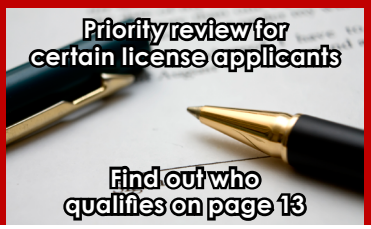
Medical Board of California
Newsletter



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(mbc.ca.gov)

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- Strategic Plan 2014
- Board of Pharmacy Prescription Drug Awareness PSA

LINKS TO OUR WEB SITE

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Pesticide Illness Reporting Requirements

Office of Environmental Health Hazard Assessment, Pesticide Epidemiology Section

This article is to remind physicians in California that reporting of pesticide illness* to their local health departments is mandatory and important because these reports trigger investigations of the cases by county agricultural commissioners and the State.

Requirement to Report

Since 1971, reporting of pesticide illness has been mandatory for California physicians as stated in Section 105200 of the California Health and Safety Code (See ***http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC&sectionNum=105200***):

> *"Any physician or surgeon who knows, or has reasonable cause to believe that a person is suffering from pesticide poisoning or any disease or condition caused by a pesticide shall promptly report that fact to the local health officer by telephone within 24 hours…"*

In addition to reporting definitely diagnosed cases of pesticide illness, physicians must also report cases that are only suspected to be pesticide illness.

California's legal definition of a pesticide includes any substance or mixture that is intended to be used for defoliating plants, regulating plant growth, or for preventing, destroying, repelling, or mitigating any pest. The complete definition can be found at: ***http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=FAC&sectionNum=12753***.

California's legal definition of a pest can be found at: ***http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=FAC&sectionNum=12754.5***.

Pesticide Illness *(continued on page 7)*

The mission of the Medical Board of California

The mission of the Medical Board of California is to protect health care consumers through proper licensing and regulation of physicians and surgeons and certain allied health care professions and through the vigorous, objective enforcement of the Medical Practice Act, and, to promote access to quality medical care through the Board's licensing and regulatory functions.

Published quarterly by:

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The Spring, Summer, and Fall editions are available as digital publications via email or viewable on the MBC Web site: ***www.mbc.ca.gov***. The Winter edition is printed in hardcopy for distribution via regular postal service to those not on our email list. To subscribe or unsubscribe, please use the following link: ***http://www.mbc.ca.gov/Subscribers/***.

Submission of original-written articles is welcome, but all submissions become the property of the Medical Board of California and are subject to editing.

Medical consultants needed

Are you interested in being an integral part of the Medical Board of California as a medical consultant? Do you have the ability to conduct effective interviews, exercise sound judgment in reviewing conflicting medical reports and preparing opinions, and analyze problems and take appropriate action? This is an excellent opportunity to help your community and obtain valuable experience. The Medical Consultant (Enforcement) exam is a continuous filing and once enough applications are received, an examination will be conducted (***http://jobs.ca.gov/JOBSGEN/1CADD.PDF***). If you have any questions, please contact John Hirai, Supervising Investigator II, at (562) 402-4668.

Interested in becoming an expert reviewer?

The Medical Board of California established the Expert Reviewer Program in July 1994 as an impartial and professional means by which to support the investigation and enforcement functions of the Board. Experts assist the Medical Board by providing reviews and opinions on Medical Board cases and conducting professional competency exams, physical exams and psychiatric exams. *The Board is currently looking specifically for experts actively practicing in Addiction Psychiatry, Dermatology, Neurosurgery, Pain Medicine, Spine Surgery and Urology.* For more information regarding compensation and how to apply please visit: ***http://www.mbc.ca.gov/Enforcement/Expert_Reviewer/***

Editor's Spotlight

By Frank Miller

With our Summer issue, the Medical Board of California would like to highlight a few articles that serve as reminders of helpful information that physicians may not know about.

Beginning on the front page, we have an article from the Office of Environmental Health Hazard Assessment, Pesticide Epidemiology Section, regarding a physician's responsibility to report pesticide related illnesses. Since 1971, reporting of pesticide illness has been mandatory for California physicians as stated in Health and Safety Code Section 105200. For more information, please read the article beginning on page 1.

We are also running two articles pertaining to licensing issues that we would like to share. The first article addresses priority review of licensing applications for physicians who intend to work in medically-underserved areas in California. For more information, the article can be found on page 13.

The second article reminds Accreditation Council for Graduate Medical Education (ACGME) Program Directors and medical school graduates participating in training programs to be mindful that they are not practicing medicine without a license or aiding and abetting the unlicensed practice of medicine. Details regarding what is and is not allowed can be found on page 12.

We also feature a comprehensive article regarding marijuana recommendations. The article, written by Medical Board Medical Consultant Dr. Brittan A. Durham, details the history of marijuana recommendations in the state of California, what requirements to be mindful of, and generally when marijuana can be recommended. To read the article, please visit page 10.

We hope you enjoy this issue of the Medical Board of California Newsletter. For feedback, or to send us a story idea, please send an email to Frank Miller at ***Frank.Miller@mbc.ca.gov***.

President's Message


Sharon Levine, M.D.

The "maiden voyage" of the Affordable Care Act took place over the last several months in California and I want to take the opportunity in my last Presidents Message to reflect on California's implementation of this complex overhaul of health care coverage and the health insurance market, and how the state fared in terms of enrollment, successes, problems which remain to be solved, and the challenges that remain for physicians and healthcare providers.

As of March 31, 2014, Covered California, the state's health benefits exchange, reported that total enrollment was at 1,208,791. Through mid-March, Medi-Cal enrolled approximately 1.5 million new members. Open enrollment for Covered California began on October 1,2013 and continued until the end of March and Medi-Cal enrollment continues year-round.

An article in *The Washington Post* recognized California as the state with the smoothest implementation of the Affordable Care Act, citing that "the software worked, red tape was cut, and sign-ups, for the most part, went smoothly." Covered California proved seaworthy on her maiden voyage. The seas were choppy, small leaks occurred in the hull [See box for link to the full article] but she made it to shore (and the end of the open enrollment period) in remarkably good shape - with great credit to the captain and crew who navigated the challenges.

While the roll-out was not without its hiccups – communication problems delaying coverage and a failure to issue ID cards amongst them – they were relatively minor compared to what occurred in other states. This was made possible due to thoughtful preparation, a proactive State Legislature which quickly passed authorizing legislation and enabled work to begin early, the superb work of the Exchange Board – all seasoned health care leaders. All things considered it was a promising launch for a wide-ranging domestic program in a very complex state.

