants and
24 advanced practice nurses.

25 24. OBEY ALL LAWS.

26 Respondent shall obey all federal, state and local laws, all rules governing the practice of
27 medicine in California and remain in full compliance with any court ordered criminal probation,
28 payments, and other orders.

1 25. INVESTIGATION/ENFORCEMENT COST RECOVERY.

2 Respondent is hereby ordered to reimburse the Board its costs of investigation and
3 enforcement, including legal review and expert review, as applicable, fifty-five thousand forty
4 dollars and seventy-five cents (\$55,040.75). Costs shall be payable to the Board. Failure to pay
5 such costs shall be considered a violation of this agreement and shall be deemed an act of
6 unprofessional conduct and a separate and distinct basis for discipline.

7 Any requests for a payment plan shall be submitted in writing by Respondent to the Board.

8 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
9 to repay investigation and enforcement costs, including expert review costs (if applicable).

10 26. QUARTERLY DECLARATIONS.

11 Respondent shall submit quarterly declarations under penalty of perjury on forms provided
12 by the Board, stating whether there has been compliance with all the conditions of probation.

13 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
14 of the preceding quarter.

15 27. GENERAL PROBATION REQUIREMENTS.

16 Compliance with Probation Unit

17 Respondent shall comply with the Board's probation unit.

18 Address Changes

19 Respondent shall, at all times, keep the Board informed of Respondent's business and
20 residence addresses, email address (if available), and telephone number. Changes of such
21 addresses shall be immediately communicated in writing to the Board or its designee. Under no
22 circumstances shall a post office box serve as an address of record, except as allowed by Business
23 and Professions Code section 2021, subdivision (b).

24 Place of Practice

25 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
26 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
27 facility.

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1 License Renewal

2 Respondent shall maintain a current and renewed California physician's and surgeon's
3 license.

4 Travel or Residence Outside California

5 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
6 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30
7 calendar days.

8 In the event Respondent should leave the State of California to reside or to practice
9 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
10 departure and return.

11 28. INTERVIEW WITH THE BOARD OR ITS DESIGNEE.

12 Respondent shall be available in person upon request for interviews either at Respondent's
13 place of business or at the probation unit office, with or without prior notice throughout the term
14 of probation.

15 29. NON-PRACTICE WHILE ON PROBATION.

16 Respondent shall notify the Board or its designee in writing within 15 calendar days of any
17 periods of non-practice lasting more than 30 calendar days and within 15 calendar days of her
18 return to practice. Non-practice is defined as any period of time Respondent is not practicing
19 medicine as defined in Bus. and Prof. Code sections 2051 and 2052 for at least 40 hours in a
20 calendar month in direct patient care, clinical activity, teaching, or other activity as approved by
21 the Board. If Respondent resides in California and is considered to be in non-practice, she shall
22 comply with all terms and conditions of probation. All time spent in an intensive training program
23 which has been approved by the Board or its designee shall not be considered non-practice and
24 does not relieve her from complying with all the terms and conditions of probation. Practicing
25 medicine in another state of the United States or Federal jurisdiction while on probation with the
26 medical licensing authority of that state or jurisdiction shall not be considered non-practice. A
27 Board-ordered suspension of practice shall not be considered as a period of non-practice.

28 ////

1 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
2 months, Respondent shall successfully complete the Federation of State Medical Boards' Special
3 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
4 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
5 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

6 Respondent's period of non-practice while on probation shall not exceed 2 years.

7 Periods of non-practice will not apply to the reduction of the probationary term.

8 Periods of non-practice for a Respondent residing outside of California will relieve
9 Respondent of the responsibility to comply with the probationary terms and conditions with the
10 exception of this condition and the following terms and conditions of probation: Obey All Laws;
11 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
12 Controlled Substances; and Biological Fluid Testing.

13 30. COMPLETION OF PROBATION.

14 Respondent shall comply with all financial obligations (e.g., probation costs) not later than
15 120 calendar days prior to the completion of probation. This term does not include cost recovery,
16 which is due within 30 calendar days of the effective date of the Order, or by a payment plan
17 approved by the Medical Board and timely satisfied. Upon successful completion of probation,
18 Respondent's certificate shall be fully restored.

19 31. VIOLATION OF PROBATION.

20 Failure to fully comply with any term or condition of probation is a violation of probation.
21 If Respondent violates probation in any respect, the Board, after giving Respondent notice and the
22 opportunity to be heard, may revoke probation and carry out the disciplinary order that was
23 stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed
24 against Respondent during probation, the Board shall have continuing jurisdiction until the matter
25 is final, and the period of probation shall be extended until the matter is final.

26 32. LICENSE SURRENDER.

