

**BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA**

**In the Matter of the Petition for Interim Suspension Order
Against:**

JACOB WADE HUSSEMAN, M.D., Respondent

Case No. 800-2026-127761

OAH No. 2026080388

**DECISION AND ORDER GRANTING PETITION FOR INTERIM
SUSPENSION ORDER**

Abraham M. Levy, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter by videoconference on September 8, 2026.

Rosemary F. Luzon, Deputy Attorney General, appeared on behalf of petitioner, Reji Varghese, Executive Director of the Medical Board of California, Department of Consumer Affairs, State of California (board).

Kevin Murphy, Attorney at Law, Murphy Jones APC, represented respondent, Jacob Wade Husseman, M.D.

The matter was submitted for decision on September 8, 2026.

FACTUAL FINDINGS

Background and Jurisdiction

1. The board issued Physician's and Surgeon's Certificate No. A 95583 to respondent on May 19, 2006. The certificate was in full force and effect at all times relevant to these proceedings and will expire on January 31, 2028, unless renewed.
2. On August 11, 2026, petitioner brought a Noticed Petition for Interim Suspension Order against respondent.
3. Petitioner alleges in this petition respondent cannot safely practice medicine due to a mental health condition and his diversion of oxycodone from patients for his own use in violation of Business and Professions Code section 2239, subdivision (a).¹ Petitioner asks that an interim suspension order be issued pursuant to Government Code section 11529 because allowing respondent to continue practicing medicine in his condition would endanger the public health, safety, and welfare.
4. All jurisdictional requirements have been satisfied for this hearing.

Petitioner's Evidence

5. The following factual findings are based on the declarations of Health Quality Investigation Unit (HQIU) Investigator Peri Ellison, Elizabeth Romero, M.D., who

¹ Oxycodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. It is also known by the brand name Percocet.

is board certified in family medicine and evaluated respondent pursuant to a Business and Professions section 820 order, and Daniel Brockett, M.D., who is board certified in psychiatry, neurology and addiction medicine, and also evaluated respondent pursuant to the Section 820 order.

6. On or about March 5, 2026, the board initiated an investigation due to concerns that respondent may be practicing medicine while having an active addiction and diverting controlled substances. The case was assigned to Inv. Ellison on March 10, 2026. Concerns about respondent's possible addiction and diversion of controlled substances arose on or about December 22, 2025, during a separate investigation of respondent where Inv. Ellison was also the assigned investigator. In that matter, the Board had received an 805 report with documents from UC San Diego Health that respondent was suspended on November 26, 2025, and an investigation of respondent's clinical practice was initiated due to concerns about his handling and use of controlled substances. While that investigation was still pending, on or about December 8, 2025, respondent resigned from UC San Diego Health's medical staff.

7. In the course of investigating this matter, Inv. Ellison obtained a Controlled Substance Utilization Review and Evaluation System (CURES) report for medications prescribed to respondent from January 22, 2019, to January 22, 2026. During this seven-year period, only four controlled substances for oxycodone hydrochloride acetaminophen were prescribed to respondent, all in 2021.

8. The 805 documents Inv. Ellison received from UC San Diego Health involved two patient complaints alleging respondent's misuse and/or mishandling of controlled substances prescriptions. The first complaint alleged that on or about August 13, 2025, the patient underwent surgery with respondent. Postoperatively, the patient's husband met respondent to discuss the patient's prescribed medications.

During that meeting, respondent handled the medications and opened the sealed bag containing oxycodone. After their meeting, the oxycodone prescription contained only 24 of the 30 prescribed pills. The complaint further alleged that on or about August 20, 2025, the patient had a post-op visit with respondent, and respondent asked her to bring her medications to the visit. During the visit, respondent counted the pills, took the remaining ones, and told the patient they would be "taken to the infirmary." When asked by UC San Diego Health for a response to this complaint, respondent stated in an email that he asked the patient to bring her medications to the post-op visit, offered to discard her remaining medications, and personally discarded them into pharmaceutical waste.

9. The second patient complaint alleged that on or about November 24, 2025, the patient underwent surgery with respondent. Post-operatively, the patient's father picked up the patient's medications from the hospital pharmacy, which included a prescription for oxycodone. He subsequently gave the bag of medications to the patient's mother. The mother then met privately with respondent to discuss the patient's prescribed medications. During their meeting, respondent handled the medications and put some in his hand. After the meeting, the oxycodone prescription contained only 50 of the 60 prescribed pills.