However, there are challenges that remain. We passed through the "enrollment surge," and now must ensure that there are physicians and other healthcare professionals to care for these newly covered Californians – both in primary care and specialty care – and that health professionals are geographically accessible and available to treat the upwards of 2.7 million newly insured. Health plans and physicians are still working out network issues which have been confusing to both physicians and patients, and the Exchange finally abandoned any effort to make provider directories available on the Covered California website. Also, the promised quality information, enabling consumers to compare offerings based on quality and price, has been delayed.

Reading

Opinions: "Best State in America: California, for its smooth rollout of the Affordable Care Act"

By Reid Wilson

The Washington Post

http://tinyurl.com/p46t684

On the positive side of the ledger Assembly Bill (AB) 1838, authored by Assembly member Susan Bonilla, and signed by the Governor, authorizes a three-year medical school program, enabling students who graduate accelerated accredited programs to be licensed in California. These students will end up with a smaller debt load, and this has the possibility of increasing the number of physicians practicing in California over time. Pilot programs at UC Davis and UCSF are poised to take advantage of this opportunity to enroll medical students interested in primary care

President's Message *(continued on page 6)*

Legislator Profile
Speaker pro Tempore Nora Campos


Speaker pro Tempore Nora Campos
27th Assembly District

Nora Campos is the Speaker pro Tempore of the California Assembly. In this capacity, she serves as the presiding officer for Assembly Floor Session.

She represents the 27th Assembly District, which is entirely in San Jose – the third largest city in California and the tenth in the nation.

Speaker pro Tempore Campos serves on the following committees: Appropriations; Budget; Budget Subcommittee No.3 on Resources and Transportation; Business and Professions; Governmental Organization; Jobs, Economic Development, and the Economy; and Select Committee on Campus Climate.

Speaker pro Tempore Campos was appointed in February 2013 to be one of the Assembly's representatives on the California Commission on the Status of Women and Girls.

Legislation Speaker pro Tempore Campos has recently authored focuses on access to care and reducing violence against women:

AB 1840 (2014) Access to Vision Screening – AB 1840 would authorize low-cost digital vision tests at public schools to increase access to care in underserved communities.

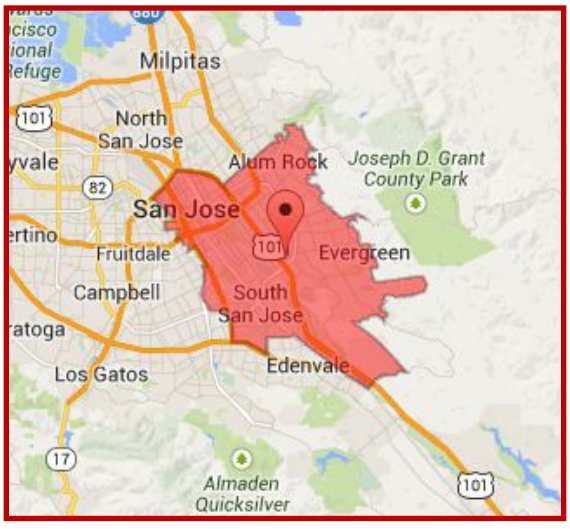
AB 319 (2014) Access to Emergency Services – AB 319 ensures that victims of violent crime, such as domestic abuse, can call 911 to access emergency services. AB 319 prohibits city ordinances that can lead to residents being evicted from their homes for making too many 911 calls.

AB 161 (2013) Continuation of Health Insurance – AB 161 allows a victim of domestic violence to obtain a protective order prohibiting their abuser from cancelling or changing any health insurance policies held for the benefit of the victim or their children.

AB 176 (2013) Strongest Restraining Order – AB 176 gives domestic violence victims greater protection by requiring police to follow the toughest restraining order when there are multiple or conflicting orders. Previously, police followed the last restraining order, which may not have been the most protective.

Prior to being elected to the Assembly, Campos served San Jose for nearly a decade as a council member. During that time, she co-chaired the city's Family/Domestic Violence Advisory Board. Campos lives with her husband and son in San Jose. She received a Bachelor of Arts degree from San Francisco State University.

District Map



You Asked For It

Questions received from the Web

By Christine Valine, Public Information Analyst

Q. I supervise both Nurse Practitioners and Physician Assistants. How many of each am I allowed to supervise? Is the total number of potential supervised personnel 12?

A. You are permitted to supervise up to four physician assistants. There is no limit on the number of nurse practitioners you supervise, unless the nurse practitioner has a furnishing license, then the maximum is four. You may supervise a total of eight individuals, four physician assistants and four furnishing nurse practitioners, at any one time. You may also supervise a total of four nurse-midwives, which could bring the total number of individuals you are supervising to twelve.

Q. A patient is giving me problems, and I would like to terminate him as a patient. What is the law regarding this?

A. There is no specific law regarding the termination of a patient; this is more a standard of care issue. You do have an ethical obligation to the patient and there are guidelines suggested by the American Medical Association and California Medical Association that you should follow: (1) Provide the patient with a written notice and a date when you plan to cease treatment; (2) Notify the patient you will provide at least 15 days of emergency treatment and prescriptions; (3) Provide the patient with alternative sources of medical care or recommend contacting the local medical society's referral service; (4) Provide the patient with information on how to obtain his or her medical records. You are not obligated to give the patient a reason for the termination.

Q. Is it within the scope of practice for a medical assistant to perform sonograms in my medical office?

A. Your medical assistant must be properly trained and certified to perform sonography or ultrasound. Diagnostic Medical Sonographers (also called ultrasound technicians) use high frequency sound waves and other diagnostic techniques for medical diagnosis. Sonographers are not licensed by any agency but require a competency-based certification. The certifications are issued by the American Registry for Diagnostic Medical Sonography (ARDMS). Requirements to applying for the certification vary but most paths require some education along with some practical experience, which can be validated by a supervising physician. Information regarding the various requirements for certification can be found at: ***http://www.ardms.org/***

Q. In the event of a physician's death, how long would a spouse be able to be the owner of the medical corporation? Is there a specific time frame in the law?

A. If a professional medical corporation is owned by a single shareholder physician and he or she dies, then the corporation must cease the practice of medicine until such a time the corporation is again owned by at least one qualified licensed physician. There is no grace period wherein the corporation may continue to offer medical services.

Q. Is there a new law that I have to provide my email address to the Medical Board?

A. Business and Professions Code Section 2021(d) requires applicants and licensees, who have an email address, to report their email address to the Medical Board no later than July 1, 2014 by submitting a change of address form. For more information on how to submit the form, visit ***http://www.mbc.ca.gov/Licensees/Address_of_Record.aspx.***

Have a question?

If you have a question, write to ***Webmaster@mbc.ca.gov*****.** Some of your questions may be featured here in "YOU ASKED FOR IT", but all questions will receive an email answer from me, so let me hear from you.