27 Following the effective date of this Decision, if Respondent ceases practicing due to
28 retirement or health reasons or is otherwise unable to satisfy the terms and conditions of

1 probation, Respondent may request to surrender her license. The Board reserves the right to
2 evaluate Respondent's request and to exercise its discretion in determining whether or not to
3 grant the request, or to take any other action deemed appropriate and reasonable under the
4 circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar
5 days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent
6 shall no longer practice medicine. Respondent will no longer be subject to the terms and
7 conditions of probation. If Respondent re-applies for a medical license, the application shall be
8 treated as a petition for reinstatement of a revoked certificate.

9 33. PROBATION MONITORING COSTS.

10 Respondent shall pay the costs associated with probation monitoring each and every year of
11 probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall
12 be payable to the Medical Board of California and delivered to the Board or its designee no later
13 than January 31 of each calendar year.

14 34. FUTURE ADMISSIONS CLAUSE.

15 If Respondent should ever apply or reapply for a new license or certification, or petition for
16 reinstatement of a license, by any other health care licensing action agency in the State of
17 California, all of the charges and allegations contained in Accusation No. 800-2021-081903 shall
18 be deemed to be true, correct, and fully admitted by Respondent for the purpose of any Statement
19 of Issues or any other proceeding seeking to deny or restrict license.

20 ////

21 ////

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23 ////

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26 ////


27 ////

28 ////

ACCEPTANCE

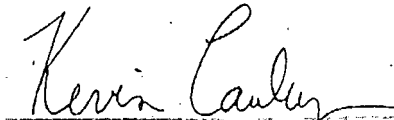
I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Kevin D. Cauley, Esq. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 1-05-2024


MARY ANNE VREEKE, M.D.
Respondent

I have read and fully discussed with Respondent Mary Anne Vreeke, M.D., the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: January 5, 2024


KEVIN D. CAULEY, ESQ.
Attorney for Respondent

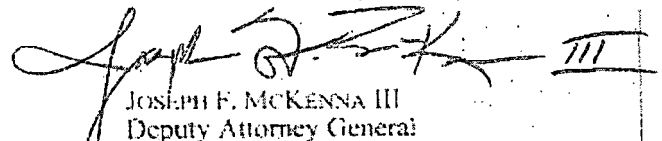
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: January 5, 2024

Respectfully submitted,

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General


JOSEPH F. MCKENNA III
Deputy Attorney General
Attorneys for Complainant

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8 *Attorneys for Complainant*

9
10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

Case No. 800-2021-081903

15 **MARY ANNE VREEKE, M.D.**
16 **504 Willow Glen Court**
Camarillo, California 93012

A C C U S A T I O N

17 **Physician's and Surgeon's Certificate No.**
18 **A 78457,**

Respondent.

19
20
21 **PARTIES**

22 1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as
23 the Executive Director of the Medical Board of California, Department of Consumer Affairs
24 (Board).

25 2. On or about March 27, 2002, the Board issued Physician's and Surgeon's Certificate
26 No. A 78457 to Mary Anne Vreeke, M.D. (Respondent). The Physician's and Surgeon's
27 Certificate was in full force and effect at all times relevant to the charges brought herein and will
28 expire on February 29, 2024, unless renewed.

1 **PROCEDURAL HISTORY REGARDING INTERIM ORDER**

2 3. On March 14, 2023, pursuant to the provisions of California Government Code
3 section 11529, an administrative law judge issued an Interim Order Imposing License Restrictions
4 (Interim Order) restricting Physician's and Surgeon's Certificate No. A 78457, and requiring
5 Respondent to comply with multiple license restrictions including: abstain from use of controlled
6 substances; abstain from use of alcohol; biological fluid testing; substance abuse support group
7 meetings; psychotherapy; and have a worksite monitor for substance-abusing licensee. The
8 Interim Order will remain in effect, pending a full determination whether Respondent has violated
9 the Medical Practice Act or upon further order by the Medical Board in this matter. As part of the
10 "Stipulation of the Parties re Interim Order Imposing License Restrictions and Order,"
11 Respondent agreed to and has waived all of her rights under California Government Code section
12 11529, subsections (f) and (g), including, waived the right to have the Interim Order dissolved if
13 an Accusation was not filed within 30 days of the date that the Interim Order was issued.

14 **JURISDICTION**

15 4. This Accusation is brought before the Board under the authority of the following
16 laws. All section references are to the Business and Professions Code (Code) unless otherwise
17 indicated.

18 5. Section 2220 of the Code states, in relevant part:

19 Except as otherwise provided by law, the board may take action against all
20 persons guilty of violating this chapter. The board shall enforce and administer this
21 article as to physician and surgeon certificate holders, including those who hold
22 certificates that do not permit them to practice medicine, such as, but not limited to,
23 retired, inactive, or disabled status certificate holders, and the board shall have all the
24 powers granted in this chapter for these purposes ...

25 **STATUTORY PROVISIONS**

26 6. Section 2227 of the Code states:

27 (a) A licensee whose matter has been heard by an administrative law judge of
28 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
Code, or whose default has been entered, and who is found guilty, or who has entered
into a stipulation for disciplinary action with the board, may, in accordance with the
provisions of this chapter:

(1) Have his or her license revoked upon order of the board.