10. The certified 805 documents from UC San Diego Health included a summary of video footage from UC San Diego Security concerning the second complaint. According to the summary, the video footage captured the pharmacy correctly filling the oxycodone prescription; the patient's father picking up the medication from the hospital pharmacy and never opening the paper bag containing the medications; the father handing the bag to the patient's mother and her never opening the paper bag; the mother handing the bag to respondent when he arrived in

the lobby area; the wife and respondent meeting in a consultation room for approximately seven minutes; and respondent leaving the room and lobby area with one of his hands in a fist. The video then showed respondent walking down a hallway with one hand still in a fist, subsequently bending down towards the area of his pant leg and shoe, and then standing up with his hand no longer in a fist.

11. Inv. Ellison reviewed the UC San Diego Security video footage. Inv. Ellison found the 805 summary consistent with what he observed. Based on his review of the video, Inv. Ellison made the following observations: After respondent left the consultation room, he waved to the patient's mother with an open right hand while his left hand was closed in a fist. Respondent then walked down a corridor with his left hand still in a fist. He went into an alcove where he bent down to his feet for approximately nine seconds. Respondent then stood up with both of his hands open and used hand sanitizer on both hands.

12. On or about April 7, 2026, Inv. Ellison interviewed the patient's mother from the second complaint referenced in the 805 documents. The mother told Inv. Ellison that upon entering the consultation room, she sat in a chair while respondent squatted on the floor and placed the paper bag containing the medications on the floor in front of her. Respondent had both of his hands in the bag as he asked her questions. The mother heard pills rattling around and saw respondent take his right hand out of the bag and put something in his right back pocket. Respondent then took out the actual pill bottles from the bag and went over them with her. Respondent put the bottles back into the bag and placed both his hands in the bag a second time. The mother heard more rustling as respondent continued to talk to her while both of his hands were in the bag. The mother heard loose pills rattling around in the bag. As respondent took his left hand out of the bag, she saw respondent's left hand was in a

fist. When respondent removed his right hand from the bag, she then saw that the right hand was open and he handed the bag to her using that hand. After leaving the consultation room, the mother spoke to her other daughter in the lobby area. She told her daughter that she suspected respondent took some of the oxycodone pills. They subsequently counted the oxycodone pills and counted only 50 pills of the 60 that were prescribed.

13. According to the 805 documents, UC San Diego Health asked respondent to undergo a drug test after the second complaint. On or about November 25, 2025, respondent complied and submitted a urine sample, which was positive for oxycodone. The next morning, on or about November 26, 2025, respondent advised UC San Diego Health that the drug test would likely be positive. Respondent explained that he had self-treated a recent knee injury with leftover Percocet from a tonsillectomy he had a few years ago. Respondent admitted that he took Percocet on November 22, 2025, and November 23, 2025, respectively, before the drug test.

14. As a result of the positive drug test for oxycodone, UC San Diego Health summarily suspended respondent and initiated an investigation due to concerns that respondent had performed a surgery on November 24, 2025, and was scheduled to perform additional surgeries, while consuming narcotics without an active prescribing physician.

15. On or about December 1, 2025, respondent agreed to undergo a three-day comprehensive evaluation at the recommendation of the UC San Diego Health Physician Well Being Committee. However, before respondent underwent that three-day comprehensive, he formally resigned from UC San Diego Health.

16. On or about April 7, 2026, at the board's request, respondent agreed to undergo Business and Professions Code section 820 mental and physical examinations and submit hair and urine samples for testing. On or about April 28, 2026, he provided hair and urine samples at the HQIU San Diego Field Office. Respondent told Inv. Ellison that he was not practicing medicine as of April 28, 2026.

17. Respondent's urine sample was negative for all drugs and alcohol. Respondent's hair sample was negative for all drugs.

18. On May 7, 2026, respondent underwent a physical evaluation by Dr. Romero. Dr. Romero prepared a report of her evaluation of respondent, which is attached to her declaration. Respondent told Dr. Romero he was not currently working as of the date of the evaluation. Respondent also told Dr. Romero he had undergone treatment for a mental health disorder from January 2026 through March 2026. Respondent said that he remains in monitoring, and that monitoring includes random testing and group therapy.