Steven M. Thompson Loan Repayment Program Recipient

Kellene Eagen, M.D., is a primary care physician at the San Francisco Department of Public Health's Tom Waddell Urban Health Clinic (TWUHC), which serves homeless and marginally-housed adults. TWUHC provides integrated primary medical and psychiatric care, HIV care, dental and podiatric care, transgender care, substance abuse counseling and referral to treatment, case management and social work services. The clinic has high rates of patients living with severe and chronic mental illness as well as medical and psychiatric disability.

Dr. Eagen completed her Family Medicine Residency at San Francisco General Hospital through the University of California, San Francisco Department of Family and Community Medicine where she grew increasingly interested in medical issues surrounding homelessness, mental illness and substance use.

She is a primary care physician and partners with many community agencies such as the city's respite, shelters and intensive case management programs to reach the most medically fragile and vulnerable homeless patients. She champions her clinic's Hepatitis C community-based treatment program realizing that homeless patients carry a large burden of the Hepatitis C epidemic yet have difficulty accessing treatment unless provided in the primary care setting. She also enjoys problem solving through the "Quality Improvement" (QI) lens which she attributes to her undergraduate degree in Mathematics.

"The logistician in me recognizes that we need to be systems thinkers to improve the health of our patients at TWUHC but we must keep in mind that our particular patients are special and have very unique needs," Dr. Eagen said.

Her QI work has resulted in expansion of team-based care and panel management at the clinic. In addition to the daily gratitude and satisfaction that comes from working with her patients, she cites the compassion and universal dedication of clinic staff as one of the most rewarding aspects of her job.

Dr. Eagen remains connected to her residency program as a community preceptor for medical students and family medicine residents from UCSF.

"I like to teach about conditions like heart failure, HIV and diabetes but many days I feel my most important role as a teacher is to show residents

how fun and rewarding a career in primary care actually can be. I truly believe that," Eagen said.

Dr. Eagan wants to thank the Foundation for granting her the Steven M. Thompson Physician Corps Loan Repayment stating, "I regularly appreciate how lucky I am to have found a niche in medicine that gives me such professional and personal satisfaction. It is an honor to be recognized alongside the other dedicated program recipients who all work to improve the health of our most vulnerable Californians."

President's Message *(continued from page 3)*

- small steps to increasing physician supply, but steps in the right direction.

With improved access to healthcare, it is imperative that we meet rising demand - coverage without access to care is an empty promise. And the Medical Board is committed to maintaining focus on our mission of protection of health care consumers no matter what the changes in the health care environment in California.

At the July meeting the Medical Board chose its leadership for the coming year, David Serrano Sewell, J.D., and the next Newsletter will bring a message from my successor. I am extremely grateful to have had the privilege of serving as President of the Medical Board for the last two years, in support of the physicians practicing in California, and the consumers we are committed to serve. And I want to thank the staff of the Medical Board, my fellow Board members and the staff at the Department of Consumer Affairs for their support and assistance over the last two years.

Pesticide Illness *(continued from page 1)*

Insecticides, herbicides, fungicides, rodenticides, and fumigants are types of pesticide classes. It is important to note that sanitizers and antimicrobials (not used on or in living humans or animals) are also classified as pesticides; thus, illnesses and injuries caused by them should be reported, too. For many years, more reported cases of pesticide illness have been due to non-agricultural uses than agricultural uses.

How to Report

Physicians are required to report all pesticide illnesses, including occupational cases, within 24 hours of seeing the case using one of following methods.

1. Physicians can call the local health department to report a pesticide illness. The list of the phone numbers to call for each local health department can be found at: ***http://www.oehha.ca.gov/pesticides/programs/pdf/PhoneNumbersPesticideIllnessReporting.pdf.*** Some counties may ask the physician to submit a Pesticide Illness Report form, which can be downloaded at: ***http://www.oehha.ca.gov/pesticides/pdf/PIR_99.pdf***
2. Physicians can call the California Poison Control System (CPCS) at 1-800-411-8080, which can report the case for the physician. The CPCS is also an excellent source of information on pesticide poisonings.
3. Physicians can report a pesticide illness by submitting a Confidential Morbidity Report form to the local health officer. This form can be downloaded at: ***http://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph110a.pdf***
4. Electronic reporting of pesticide illnesses is now available to physicians in many counties using CalREDIE, the California Reportable Disease Information Exchange. CalREDIE was developed by the California Department of Public Health for public health experts to share information and manage public health data in a secure electronic web-based format. For more information, please visit the ***CDPH CalREDIE website*** or contact the CalREDIE Help Desk at ***CalREDIEHelp@cdph.ca.gov***, or call (866) 866-1428.

Reporting Occupational (Workers' Compensation) Cases

Failure to properly report occupational cases of pesticide illness has been a long-standing problem. The problem has been that most occupational cases of pesticide illness have not been reported to the county health department within 24 hours using one of the four above-mentioned methods as required for **ALL** cases of pesticide illness. Just filing a Doctor's First Report of Occupational Injury or Illness (DFROII) with the employer and/or insurer is not enough.

To clarify, for an occupational case of pesticide illness the following is required:

1. The case must be reported within 24 hours to the local health department using one of the four previously described methods.
2. The DFROII has to be filed with the employer and/or insurer.
3. A copy of the DFROII has to be sent to the county health department within seven days.

In the past, the median time it has taken for county agricultural commissioners and the State to learn of all pesticide illness cases properly reported to the local health department in order for them to investigate has ranged from two days to two weeks. The median time it has taken for county agricultural commissioners and the State to learn of occupational cases not properly reported to the local health department in order to investigate has been more than 100 days, which has been a major problem hindering their investigations. Screening for occupational cases of pesticide illness not reported to the local health department as required has been slow and difficult.

Penalty for Not Reporting

Section 105200 of the California Health and Safety Code states that a civil penalty of $250, enforced by the Division of Occupational Safety and Health of the Department of Industrial Relations, can be levied for noncompliance with these reporting requirements.

Pesticide Illness *(continued on page 8)*

FDA's Final Guidance on Expedited Drug Approvals: Fueling Innovation and Helping Patients

Reprinted from FDA Voice by Janet Woodcock, M.D.

In recent years, there have been important advances to ensure therapies for serious conditions are approved and available to patients as soon as there is sufficient data to show that the therapies' benefits outweigh their risks. Despite the progress, there is much more work to be done. Many scientific discoveries still need to be translated into treatments, while patients are urgently waiting for new life-saving therapies.

The U.S. Food and Drug Administration (FDA) is committed to doing our part to help bridge this gap. In this context, we have been actively scrutinizing, strengthening and streamlining our regulatory processes at various steps along the path from drug discovery to delivery—including the clinical development phase, the longest and most expensive period of drug development. As part of this effort, we have developed and successfully used a number of flexible and innovative approaches to expedite the development and review of drugs—to the benefit of millions of American patients. The vast majority of the time, the United States is the world's first country to approve novel medicines. Just last year, three-quarters of the new drugs approved by FDA were approved in the United States before any other country.