(2) Have his or her right to practice suspended for a period not to exceed one
year upon order of the board.

1 (3) Be placed on probation and be required to pay the costs of probation
2 monitoring upon order of the board.

3 (4) Be publicly reprimanded by the board. The public reprimand may include a
4 requirement that the licensee complete relevant educational courses approved by the
5 board.

6 (5) Have any other action taken in relation to discipline as part of an order of
7 probation, as the board or an administrative law judge may deem proper.

8 (b) Any matter heard pursuant to subdivision (a), except for warning letters,
9 medical review or advisory conferences, professional competency examinations,
10 continuing education activities, and cost reimbursement associated therewith that are
11 agreed to with the board and successfully completed by the licensee, or other matters
12 made confidential or privileged by existing law, is deemed public, and shall be made
13 available to the public by the board pursuant to Section 803.1.

14 7. Section 2228.1 of the Code states, in relevant part:

15 (a) On and after July 1, 2019, except as otherwise provided in subdivision (c),
16 the board ... shall require a licensee to provide a separate disclosure that includes the
17 licensee's probation status, the length of the probation, the probation end date, all
18 practice restrictions placed on the licensee by the board, the board's telephone
19 number, and an explanation of how the patient can find further information on the
20 licensee's probation on the licensee's profile page on the board's online license
21 information internet website, to a patient or the patient's guardian or health care
22 surrogate before the patient's first visit following the probationary order while the
23 licensee is on probation pursuant to a probationary order made on and after July 1,
24 2019, in any of the following circumstances:

25 (1) A final adjudication by the board following an administrative hearing or
26 admitted findings or prima facie showing in a stipulated settlement establishing any
27 of the following:

28 ...

(B) Drug or alcohol abuse directly resulting in harm to patients or the extent
that such use impairs the ability of the licensee to practice safely.

...

8. Section 2234 of the Code states, in relevant part:

The board shall take action against any licensee who is charged with
unprofessional conduct. In addition to other provisions of this article, unprofessional
conduct includes, but is not limited to, the following:

(a) Violating or attempting to violate, directly or indirectly, assisting in or
abetting the violation of, or conspiring to violate any provision of this chapter.

...

(e) The commission of any act involving dishonesty or corruption that is
substantially related to the qualifications, functions, or duties of a physician and
surgeon.

...

1 9. Unprofessional conduct under Business and Professions Code section 2234 is
2 conduct which breaches the rules or ethical code of the medical profession, or conduct which is
3 unbecoming to a member in good standing of the medical profession, and which demonstrates an
4 unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564,
5 575.)

6 10. Section 2238 of the Code states:

7 A violation of any federal statute or federal regulation or any of the statutes or
8 regulations of this state regulating dangerous drugs or controlled substances
constitutes unprofessional conduct.

9 11. Section 2239 of the Code states, in relevant part:

10 (a) The use or prescribing for or administering to himself or herself, of any
11 controlled substance; or the use of any of the dangerous drugs specified in Section
12 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous
or injurious to the licensee, or to any other person or to the public, or to the extent that
13 such use impairs the ability of the licensee to practice medicine safely ... constitutes
unprofessional conduct. ...

14 ...

15 12. Section 2280 of the Code states:

16 No licensee shall practice medicine while under the influence of any narcotic
17 drug or alcohol to such an extent as to impair his or her ability to conduct the practice
of medicine with safety to the public and his or her patients. Violation of this section
18 constitutes unprofessional conduct and is a misdemeanor.

19 13. Section 11170 of the Health and Safety Code states:

20 No person shall prescribe, administer, or furnish a controlled substance for
21 himself.

22 14. Section 11171 of the Health and Safety Code states:

23 No person shall prescribe, administer, or furnish a controlled substance except
24 under the conditions and in the manner provided by this division.

25 15. Section 11173 of the Health and Safety Code states:

26 (a) No person shall obtain or attempt to obtain controlled substances, or procure
27 or attempt to procure the administration of or prescription for controlled substances,
(1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by the concealment of a
28 material fact.

...

1 16. Section 844, Title 21, of the United States Code states, in relevant part:

2 (a) Unlawful acts; penalties.

3 It shall be unlawful for any person knowingly or intentionally to possess a
4 controlled substance unless such substance was obtained directly, or pursuant to a
5 valid prescription or order, from a practitioner, while acting in the course of his
6 professional practice, or except as otherwise authorized by this subchapter or
7 subchapter II.

8 ...

9 GENERAL STATUTORY PROVISIONS

10 17. Section 4021 of the Code states:

11 "Controlled substance" means any substance listed in Chapter 2 (commencing
12 with Section 11053) of Division 10 of the Health and Safety Code.

13 18. Section 4022 of the Code states:

14 "Dangerous drug" or "dangerous device" means any drug or device unsafe for
15 self-use in humans or animals, and includes the following:

16 (a) Any drug that bears the legend: "Caution: federal law prohibits dispensing
17 without prescription," "Rx only," or words of similar import.