19. Dr. Romero wrote in her report that respondent's mental health disorder history raises concerns for risk of relapse and, in light of his history, respondent cannot presently be considered safe to practice medicine and that his continued practice of medicine and surgery may pose a present risk to public health, welfare, and safety. Before returning to practice, Dr. Romero opined that respondent should undergo a full evaluation and clearance to safely practice medicine and requires ongoing monitoring, treatment, and specialist oversight.

20. On May 29, 2026, respondent underwent a psychiatric evaluation by Dr. Brockett. Dr. Brockett attached to his declaration his report of his evaluation and the

results of the Minnesota Multiphasic Personality Inventory-2 (MMPI) psychometric testing he administered to respondent.

21. During this evaluation, respondent told Dr. Brockett he had undergone treatment for a mental health disorder beginning in January 2026, completed a 10-week Intensive Outpatient Program, and subsequently enrolled in a monitoring program. He reported active participation in the monitoring program and compliance with program requirements. Respondent said his opioid use became "problematic approximately ten years prior to the evaluation" and gradually evolved from "legitimate medical treatment into an opioid use disorder." He told Dr. Brockett he last used opioids about six months before the evaluation. As part of Dr. Brockett's evaluation, respondent provided a urine sample which was negative for drugs and alcohol.

22. Dr. Brockett diagnosed respondent with Opioid Use Disorder-Severe, in early remission. Dr. Brockett found that respondent's mental health disorder during the period in question involved misuse outside an active prescription, without medical oversight, and "in temporal proximity to clinical duties" which is conduct "inconsistent with accepted medical practice and raises legitimate questions regarding professional judgment and fitness to practice medicine."

23. Dr. Brockett did not find any evidence of current psychiatric impairment. He explained, however, that respondent has a chronic relapsing mental health disorder with a risk of recurrence. Given the severity of respondent's mental health disorder, the professional context in which the concerns arose, and the relatively brief duration of remission, Dr. Brockett stated that continued monitoring and recovery-oriented oversight of respondent is clinically appropriate to support continued recovery and safe practice.

Respondent's Evidence

24. Respondent submitted a report from his psychiatrist, Rodney Collins, M.D., a comprehensive lab report documenting he tested negative for drugs on December 16, 2025, a summary of test results for drugs between March 26, 2026, and August 24, 2026, a letter from respondent's therapist, Elizabeth Landry, at the Intensive Outpatient Program, and positive patient reviews respondent has had.

25. Dr. Collins wrote in his statement that respondent is seven months clean and sober, in the process of recovery from Opiate Use Disorder, and in his opinion, is both emotionally and mentally stable enough to return to work as a physician on a part-time basis at 20 hours per week. He does not explain why this restriction to part-time work needs to be imposed.

26. Ms. Landry wrote in her letter that respondent is engaged in his therapy, is in good standing regarding his participation in the program, and has attended all sessions. She identifies as goals for respondent: identifying primary sources of anxiety and acquiring the skills necessary to maintain long-term sobriety from all mood altering substances.

Evaluation and Disposition

27. Petitioner established by the preponderance of the evidence that respondent's ability to practice medicine safely is impaired due to a mental health disorder, specifically, Opiate Use Disorder, severe, in early remission, affecting his competency. The evidence further shows that respondent diverted oxycodone from two of his patients for his own use and was performing his clinical duties in "temporal proximity" to treating them while diverting oxycodone prescribed to them. His conduct was inconsistent with the professional judgment required of a physician and calls into

question his fitness to practice medicine. Given the gravity of the conduct, public protection requires that the petition be granted and respondent's license be suspended pending a decision on the merits in this matter, or as otherwise ordered.

LEGAL CONCLUSIONS

Applicable Law

1. Business and Professions Code section 820 authorizes the board to order a licensee to be examined by one or more physicians or psychologists if the board determines the licensee may be unable to practice safely because of impairment due to mental or physical illness affecting the licensee's competency.

2. Business and Professions Code section 822 authorizes the board, if it determines the licensee's ability to practice safely is impaired because of mental or physical illness, to suspend the licensee's right to practice.

3. Interim orders may be issued only if the affidavits in support of the petition show that the licensee has engaged in, or is about to engage in, acts or omissions constituting a violation of the Medical Practice Act or the appropriate practice act governing each allied health profession, or is unable to practice safely due to a mental or physical condition, and that permitting the licensee to continue to engage in the profession for which the license was issued will endanger the public health, safety, or welfare. (Gov. Code, § 11529, subd. (a).)