Four programs that facilitate and expedite development and review of new drugs that address unmet medical needs in the treatment of serious or life threatening conditions have been especially noteworthy. A look at

FDA Guidance *(continued on page 9)*

Pesticide Illness *(continued from page 7)*

Why Reporting of Pesticide Illnesses is Important

Listed here are a number of reasons why prompt reporting of pesticide illness is beneficial to public health as well as the involved patients.

- An illness report will trigger an investigation by the county agricultural commissioner and the State (if necessary) to prevent ongoing and future illnesses.
- A report can serve as an early warning that there are other possibly related cases.
- Reports can provide justification for assistance to local health departments from State agencies.
- Reports can establish a history and identify trends in poisonings.
- Reports help identify problem pesticides and inadequate handling practices.
- Reports can assist in health-based investigations.
- Reports can assist the State in evaluating and developing pesticide regulations.
- It is a legal requirement.

*For the purposes of this article, the term "pesticide illness" also includes injuries or any other conditions due to pesticides.

If you have any questions concerning the reporting of pesticide illnesses, you can contact:

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Office of Environmental Health Hazard Assessment
Pesticide Epidemiology Section
1515 Clay Street, 16 Floor
Oakland, Ca. 94612
william.ngai@oehha.ca.gov
Phone: (510) 622-3221

FDA Guidance *(continued from page 8)*

recent drug approvals suggests that these programs have played an important role in bringing innovative drugs to market. Nearly half of the 27 novel drugs approved by FDA last year took advantage of at least one of these expedited drug development and review approaches. And review times were as short as 4.5 months.

After incorporating input we received from stakeholders to a draft version, we are finalizing our guidance to industry today (***http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM358301.pdf***) in order to provide a more detailed explanation of these programs and help drug innovators determine whether their products are likely candidates.

These expedited programs include:

Fast track designation: Providing for more frequent meetings and communications with FDA to discuss the drug's development plan and ensure collection of appropriate data needed to support drug approval, including such things as the design of the proposed clinical trials and use of biomarkers.

Accelerated Approval: Basing approval **not on a clinical endpoint but** on an agreed upon surrogate marker, that is a measure such as blood test or urine marker, that is believed to be indicative of a disease state and treatment effect, but not demonstrative of a direct health gain to the patient.

Priority review: Acting on drug applications within 6 months instead of 10 months for standard review, and;

Breakthrough Therapy Designation: Providing all of the benefits of Fast Track designation plus intensive guidance on an efficient drug development program, beginning as early as Phase 1, and the commitment from FDA's review staff, including senior managers, to work closely together throughout the drug development and review process.

Certainly our new Breakthrough Therapy Designation, created as part of the 2012 FDA Safety and Innovation Act (FDASIA) has been a virtual overnight success. As of May 5, 2014, we have received 186 requests for the designation, and granted 48. Six drugs have been approved, including a late-stage lung cancer drug that was approved—four months ahead of its goal date, using evidence from a trial with 163 patients.

Since its inception in 1992, more than 80 new products have been approved under the Accelerated Approval pathway. It has long been successful in driving innovation in cancer and HIV therapies, but we're encouraging its broader application in other areas, helped by FDASIA which clarified that FDA has the authority to consider epidemiologic, pharmacologic or other evidence developed using biomarkers or other scientific methods or tools in determining whether an endpoint can support accelerated approval. We're also exploring whether reviewer training programs and other measures might encourage greater use of this program.

It's important to note that our own regulatory flexibility is likely reducing the number of sponsors that avail themselves of the accelerated approval program. Sponsors of most of the recent new drug approvals for rare diseases—products that might otherwise qualify for the accelerated approval program—aren't opting for that development pathway simply because they don't need to do so. While all are being approved based on surrogate or intermediate clinical endpoints, most of these products are receiving "traditional" approvals—meaning that no additional trials will be needed to verify clinical benefit. That's because we decided that the results were already strong enough.

We urge drug developers and others interested in this movement to take a close look at today's final guidance (***http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM358301.pdf***).

For those drugs that qualify, participating in one of these expedited programs can reduce the time and possibly the cost of developing new therapies that can save lives. That's a win for drug innovation and for patients.

Janet Woodcock, M.D., is the Director of FDA's Center for Drug Evaluation and Research

What to Know About Providing a Recommendation for Marijuana

By Brittan A. Durham, MD, MBC Medical Consultant

Proposition 215 was passed by the voters of California in 1996. Also known as the Compassionate Care Act, proposition 215 ensured that seriously ill Californians would have the right to use marijuana for medical use when appropriate and when recommended by a physician.

As a result of this law, Section 11362.5 was added to the Health and Safety Code which gives patients the ability to legally obtain and use marijuana for medical use with a physician recommendation. ***Please note that this is a recommendation, not a prescription.***

California Senate Bill (SB) 420, also known as the Medical Marijuana Program Act, was signed into law in 2003 to help clarify the scope and application of proposition 215 and to define the criteria and responsibilities of physicians making medical marijuana recommendations.

Prior to SB 420, no standards of care had been codified. Presently, the accepted general standards are the same as any prudent licensed physician would follow when medically evaluating a patient and recommending any medication.

These standards include:

- History and physical examination of the patient,
- Development of a treatment plan with objectives,
- Informed consent,
- Discussions and warnings of side effects,
- Periodic clinical review,
- Consultation when indicated, and
- Proper medical records maintenance and documentation.

One of the provisions pursuant to California SB 420 was the attempt to identify medical conditions amenable to medical marijuana. It identifies a person to be authorized to engage in the medical use of marijuana designated by a treating physician, if a serious medical condition exists.

"Serious medical condition" means the following medical conditions under SB 420:

> *Acquired Immune Deficiency Syndrome (AIDS), Anorexia, Arthritis, Cachexia, Cancer, chronic pain, Glaucoma, Migraine, persistent muscle spasms, including, but not limited to spasms associated with Multiple Sclerosis, seizures, severe nausea, and any other chronic or persistent medical symptom that either substantially limits the ability of the person to conduct one or more major life activities as defined in the Americans with Disabilities Act of 1990.*

Physicians issuing a recommendation for marijuana for conditions listed in SB 420 should take into account a benefit/risk analysis for each patient.

Marijuana contains more than 60 different cannabinoids. The best known and the one with the most significant psychoactive effect, is called delta-9-tetrahydrocannabinol (THC). Physicians recommending marijuana should be aware of the side effects and complications of using these chemicals.