18 (b) Any device that bears the statement: 'Caution: federal law restricts this
19 device to sale by or on the order of a _____,' 'Rx only,' or words of similar
20 import, the blank to be filled in with the designation of the practitioner licensed to use
21 or order use of the device.

22 (c) Any other drug or device that by federal or state law can be lawfully
23 dispensed only on prescription or furnished pursuant to Section 4006.

24 REGULATORY PROVISIONS

25 19. Section 1360, Title 16, of the California Code of Regulations states, in relevant part:

26 (a) For the purposes of denial, suspension or revocation of a license pursuant to
27 Section 141 or Division 1.5 (commencing with Section 475) of the code, a crime,
28 professional misconduct, or act shall be considered to be substantially related to the
qualifications, functions or duties of a person holding a license if to a substantial
degree it evidences present or potential unfitness of a person holding a license to
perform the functions authorized by the license in a manner consistent with the public
health, safety or welfare. Such crimes, professional misconduct, or acts shall include
but not be limited to the following: Violating or attempting to violate, directly or
indirectly, or assisting in or abetting the violation of, or conspiring to violate any
provision of state or federal law governing the applicant's or licensee's professional
practice.

...

1 20. Section 1361, Title 16, of the California Code of Regulations states, in relevant part:

2 ...

3 (b) Notwithstanding subsection (a), the Board shall use the Uniform Standards
4 for Substance-Abusing Licensees as provided in section 1361.5, without deviation,
5 for each individual determined to be a substance-abusing licensee.

6 ...

7 21. Section 1361.5, Title 16, of the California Code of Regulations states, in relevant part:

8 (a) If the licensee is to be disciplined for unprofessional conduct involving the
9 use of illegal drugs, the abuse of drugs and/or alcohol, or the use of another
10 prohibited substance as defined herein, the licensee shall be presumed to be a
11 substance-abusing licensee for purposes of section 315 of the [Business and
12 Professions] Code.

13 ...

14 COST RECOVERY

15 22. Section 125.3 of the Code states:

16 (a) Except as otherwise provided by law, in any order issued in resolution of a
17 disciplinary proceeding before any board within the department or before the
18 Osteopathic Medical Board, upon request of the entity bringing the proceeding, the
19 administrative law judge may direct a licensee found to have committed a violation or
20 violations of the licensing act to pay a sum not to exceed the reasonable costs of the
21 investigation and enforcement of the case.

22 (b) In the case of a disciplined licensee that is a corporation or a partnership, the
23 order may be made against the licensed corporate entity or licensed partnership.

24 (c) A certified copy of the actual costs, or a good faith estimate of costs where
25 actual costs are not available, signed by the entity bringing the proceeding or its
26 designated representative shall be prima facie evidence of reasonable costs of
27 investigation and prosecution of the case. The costs shall include the amount of
28 investigative and enforcement costs up to the date of the hearing, including, but not
29 limited to, charges imposed by the Attorney General.

30 (d) The administrative law judge shall make a proposed finding of the amount
31 of reasonable costs of investigation and prosecution of the case when requested
32 pursuant to subdivision (a). The finding of the administrative law judge with regard to
33 costs shall not be reviewable by the board to increase the cost award. The board may
34 reduce or eliminate the cost award, or remand to the administrative law judge if the
35 proposed decision fails to make a finding on costs requested pursuant to subdivision
36 (a).

37 (e) If an order for recovery of costs is made and timely payment is not made as
38 directed in the board's decision, the board may enforce the order for repayment in any
39 appropriate court. This right of enforcement shall be in addition to any other rights
40 the board may have as to any licensee to pay costs.

41 (f) In any action for recovery of costs, proof of the board's decision shall be
42 conclusive proof of the validity of the order of payment and the terms for payment.

1 (g) (1) Except as provided in paragraph (2), the board shall not renew or
2 reinstate the license of any licensee who has failed to pay all of the costs ordered
under this section.

3 (2) Notwithstanding paragraph (1), the board may, in its discretion,
4 conditionally renew or reinstate for a maximum of one year the license of any
5 licensee who demonstrates financial hardship and who enters into a formal agreement
with the board to reimburse the board within that one-year period for the unpaid
costs.

6 (h) All costs recovered under this section shall be considered a reimbursement
7 for costs incurred and shall be deposited in the fund of the board recovering the costs
to be available upon appropriation by the Legislature.

8 (i) Nothing in this section shall preclude a board from including the recovery of
9 the costs of investigation and enforcement of a case in any stipulated settlement.

10 (j) This section does not apply to any board if a specific statutory provision in
11 that board's licensing act provides for recovery of costs in an administrative
disciplinary proceeding.

12 PERTINENT DRUG INFORMATION

13 23. Opioids are Schedule II controlled substances pursuant to Health and Safety Code
14 section 11055, and are a dangerous drug pursuant to Code section 4022. The Drug Enforcement
15 Administration (DEA) has identified opioids as a drug of abuse. (Drugs of Abuse, DEA Resource
16 Guide (2022 Edition), at pp. 50-51.)