4. The administrative law judge shall grant the interim order if, in the exercise of discretion, the administrative law judge concludes that: (1) There is a reasonable probability that the petitioner will prevail in the underlying action; and (2)

the likelihood of injury to the public in not issuing the order outweighs the likelihood of injury to the licensee in issuing the order. (Gov. Code, § 11529, subd. (e).)

5. The standard of proof required to obtain such an order is a preponderance of the evidence; the burden is on petitioner. (Gov. Code, § 11529, subd. (e); Evid. Code, §§ 115, 500.)

Cause Exists to Suspend Respondent's Certificate

6. A preponderance of the evidence established cause exists pursuant to Section 820 to suspend respondent's physician's and surgeon's certificate because he has an existing mental or medical condition, Opiate Use Disorder, severe, in early remission, that impairs his ability to safely practice medicine and allowing him to continue practicing medicine will endanger the public health, welfare or safety. There is a reasonable probability that petitioner will prevail at hearing, and the likelihood of injury to the public in not issuing the order outweighs the likelihood of injury to respondent in issuing the order.

7. This conclusion is reached based on the assessments of Drs. Romero and Brockett who evaluated respondent under the Section 820 order, and the evidence of record documenting that respondent diverted oxycodone from two of his patients for his own use. While Dr. Brockett believes respondent can practice medicine safely with appropriate restrictions, he also recognizes that respondent's conduct involved his use of opiates in "temporal proximity" to his clinical duties, specifically, performing surgeries on two of his patients. He also recognizes that respondent is in early remission, and his conduct was "inconsistent with accepted medical practice and raises legitimate questions regarding professional judgment and fitness to practice medicine."

8. Dr. Romero pointedly stated that respondent's conduct raises concerns for risk of relapse and, in light of his history, in her view, respondent cannot presently be considered safe to practice medicine, and that his continued practice of medicine and surgery may pose a present risk to public health, welfare, and safety.

9. As a factor against a disposition less than suspension, respondent did not seek help until he was forced to do so, suggesting he has lacked the self-insight to meaningfully address the nature and severity of his opiate use disorder. This is evidenced by the fact he chose to resign from UC San Diego Health rather than undergo a three-day comprehensive evaluation at the recommendation of UC San Diego Health's Physician Well Being Committee.

10. The evidence respondent submitted does not counter the conclusion that suspension is required as a matter of public safety. Dr. Collins stated that while he believes respondent is psychiatrically stable, he also stated that respondent should only work part-time 20 hours per week. He did not explain why he believes this restriction is needed, and his restriction raises the question whether respondent can practice medicine safely. Respondent's therapist, Ms. Landry, stated only that respondent is compliant with his therapy. As a factor in respondent's favor, respondent has had negative drug screens but considering the nature of respondent's unprofessional conduct and his history of opiate abuse, these are insufficient to warrant a conclusion less than suspension.

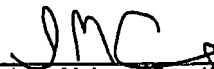
ORDER

The Petition for Interim Order of Suspension is granted. Physician's and Surgeon's Certificate No. A 95583 issued to respondent, Jacob Wade Husseman, M.D.,

is hereby suspended, pending a hearing on an accusation to be filed by petitioner in conformance with Government Code sections 11503, 11505, and 11529, subdivision (f), or as otherwise ordered. Petitioner's counsel shall cause a copy of this Order to be served upon respondent in the most expeditious manner reasonably available.

During any period of interim suspension, starting with receipt of this Order, respondent shall surrender to the board or its agent, for safekeeping pending a final administrative order of the board in this matter, all indicia of his licensure as a physician under Business and Professions Code section 119, including his wall certificate and his wallet card, all prescription forms, all prescription drugs not legally prescribed to respondent by his treating physician and surgeon, all Drug Enforcement Administration Drug Order forms, and all Drug Enforcement Administration permits.

DATE: September 17, 2026


Abraham M. Levy (Sep 17, 2026 10:25:02 PDT)
ABRAHAM M. LEVY
Administrative Law Judge
Office of Administrative Hearings

NOTICE

This is the final administrative decision; both parties are bound by this decision. Either party may seek judicial review pursuant to Code of Civil Procedure section 1094.5, as set forth in Government Code section 11529, subdivision (h).