Many marijuana cannaboids can pass through the placenta and can slow the growth of the fetus. THC in marijuana does pass into breast milk. The use of marijuana is considered unsafe for breast feeding women or during pregnancy. This is one example of many where the risk of marijuana usually overshadows any potential benefit. Physicians are responsible for this type of analysis and must communicate, discuss and document various precautions with their patients.

A Medical Board of California (Board) investigation found a physician recommending smoking marijuana for a patient with asthma. There is compelling evidence that inhaled marijuana worsens breathing problems in patients with chronic obstructive pulmonary disease (COPD). A physician expert considered this to be an extreme departure from the standard of care.

Marijuana intoxication can cause transient mood, anxiety, and psychotic symptoms. The relationship between marijuana use and long term risk of psychiatric disorders is not completely understood. However, marijuana may mask or exacerbate certain underlying psychiatric conditions and should be avoided in patients with certain psychiatric illnesses. Another Board investigation discovered a physician making a marijuana recommendation in a patient with schizophrenia. The expert review of this case considered this recommendation to be an extreme departure from the standards of care.

As with any patient, physicians must do no harm (Primum

Marijuana Recommendations*(continued on page 11)*

Marijuana Recommendations *(continued from page 10)*

non nocere). A physician should determine that medical marijuana use is not masking an acute or treatable cause of a progressive condition, or that such use will lead to worsening of the patient's illness. In all cases the physician must determine that the benefits outweigh the risks in the context of other treatments or medications that could be used. Non primary care physicians are allowed to make recommendations but they are expected to consult with primary physicians and obtain medical records to confirm the patient's underlying condition and history as they would for any other patient. Periodic clinical reviews are warranted on a timely basis based on the patient's condition. Recommendation to minors must be made with full informed consent by parents and legal guardians.

Presently, advertisements for medical marijuana evaluations are ubiquitous. There have been recent advertisements for evaluations for as low as $35 -- a significant fall in price from the $200 they were 18 years ago as there is more physician participation.

Common deficiencies I have encountered with medical marijuana practice include: failure to complete a primary appropriate exam, failure to provide comprehensive evaluation, inaccurate documentation, and failure to consider side effects and contraindications.

To date, the federal government lists marijuana as a schedule 1 drug under the Federal Controlled Substance Act. This class of drugs is considered to have no acceptable medical use under federal law and possession is considered to be illegal.

The Board adopted a stance on medical marijuana, based on the previously mentioned laws, to assure physicians recommending marijuana to patients would not be subject to investigation, punishment or disciplinary action by the Board if they arrive at the medical marijuana recommendation decision in accordance with acceptable standards of medical care and responsibility.

The determination and evaluation of acceptable medical practice for marijuana recommendations may be irrelevant someday as public opinion has shifted dramatically over the past decade. However, until marijuana use is legalized in California, physicians must base their recommendations for marijuana use in accordance with the law.

MBC CME Opportunity - ER/LA Opioid Analgesics Risk Evaluation and Mitigation Strategy

MBC CME Opportunity – ER/LA Opioid Analgesics Risk Evaluation and Mitigation Strategy

The Medical Board of California (Board) will offer a live 3-hour CME course on ER/LA Opioid Analgesics Risk Evaluation and Mitigation Strategy in the Los Angeles Area on Friday, September 19, 2014. This course will be offered at no cost to attendees. The Board is in the process of finalizing all the details on this course. Specific information will be posted on the Board's website soon. Offering this course will help further the Board's efforts to address the public health issue of prescription drug abuse, and promote its mission of consumer protection. The FDA developed the core messages to be communicated to prescribers in the Blueprint for Prescriber Education, which can be found at ***http://www.fda.gov/downloads/drugs/drugsafety/informationbydrugclass/ucm277916.pdf***.

The CME activities provided under the FDA Blueprint focus on the safe prescribing of ER/LA opioid analgesics and consist of a core content of three hours.

No Cost 3-hour Continuing Medical Education (CME) Course Offered

Course: Extended-Release and Long-Acting (ER/LA) Opioid Analgesics Risk Evaluation and Mitigation Strategy
Primary Target Audience : Physicians who are registered with the Drug Enforcement Administration (DEA), eligible to prescribe schedule II and III drugs, and who have written at least one ER/LA opioid prescription in the past year.

Details:
Hilton LAX
5711 W Century Blvd (map)
Los Angeles, CA 90045
(310) 410-4000

Friday, September 19, 2014
1 pm – 4:30 pm (registration begins at 11:30 am)
$10 Self Parking (available on a first come basis)
$20 Valet Parking
https://www2.mbc.ca.gov/EventRegistration/ERLAAnalgesicsCourse.aspx

ACGME Program Directors Warning! Are You Aiding and Abetting the Unlicensed Practice of Medicine?

The Medical Board of California (Board) continues to receive information about medical school graduates participating in Accreditation Council for Graduate Medical Education (ACGME) training programs in California beyond the time permitted by Business and Professions (B&P) Code Sections 2065 and 2066.

Unlicensed medical school graduates (residents) that are training beyond their permitted time pursuant to B&P Code Sections 2065 and 2066 are engaging in the unlicensed practice of medicine. Program Directors allowing residents to train beyond the permitted time pursuant to B&P Code Sections 2065 and 2066 are aiding and abetting in the unlicensed practice of medicine.

B&P Code Section 2065 allows graduates from an approved medical school in the United States and Canada to practice medicine in California if they are registered with the Board and are enrolled in an ACMGE accredited postgraduate training program in California. However, the graduate cannot have participated in more than two years of any ACGME and/or Royal College of Physicians and Surgeons of Canada (RCPSC) accredited training program in the US or Canada. Any practice by US/CAN graduate who has completed more than two years of ACMGE and/or RCPSC training without obtaining a California Physician's and Surgeon's License is deemed unlicensed practice for the graduate and is deemed aiding and abetting the unlicensed practice of medicine for the ACGME Program Director.

B&P Section 2066 allows international medical school graduates (IMG) from a medical school that is recognized by California to practice medicine in California if they are registered with the Board and are enrolled in an ACMGE accredited postgraduate training program in California. However, the graduate cannot have participated in more than three years of any ACGME and/or an RCPSC accredited training program in the US or Canada. Any practice by an IMG graduate who has completed more than three years of ACMGE and/or RCPSC training without obtaining a California Physician's and Surgeon's License is

deemed unlicensed practice for the graduate and is deemed aiding and abetting the unlicensed practice of medicine for the ACGME Program Director.