17 (a) Fentanyl is a potent synthetic opioid drug approved for treating severe
18 pain, typically advanced cancer pain. Fentanyl is "approximately 100 times more
19 potent than morphine and 50 times more potent than heroin as an analgesic."
(Drugs of Abuse, DEA Resource Guide (2022 Edition), at p. 52.) Fentanyl poses a
high risk for addiction and dependence.

20 (b) Hydromorphone is a potent opioid drug used as an analgesic in the
21 management and treatment of moderate to severe acute pain as well as severe
22 chronic pain. Hydromorphone is "approximately two to eight times greater than
23 that of morphine and has a rapid onset of action." (Drugs of Abuse, DEA Resource
Guide (2022 Edition), at p. 56.) Hydromorphone poses a high risk for addiction
and dependence. (Note: Dilaudid is the brand name for hydromorphone.)

24 (c) Morphine is a potent opioid drug used as an analgesic in the
25 management and treatment of acute or chronic moderate to severe pain. Those
26 dependent on morphine prefer injection because the drug enters the bloodstream
more quickly. (Drugs of Abuse, DEA Resource Guide (2022 Edition), at p. 59.)
27 Morphine poses a high risk for addiction and dependence.

28 ////

24. Benzodiazepines are Schedule IV controlled substances pursuant to Health and Safety Code section 11057, and are a dangerous drug pursuant to Code section 4022. The DEA has identified benzodiazepines as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2022 Edition), at p. 73.)

(a) Midazolam is a benzodiazepine and is used to produce sleepiness or drowsiness and relieve anxiety before surgery or certain procedures. When midazolam injection is used before surgery, the patient will not remember some of the details about the procedure. Midazolam injection is also used as an anesthesia to produce loss of consciousness before and during surgery. (Note: Versed is the brand name for midazolam.)

25. Propofol is a short acting intravenous anesthetic and is available as a prescription medication for use in human and veterinary medicine. Propofol is used in hospital settings by trained anesthetists for the induction, maintenance of general anesthesia, and sedation of ventilated adults receiving intensive care, for a period of up to 72 hours. Propofol is a prescription medication and is a dangerous drug pursuant to Code section 4022. The DEA has identified propofol as a drug with illicit uses and that it is “mostly abused by health care staff including anesthetists, practitioners, nurses and technicians.”¹ “Case reports and surveys published in scientific literature indicate that propofol (commonly referred to as ‘milk of amnesia’) is abused for recreational purpose, mostly by anesthetists, practitioners, nurses and other health care staff. ... The mortality among anesthesiologists abusing propofol was 28% (7 deaths in 25).”²

FACTUAL ALLEGATIONS

26. Respondent, at all times relevant to the allegations contained in this Accusation, worked as an anesthesiologist at both St. John's Regional Medical Center (SJPMC), located in Oxnard, California, and its sister hospital, St. John's Hospital (SJH), located in Camarillo, California.³

¹ DEA, Diversion Control Division, Drug & Chemical Evaluation Section: Propofol; www.deadiversion.usdoj.gov/drug_chem_info/index.html, (April 2023).

² *Ibid.*

³ Respondent began working at SJRMC in 2014.

1 27. On or about September 20, 2021, the Board's Central Complaint Unit (CCU) received
2 a letter (dated September 9, 2021) from the president of the medical staff at SJRMC. The letter
3 stated that SJRMC was voluntarily reporting to the Board about an incident involving Respondent
4 that had occurred earlier that year in March 2021. The incident involved Respondent's diversion
5 of "controlled substances intended for patients and used controlled substances while on SJRMC
6 premises," according to the letter. The letter further stated that Respondent had "requested a
7 medical leave of absence immediately after being discovered," which was granted by SJRMC.⁴
8 Significantly, SJRMC's Medical Executive Committee had not conducted a disciplinary
9 investigation into the incident and had no pending recommendation for disciplinary action against
10 Respondent, as of the date of the letter.

11 28. Based upon this letter, CCU initiated an investigation into this incident which the
12 Board later learned had occurred on March 26, 2021.

13 29. On or about March 26, 2021, Respondent was discovered unconscious in the mid-
14 afternoon inside a hospital staff bathroom located at SJRMC. Hospital staff found Respondent
15 lying unconscious on the bathroom floor in a locked stall. A nurse climbed under the stall's door
16 and unlocked it so that staff could get to Respondent. It appeared that Respondent had fallen and
17 hit her head due to a red mark on her forehead. She was in an altered mental state and totally
18 unaware of what was happening to her when first contacted by staff. Staff then picked
19 Respondent up off of the floor and took her to the Emergency Department (ED) in a wheelchair.
20 Significantly, staff observed an intravenous (IV) port inserted in Respondent's left arm with an
21 "empty" syringe still inserted in the port when they found her in the locked stall.

