



5. As part of the group chat the Respondent inquired if either of her female friends knew of someone who would be willing to sell her Adderall pills on a consistent basis.

6. On or about April 20, 2019, the Respondent sent a text message to members of the group chat stating that she was repeatedly snorting Adderall while drafting her patient encounter notes.

7. On another occasion in April 2019, the Respondent sent a text message to members of the group chat stating that she had been snorting cocaine while working on her patient encounter notes. She further stated that after she had finished her notes she had taken Xanax before going to bed.

8. On or about May 17, 2019, the Board received a complaint alleging that the Respondent was abusing prescription pills and illegal drugs. Attached to the complaint was a copy of some of the messages from the Respondent's group chat.

9. On May 21, 2019, the Respondent entered into a Voluntary Agreement not to Practice Medicine (VANP) which was ratified by the Board on May 30, 2019.

10. On August 28, 2019, the Respondent entered into a contract with Physician Health Services (PHS), which requires strict substance use testing requirements, monitoring, and support groups.

11. The Respondent has been compliant with her PHS contract.

12. There is no evidence that the Respondent's drug use resulted in patient harm.

#### Legal Basis for Proposed Relief

A. Pursuant to 243 CMR 1.03(5)(a)4, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that she engaged in the practice of medicine while her ability to do so was impaired by drugs or alcohol.

B. Pursuant to Levy v. Board of Registration in Medicine, 378 Mass. 519 (1979); Raymond v. Board of Registration in Medicine, 387 Mass. 708 (1982), and Sugarman v. Board of Registration in Medicine, 422 Mass. 338 (1996), the Board may discipline a physician upon proof satisfactory to a

majority of the Board that said physician lacks good moral character and has engaged in conduct that undermines the public confidence in the integrity of the medical profession.

The Board has jurisdiction over this matter pursuant to G.L. c. 112, §§ 5, 61 and 62. This adjudicatory proceeding will be conducted in accordance with the provisions of G.L. c. 30A and 801 CMR 1.01.

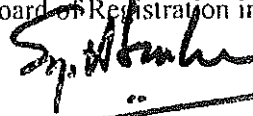
Nature of Relief Sought

The Board is authorized and empowered to order appropriate disciplinary action, which may include revocation or suspension of the Respondent's license to practice medicine. The Board may also order, in addition to or instead of revocation or suspension, one or more of the following: admonishment, censure, reprimand, fine, the performance of uncompensated public service, a course of education or training, or other restrictions upon the Respondent's practice of medicine.

Order

Wherefore, it is hereby **ORDERED** that the Respondent show cause why the Board should not discipline the Respondent for the conduct described herein.

By the Board of Registration in Medicine,



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George Abraham, M.D.  
Chairman

Date: September 24, 2020