All ACGME and/or RCPSC accredited training that a medical school graduate has completed is counted toward the licensure exemptions provided by B&P Sections 2065 and 2066. For example, if a US/CAN graduate has participated in two years of ACGME and/or RCPSC, in other states or in Canada, the graduate will need a license prior to participating in an ACGME program in California, even if the graduate was hired to start at the PGY-1 year level. The same would be for an IMG who had declined ACGME and/or RCPSC training elsewhere for three years prior to coming to California. If a graduate starts training at the PGY-1, but has exceeded the number of years of ACGME and/or RCPSC training allowed pursuant to B&P Sections 2065 or 2066 prior to starting as a PGY-1 resident, the resident is practicing medicine without a license and the Program Director is aiding and abetting the unlicensed practice of medicine.

Do not be caught in the act of unlicensed practice or in the act of aiding and abetting the unlicensed practice of medicine. This could result in a citation, disciplinary action taken by the Board, or denial of an application for licensure.

Priority Review Status for Physician's and Surgeon's License Applicants Demonstrating Intent to Practice in a Medically-Underserved Area or Population

Have you received and accepted an offer of employment to work in an area of California formally designated as an underserved area or underserved population and need to apply for a California Physician's and Surgeon's License? Or, are you offering an individual a position to work in an underserved area or underserved population and do they need a license? If so, the Medical Board of California (Board) will provide priority review and processing to the application, pursuant to California Business and Professions Code Section 2092.

In order to be considered for this process, applicants need to submit the following

1. Initial application forms,
2. Fingerprint cards (out-of-state applicants) or Live Scan (California applicants),
3. Application fees,
4. All required primary source documents, and any other supporting forms and documents,
5. Additional documentation consisting of the following:

    A) An original signed and dated letter from the applicant to the Board confirming acceptance of employment in California to provide medical services to a formally-designated underserved area and/or population.

    B) An original signed and dated letter from the prospective employer confirming the offer of prospective employment to provide medical services to a formally designated underserved area and/or population in California. The letter must include the proposed employment start date, the name and address of each facility where service will be provided, and the medical specialty of the services to be provided.

    C) A copy of documentation confirming the facility as an underserved area, population or medical specialty from the California Department of Public Health, California Office of Statewide Health and Planning Development, California Health Professions Education Foundation, California Department of Health Care Services, or the United States Department of Health and Human Services.

Please note this does not apply to applicants currently practicing in California under the exemption period of ***Business and Professions Code Sections 2065*** and ***2066*** (Click the codes for the full text).

If you have any questions, please contact Mark Seidl, Associate Analyst, by telephone at (916) 274-6103 or by email at ***Mark.Seidl@mbc.ca.gov***

New Medical Board of California Prescription Drug Awareness Public Safety Announcement

The Medical Board of California has teamed with twelve-time Olympic medalist Natalie Coughlin to create a new Public Service Announcement (PSA) that urges physicians and consumers alike to "Spread the Word … One Pill Can Kill."

Visit the MBC YouTube Channel at https://www.youtube.com/user/CAMedicalBoard

You can view the video by clicking the picture (which will open up the YouTube page on your computer's web browser) or by using this URL: ***https://www.youtube.com/watch?v=r11mZ3_urFo***.

There is a longer educational video, featuring Medical Board Member Michael Bishop, M.D., that you can view by using this URL: ***https://www.youtube.com/watch?v=Unt-RjFWJcI&list=UUFE65eB4G_rBNGFR4PCUmyw***

The Medical Board encourages you to watch these videos and share them with colleagues, patients and consumers.

Requirement for Physicians to Sign Death Certificates

L.A. County Coroner's Office

What to do when law enforcement/a hospital/a mortuary calls about a deceased patient:

Ask the individual notifying you what they know about what occurred. Did the patient die in their sleep, or was it a witnessed collapse? Was there a recent complaint of chest pain? Give the caller all the patient's pertinent medical history, as they are trying to the Coroner's office determine if this is a coroner case. It is important to note that HIPAA privacy protections end with the death of the patient.[1]

Inform the caller if the decedent has recently had any major traumatic injuries, complications from a distant past injury, or if the decedent was a chronic drug user. Accidents, homicides and suicides are automatic coroner cases.

You may be asked if you will sign the death certificate. If you are not going to sign the certificate, you must give a valid medical reason why (Example: If the patient has no known medical conditions and is younger than 60 years old). Failure to sign a death certificate without medical reason will result in notification to the Medical Board of California.[2]

If the patient died in the hospital, ER physicians do not usually sign death certificates. The primary care physician or any specialist treating the patient is required to sign the death certificate.[3]

Please give death certificates your immediate attention. They are quick and easy to fill out and attest to.[4]

What is a death certificate and how to sign it:

A death certificate is legal document of death stating a medical opinion of why a person died. It is not stating an absolute fact. Some statistics are drawn from them but they are very broad. Stating that you want better statistics is not a valid reason for not signing.

Do not put mechanisms of death on the death certificate, such as cardiopulmonary arrest, etc. Mechanisms of death are discouraged on the death certificate as they are not a cause of death. Instead, use the condition that immediately led to the death. For example, Arteriosclerotic Cardiovascular Disease or Hypertensive Heart Disease.

If you are not sure how to sign the death certificate

Death Certificates *(continued on page 15)*

Death Certificates *(continued from page 14)*

then feel free to call the coroners' office. All local coroners' offices will gladly walk you through signing a death certificate or discussing medical history to better determine causes of death. If you think based on the circumstances of the death that the person likely died of a certain cause then the word ***probable*** is okay to place on a death certificate.

If the decent has significant medical history, which did not cause the death, but likely contributed to the poor health and subsequent death, line 112 on the death certificate allows you to list those conditions. Also, do not use words like "abuse." Use "chronic use" instead.

What do to do when my patient is a Coroner case:

Upon request from the coroner please send all pertinent medical records immediately. Families are waiting on you and the coroners' office for closure and answers.[5]

As the physician you can request a final report to learn why your patient died.

Clarifications:

"I'm the covering physician and the primary care physician is on vacation."

When you agree to cover patients for another physician and have access to medical records you are also volunteering to take care of their patients in death. Most physicians (even on vacation) could easily attest a death certificate while out of the country by utilizing the phone and email. The covering physician is also legally required to sign when acting on behalf of the primary even though they have not personally seen the patient.

"I want an autopsy."

If the decedent has significant medical history and good causes of death, the local coroner/medical examiner will not perform an autopsy. The local coroner makes the final decisions on what is and is not a coroner case. Neither the physician nor the family can demand that an autopsy be performed. If the family is insistent, a private autopsy or a local hospital may do one after the primary care physician signs a death certificate.

"I wasn't present at death or haven't seen the decedent in over 20 days."