22 30. On that same date, at approximately 1543 hours, Respondent was admitted to the ED
23 at SJRMC. Upon arrival to the ED, Respondent immediately went to the bathroom alone. Inside
24 the bathroom, Respondent removed the IV port from her arm and discarded it in a trashcan. The
25 ED physician on duty examined Respondent and noticed evidence of recent previous intravenous
26 access in her left arm. The ED physician then went inside the bathroom and found an IV port in a
27 trashcan, which he recognized as hospital property. Respondent later acknowledged to the ED

28 ⁴ Respondent resumed working at SJRMC at the end of August 2022.

1 physician that she had discarded the IV port in the bathroom. Respondent's blood was also
2 observed on the bathroom floor. Because the ED physician had concerns that Respondent was
3 suicidal, he asked her if he could open her purse. She said "yes." With hospital security present
4 in the ED, Respondent's purse was opened and a mostly empty bottle of fentanyl and a mostly
5 empty bottle of propofol were found. Also found in her purse was an unopened bottle of
6 midazolam. Significantly, the ED physician's final diagnosis of Respondent was that she had
7 "overdosed" on intravenous fentanyl and propofol that day.

8 31. After the drugs were found in her purse, Respondent admitted to self-administering
9 intravenous fentanyl and propofol earlier that day at SJRMC. She also requested a medical leave
10 of absence while still recovering in the ED.

11 32. On that same date, SJRMC's pharmacy director came to the ED and confiscated the
12 drugs that were found in Respondent's purse. The pharmacy director believed that the drugs were
13 obtained from SJRMC because they had the same lot number as the hospital's medication stock.
14 The pharmacy director performed an audit of usage reports from the hospital inventories of both
15 SJRMC and SJH, beginning from in or around January 2021 through March 26, 2021. A review
16 of Respondent's anesthesiology records indicated that she had accessed a number of controlled
17 drugs from the secure medication dispensing systems at both SJRMC and SJH.⁵ The audit report
18 revealed several errors in Respondent's records, and a number of "discrepancies" and
19 "unaccountability" in her use of controlled drugs at both hospitals. Specifically, there were
20 unexplained gaps in how controlled drugs obtained by Respondent were used, which resulted in
21 unaccounted quantities of drugs obtained by Respondent from SJRMC and SJH.

22 33. On or about March 30, 2021, SJRMC notified the DEA regarding Respondent's
23 potential theft of controlled drugs at their facility and SJH.

24 34. On or about April 6, 2021, SJRMC filed a "Report of Theft or Loss of Controlled
25 Substances" with the DEA.⁶ Specifically, SJRMC alerted DEA investigators that Respondent

26 ⁵ Fentanyl, Dilaudid, morphine, and midazolam.

27 ⁶ Upon discovery of a theft or significant loss of controlled drugs, a pharmacy must report
28 the loss in writing to the DEA (Form 106) within one business day.

1 had diverted: 11.75 ml of fentanyl (100 mcg/2ml vial) and 9.5 ml of midazolam (2 mg/2 ml vial)
2 from SJRMC.

3 35. On or about April 7, 2021, SJRMC filed a second "Report of Theft or Loss of
4 Controlled Substances" with the DEA. SJRMC alerted DEA investigators that Respondent had
5 diverted: 24 ml of fentanyl (100 mcg/2 ml vial), 3.5 ml of midazolam (2 mg/2 ml vial), 26 ml of
6 morphine (5 mg/10 ml vial), and 1 ml of hydromorphone (2 mg/ml vial) from SJH.

7 36. On or about September 9, 2022, during a conversation with a DEA investigator,
8 Respondent admitted to diverting fentanyl, midazolam, and propofol from SJRMC and SJH for
9 illicit personal use. She further admitted that between in or around January 2021 and March
10 2021, she diverted fentanyl, hydromorphone, morphine, and midazolam on at least 10 separate
11 occasions for illicit personal use.⁷

12 37. On December 13, 2022, Respondent, with her attorney present, voluntarily attended
13 an interview as part of the Board's investigation into the March 26, 2021, incident that occurred at
14 SJRMC, and related allegations involving diversion of controlled drugs. During the interview,
15 Respondent made a number of admissions that are relevant to the allegations and charges brought
16 in this Accusation, including the following:

17 (a) Respondent stated that she was scheduled to work until 3:00 p.m. on
18 March 26, 2021, at SJRMC. Respondent was asked whether she had begun using
19 controlled drugs before or after her shift ended that day, to which she answered,
20 "[t]hat day, I think it was after my shift ended."

21 (b) Respondent stated that she was found unconscious in the bathroom with
22 an IV in her arm, and that she tried to hide it by taking it out.

23 (c) Respondent obtained the fentanyl and propofol she used that day from
24 an anesthesia narcotic box. She also recalled having Versed in her purse that day.

25 ////

26
27 ⁷ Following Respondent's admission of stealing controlled drugs from SJRMC and
28 SJH, investigators conducted an administrative audit and discovered that various quantities of
fentanyl and midazolam were unaccounted for between in or around October 2020 and December
2020.

1 (d) Respondent stated that she "relapsed" in January 2021, when she used
2 fentanyl and Versed. Respondent relapsed again in February, and stated that "it
3 progressively got worse over that month and the following month." She stated that
4 she mainly used fentanyl, propofol, and Versed.

5 (e) Between January and March of 2021, Respondent admitted that she had
6 relapsed approximately "10 times." However, she added that previously the DEA
7 had shown her a list of discrepancies causing her to doubt her memory of the
8 actual number of relapses.

9 (f) Respondent admitted to using controlled drugs during her shifts between
10 January and March of 2021. On the occasions that she used controlled drugs
11 during shifts, she explained "it would've been if I had a several hour break in
12 between cases."

13 (g) Respondent was asked whether she ever treated patients while she was
14 using controlled drugs between January and March of 2021, to which she
15 answered, "[t]here were times when it was probably in my system, yeah."
16 Respondent then added "any time you use medication, you're impaired, so, I mean
17 it was probably still in my system."

18 (h) Between January and March of 2021, Respondent stated that she was
19 still seeing her psychiatrist, and was also attending "AA meetings" and "PAG
20 meetings."

21 (i) Respondent stated that she was currently being investigated by the DEA
22 for the incident that occurred at SJRMC.

23 (j) Respondent stated that she has been diagnosed with severe depression
24 and anxiety, and that she has received psychiatric treatment for depression in the
25 past. She also has been diagnosed with severe opioid use disorder, severe alcohol
26 use disorder, and sedative use disorder, and has received inpatient and outpatient
27 treatment for drug dependency in the past.

28 ////

1 (k) In or around 2009, Respondent stated that she was arrested by United States
2 Immigration and Customs Enforcement (ICE) agents at the border between the
3 United States and Mexico. Respondent was arrested by ICE for entering the
4 United States while possessing a bottle of Valium with no prescription.⁸
5 Following the arrest, Respondent stated that she received an infraction and paid a
6 fine.

7 **FIRST CAUSE FOR DISCIPLINE**

8 **(Practice of Medicine While Under the Influence of Any Narcotic Drug)**

9 38. Respondent has subjected her Physician's and Surgeon's Certificate No. A 78457 to
10 disciplinary action under sections 2227 and 2234, as defined by section 2280 of the Code, in that
11 while practicing medicine she was under the influence of a narcotic drug, as more particularly
12 alleged hereinafter:

13 (a) Paragraphs 26 through 37, above, are hereby incorporated by reference
14 and realleged as if fully set forth herein.

15 **SECOND CAUSE FOR DISCIPLINE**

16 **(Use of Controlled Substances and/or Dangerous Drugs to an Extent or in a Manner
17 Dangerous or Injurious to Herself, Others, or the Public)**

18 39. Respondent has further subjected her Physician's and Surgeon's Certificate No.
19 A 78457 to disciplinary action under sections 2227 and 2234, as defined by section 2239,
20 subdivision (a), of the Code, in that she used controlled substances and/or dangerous drugs to an
21 extent, or in such a manner as to be dangerous or injurious to herself, another person, or the
22 public, as more particularly alleged hereinafter:

23 (a) Paragraphs 26 through 37, above, are hereby incorporated by reference
24 and realleged as if fully set forth herein.

25 ////

26 ////

27 _____
28 ⁸ Respondent stated that she became addicted to Valium when she was in her thirties.
Valium is a benzodiazepine and a Schedule IV controlled substance.

1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Use of Controlled Substances and/or Dangerous Drugs to an Extent**
3 **Such Use Impairs Her Ability to Practice Medicine Safely)**

4 40. Respondent has further subjected her Physician's and Surgeon's Certificate No.
5 A 78457 to disciplinary action under sections 2227 and 2234, as defined by section 2239,
6 subdivision (a), of the Code, in that she used controlled substances and/or dangerous drugs to an
7 extent that such use impaired her ability to practice medicine safely, as more particularly alleged
8 hereinafter:

9 (a) Paragraphs 26 through 37, above, are hereby incorporated by reference
10 and realleged as if fully set forth herein.

11 **FOURTH CAUSE FOR DISCIPLINE**

12 **(Self-Administration of Controlled Substances)**

13 41. Respondent has further subjected her Physician's and Surgeon's Certificate No.
14 A 78457 to disciplinary action under sections 2227, 2234, and 2238, as defined by section 11170
15 of the Health and Safety Code, in that she self-administered controlled substances to herself, as
16 more particularly alleged hereinafter:

17 (a) Paragraphs 26 through 37, above, are hereby incorporated by reference
18 and realleged as if fully set forth herein.