Attendance does not mean being physically present at death. It means under the care of a physician. If you are prescribing medications for conditions, then you have knowledge to sign a death certificate. The 20 day limit varies from county to county according to each county policy. In Los Angeles, a physician has up to six months from the last date of attendance to sign. Orange County and Riverside County allow up to several years since last seeing the decedent if the physician has knowledge of the decedent and will sign the certificate. Talk to your local coroner/ medical examiner to understand your obligations and time frames. Anything over 20 days is checked by the coroner/medical examiner to assure the proper signing is done.

1. ***HIPAA Reg 45CFR 164.512(g)(1)*** states: A covered entity may disclose protected health information to a coroner or medical examiner for the purposes of identifying a deceased person, determining a cause of death, or other duties as authorized by law.

2. ***Health and Safety Code Section 103785***: Every person who is required to fill out a certificate of birth, fetal death, death, or registry of marriage and register it with the local registrar, or deliver it, upon request, to any person charge with the duty of registering it, and who fails, neglects, or refuses to perform such duty in the manner require by this part is guilty of a misdemeanor.

3. ***Health and Safety Code Section 102795***: The medical and health section data and the time of death shall be completed and attested to by the physician and surgeon last in attendance, or in the case of a patient in a skilled nursing or intermediate care facility at the time of death, by the a licensed physician assistance under the supervision of the physician and surgeon last in attendance if the physician and surgeon or licensed physician assistant is legally authorized to certify and attest to these facts, and if the physician assistant has visited the patient within 72 hours of the patient's death.

4. ***Health and Safety Code Sections 102800 and 102825*** require that physicians attest death certificates within 15 hours.

5. California Civil Code Section 56.10(b)(8) states: When requested in course of an investigation by the coroner's office for the purpose of identifying the decedent or locating the next of kin, or when investigating deaths that may involve public health concerns, organ or tissue donation, child abuse, elder abuse, suicides, poisonings, accidents, sudden infant death, suspicious deaths or criminal deaths, or when otherwise authorized by the decedent's representative. Medical information requested by the coroner under this paragraph SHALL be limited to information regarding the patient who is the decedent and who is the subject of the investigation and SHALL be disclosed to the coroner without delay upon request.

California Health Report (healthycal.org)
California Improves its Long-Term Supports – Improvements Still Needed
California's support systems for older adults, the disabled, and their family caregivers have improved in recent years and now rank among the top ten states in the nation. Its high ranking is due largely to one area in which it excels: a vast choice in long-term care settings and providers. (June 18, 2014)
http://www.healthycal.org/archives/15987

California Healthline (californiahealthline.org)
FDA Issues Draft Social Media Guidance for Drug, Device Makers
The guidance outlined how drug makers and medical device makers should highlight the benefits and risks of their products via social media and how they should address and correct misinformation regarding their products posted by third parties. (June 18, 2014)
http://www.californiahealthline.org/articles/2014/6/18/fda-issues-draft-social-media-guidance-for-drug-device-makers

California Healthline (californiahealthline.org)
UCLA Releases Fact Sheets on Californians' Health by Ethnicity, Race
A series of new fact sheets by the UCLA Center for Health Policy Research detail different health statistics of California residents by their ethnicity and race. Data from the report were derived from the 2011-12 California Health Interview Survey and cover a range of health issues, such as insurance status and nutrition. (June 18, 2014)
http://www.californiahealthline.org/articles/2014/6/18/ucla-releases-fact-sheets-on-californians-health-by-ethnicity-race

Business Insider (businessinsider.com)
The 10 Cities With The Highest-Rated Doctors
Patients who book appointments through ZocDoc are able to review their doctors online, and city rankings were calculated based on three criteria: wait time, bedside manner, and overall ranking. All doctors with at least 15 reviews were included, and some cities did better for certain kinds of doctors. (June 12, 2014)
http://www.businessinsider.com/10-cities-with-the-highest-rated-doctors-2014-6#ixzz34wCcZplL

Tech Med Corner

iHealthBeat (iHealthBeat.org)
Telemedicine Poised for Growth, but Barriers Hinder Widespread Adoption
In an *iHealthBeat* audio report, experts discussed efforts to realize the benefits of telemedicine and the policy challenges that are limiting adoption of the technology. (July 9, 2014)
http://www.ihealthbeat.org/insight/2014/telemedicine-poised-for-growth-but-barriers-hinder-widespread-adoption

iHealthBeat (iHealthBeat.org)
Online Tool Predicted Ebola Outbreak Before WHO Announcement
An disease tracking tool called HealthMap predicted the Ebola outbreak in West Africa nine days before the World Health Organization formally announced the epidemic. (August 11, 2014)
http://www.ihealthbeat.org/articles/2014/8/11/online-tool-predicted-ebola-outbreak-before-who-announcement

Modern Healthcare (modernhealthcare.com)
Hype, obstacles surround biosensing wearables, report says
A new gadget sector— Biosensing wearables, which includes ingestible pills, wristbands and smart clothing, is characterized by hype, promise and obstacles. The idea is to give consumers a fuller idea of what is going on with their bodies, which might motivate more informed, timely interventions. (June 11, 2014)
http://www.modernhealthcare.com/article/20140611/BLOG/306119995/hype-obstacles-surround-biosensing-wearables-report-says

Administrative Actions: February 1, 2014 – April 30, 2014

Physicians and Surgeons

AGHAZADEH-NAINI, REZA, M.D. (C 54455)
Dunkirk, MD
Revoked, stayed, placed on 3 years probation with terms and conditions
March 14, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=54455

AGHAZARIAN, SARKIS GARABET (A 40572)
Baltimore, MD
License Surrendered
March 18, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=40572

ALLGOOD, NORMA LYNNE, M.D. (G 68888)
Eagle River, AK
Public Letter of Reprimand issued pursuant to California Business and Professions Code section 2233
March 10, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=68888

AZZAWI, ZAHER, M.D. (A 48743)
Alta Loma, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
February 5, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=48743

BANNACH, MICHAEL CONROY, M.D. (A 60021)
Encinitas, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
April 2, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=60021

Explanation of disciplinary language and actions

"Effective date of decision" — Example: "March 14, 2012" at the bottom of the summary means the date the disciplinary decision goes into operation.

"Gross negligence" — An extreme deviation or departure from the standard of care.

"Incompetence" — Lack of knowledge or skills in discharging professional obligations.

"Judicial review pending" — The disciplinary decision is being challenged through the court system, i.e., Superior Court, Court of Appeal, or State Supreme Court. The discipline is currently in effect.

"Probationary License" — A conditional license issued to an applicant with probationary terms and conditions. This is done when cause exists to deny the license application, but limitations can be put in place to protect the public.

"Public Letter of Reprimand" — A lesser form of discipline that can be negotiated after or in lieu of the filing of formal charges. The reprimand may include educational and clinical training requirements.

"Revoked" — The right to practice is ended due to disciplinary action. The license is invalidated, voided, annulled, or rescinded.