19 **FIFTH CAUSE FOR DISCIPLINE**

20 **(Commission of Dishonest or Corrupt Acts)**

21 42. Respondent has further subjected her Physician's and Surgeon's Certificate No.
22 A 78457 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
23 subdivision (e), of the Code, in that she stole controlled substances from SJRMC, as more
24 particularly alleged hereinafter:

25 (a) Paragraphs 26 through 37, above, are hereby incorporated by reference
26 and realleged as if fully set forth herein.

27 ////

28 ////

1 **SIXTH CAUSE FOR DISCIPLINE**

2 **(Violation of State Statutes Regulating Dangerous Drugs or Controlled Substances)**

3 43. Respondent has further subjected her Physician's and Surgeon's Certificate No.
4 A 78457 to disciplinary action under sections 2227 and 2234, as defined by section 2238 of the
5 Code, in that she has violated federal and state statutes regulating dangerous drugs or controlled
6 substances, including, but not limited to, Health and Safety Code sections 11170, 11171, 11173,
7 subdivision (a), and 21 U.S.C. section 844, subdivision (a), as more particularly alleged
8 hereinafter:

9 (a) Paragraphs 26 through 37, above, are hereby incorporated by reference
10 and realleged as if fully set forth herein.

11 **SEVENTH CAUSE FOR DISCIPLINE**

12 **(Violation of Provisions of the Medical Practice Act)**

13 44. Respondent has further subjected her Physician's and Surgeon's Certificate No.
14 A 78457 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
15 subsections (a) and (e), 2238, 2239, subdivision (a), and 2280 of the Code, in that she violated
16 provisions of the Medical Practice Act, as more particularly alleged hereinafter:

17 (a) Paragraphs 26 through 37, above, are hereby incorporated by reference
18 and realleged as if fully set forth herein.

19 **EIGHTH CAUSE FOR DISCIPLINE**

20 **(Unprofessional Conduct)**

21 45. Respondent has further subjected her Physician's and Surgeon's Certificate No.
22 A 78457 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
23 subsections (a) and (e), 2238, 2239, subdivision (a), and 2280 of the Code, in that she has
24 engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct
25 which is unbecoming to a member in good standing of the medical profession, and which
26 demonstrates an unfitness to practice medicine, as more particularly alleged hereinafter:

27 (a) Paragraphs 26 through 37, above, are hereby incorporated by reference
28 and realleged as if fully set forth herein.

DISCIPLINARY CONSIDERATIONS

46. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges:

(a) On October 14, 2014, an Interim Order Imposing License Restrictions was issued by the Office of Administrative Hearings in Case No. 800-2013-000730. The Interim Order imposed numerous practice restrictions on Respondent's medical license during the Board's pending investigation into numerous allegations of dangerous misconduct committed by Respondent. The Interim Order issued in Case No. 800-2013-000730 is incorporated by reference as if fully set forth herein.

(b) On April 22, 2015, in an action titled *In the Matter of the Accusation Against Mary A. Vreeke, M.D.*, in Case No. 800-2013-000730, the Board filed an accusation against Respondent alleging numerous violations of Code sections 2234, 2238, 2239, subdivision (a), 2280, and Health and Safety Code sections 11170, 11171, and 11173, subdivision (a). The allegations of misconduct included Respondent's (i) repeated theft of controlled drugs (fentanyl, morphine, Versed, Valium, and propofol) from locked medication carts while "on duty" as an anesthesiologist at multiple hospitals; (ii) self-administering (intravenously) controlled drugs while "on duty" as an anesthesiologist at multiple hospitals; and (iii) performing anesthesia procedures on patients (epidurals and general sedation) in an impaired condition while "on duty" as an anesthesiologist at multiple hospitals. Accusation No. 800-2013-000730 is incorporated by reference as if fully set forth herein.

(c) On May 13, 2016, in Case No. 800-2013-000730, the Board, via stipulated settlement, disciplined Respondent's license and placed it on probation for 7 years pursuant to various terms and conditions. The Board's 2016 Decision and Order is now final and is incorporated by reference as if fully set forth herein.

(d) On December 3, 2020, in an action titled *In the Matter of the Petition for Reduction of Penalty Against Mary Anne Vreeke, M.D.*, Case No. 800-2019-

057922, the Board granted Respondent's petition for early termination of probation and her medical license was fully restored. The Board's 2020 Decision is now final and is incorporated by reference as if fully set forth herein.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate No. A 78457, issued to Respondent Mary Anne Vreeke, M.D.;
2. Revoking, suspending or denying approval of Respondent Mary Anne Vreeke, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Mary Anne Vreeke, M.D., to pay the Board the costs of the investigation and enforcement of this case;
4. Ordering Respondent Mary Anne Vreeke, M.D., if placed on probation, to pay the Board the costs of probation monitoring;
5. Ordering Respondent Mary Anne Vreeke, M.D., if placed on probation, and upon a finding that the extent of Respondent's drug use impaired her ability to practice medicine safely, to provide patient notification in accordance with Business and Professions Code section 2228.1; and
6. Taking such other and further action as deemed necessary and proper.

DATED: AUG 16 2023

JENNA JONES FOR
REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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