"Revoked, stayed, five years probation on terms and conditions, including 60 days suspension" — "Stayed" means the revocation is postponed. Professional practice may continue so long as the licensee complies with specified probationary terms and conditions, which, in this example, includes 60 days of actual suspension from practice. Violation of any term of probation may result in the revocation that was postponed.

"Stipulated Decision or Settlement" — A form of plea bargaining. The case is formally negotiated and settled prior to hearing.

"Surrender" — To resolve a disciplinary action, the licensee has given up his or her license — subject to acceptance by the Board.

"Suspension from practice" — The licensee is prohibited from practicing for a specific period of time.

BIENENSTOCK, BRUCE (G 31836)
Mountain View, CA
License Surrendered
March 24, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=31836

BROWN, KEVIN A. (A 66387)
Inglewood, CA
License Revoked
March 7, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=66387

BUCKLEY, ROBERT ARTHUR, M.D. (G 73194)
Lafayette, CA
Revoked, stayed, placed on 7 years probation with terms and conditions, including 60 days actual suspension
February 28, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=73194

CALDWELL, KEVIN JOHN, M.D. (G 42767)
Crescent City, CA
Public Reprimand with conditions
March 28, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=42767

CALLAHAN, DEVON SITTLOW, M.D. (A 128652)
Playa Del Rey, CA
Probationary License issued with 5 years probation and terms and conditions
February 4, 2014
http://www2.mbc.ca.gov/PDL/mbc.aspx

CAMASURA, OCTAVIO D., M.D. (A 30174)
Lincoln, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
March 21, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=30174

CAPRA, JASON, M.D. (A 111935)
Hurlburt Field, FL
Public Letter of Reprimand issued pursuant to California Business and Professions Code section 2233
March 3, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=111935

CARTER, ENRIQUE DELANO (G 29154)
Pasco, WA
License Surrendered
April 17, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=29154

CHAN, MICHAEL CHEELUEN (G 31114)
Cerritos, CA
License Revoked
February 14, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=31114

CHANG, RICHARD C., M.D. (A 86339)
Fontana, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
February 6, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=86339

CHAO, DAVID JEE WEI, M.D. (G 78677)
San Diego, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
April 25, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=78677

CHI, PETER LIEH-CHUAN (A 53856)
Tracy, CA
License Revoked
March 5, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=53856

CHIONG, SANDRA S. (A 32877)
San Marino, CA
License Surrendered
February 12, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=32877

CHOI, BOK YULL, M.D. (A 34441)
Riverside, CA
Public Reprimand with conditions
March 26, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=34441

CLEMENTS, TODD MICHAEL (A 94598)
Jonesboro, AR
License Revoked
April 18, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=94598

COTSIRILOS, PETER JOHN, M.D. (G 66322)
Yuba City, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
March 14, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=66322

DANG, SURINDER, M.D. (A 24948)
Fountain Valley, CA
Revoked, stayed, placed on 5 years probation with terms and conditions, including 60 days actual suspension
April 25, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=24948

DAWSON, ROBERT EARL, M.D. (A 45313)
Kenner, LA
Revoked, stayed, placed on 3 years probation with terms and conditions
March 28, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=45313

DUNSON, TEDDRICK LOVELL, M.D. (A 100414)
West Sacramento, CA
Public Letter of Reprimand issued pursuant to California Business and Professions Code section 2233
April 22, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=100414

ENOKI, NATHAN REH, M.D. (A 77096)
Vancouver, WA
Public Reprimand
February 7, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=77096

FISHER, STEPHEN NEAL (G 54042)
Pittsburgh, PA
License Surrendered
April 28, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=54042

FLEMING, WILLIAM KERMIT, M.D. (A 97279)
Playa Vista, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
February 26, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=97279

FLORES, JOSE LUIS (A 69861)
Fresno, CA
License Surrendered
April 16, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=69861

FOLLETTE, DAVID MICHAEL (A 26120)
Sacramento, CA
License Surrendered
February 26, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=26120

GANJI, SRINIVAS STALIN, M.D. (A 38463)
Covington, LA
Public Letter of Reprimand issued pursuant to California Business and Professions Code section 2233
April 22, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=38463

GHOSH, KRIS, M.D. (G 80421)
San Marcos, CA
Public Letter of Reprimand issued pursuant to California Business and Professions Code section 2233
April 29, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=80421

GIRI, YASHWANT B. (C 51755)
Cypress, CA
License Revoked
March 19, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=51755

GLASSMAN, JERROLD, M.D. (G 34309)
San Diego, CA
Public Reprimand with conditions
February 28, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=34309

GOLDBERG, MICHAEL JAY, M.D. (A 25404)
Tarzana, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
February 14, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=25404

GOODRICH, KAREN ELAINE, M.D. (A 82414)
Sacramento, CA
Revoked, reinstated, suspended pending evaluations
March 10, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=82414

GOREY, ROSEANN F. (G 37450)
Stockton, CA
License Surrendered
March 11, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=37450

GUESS, EDGAR A., JR. (C 29354)
Beverly Hills, CA
License Surrendered
April 14, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=29354

HAZZAN, SAMAR, M.D. (A 73965)
Covina, CA
Public Reprimand with conditions
February 7, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=73965

HERLING, JOHN JOSEPH, M.D. (A 45233)
La Quinta, CA
Public Letter of Reprimand issued pursuant to California Business and Professions Code section 2233
April 24, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=45233

HODGE, NATALIE A. (C 53720)
Paducah, KY
License Revoked
March 21, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=53720

HOOK, ROBERT LEE, JR. (C 22610)
Auburn, CA
License Surrendered
April 28, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=22610

HOPKINS, MILAN LEWIS, M.D. (C 34406)
Upper Lake, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
April 11, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=34406

HSU, HWEI-JUNG (A 32019)
San Pablo, CA
License Surrendered
February 18, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=32019

JACKSON, D. ANTHONY, M.D. (G 33174)
Inglewood, CA
Revoked, stayed, placed on 5 years probation with condition precedent to the practice of medicine
April 9, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=33174

JAIN, SUPRABHA N., M.D. (A 67699)
Walnut Creek, CA
Revoked, stayed, placed on 35 months probation with terms and conditions
April 7, 2014
Judicial Review Pending
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=67699

KARNS, ADAM DAVID, M.D. (G 74846)
Los Angeles, CA
Public Letter of Reprimand issued pursuant to California Business and Professions Code section 2233
March 26, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=74846

KNOST, PATRICK MICHAEL (G 85499)
Placerville, CA
License Revoked
February 20, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=85499

LE CHABRIER, LANA (A 90040)
Sacramento, CA
License Revoked
April 17, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=90040

LEONG, COLLIN (A 23867)
San Francisco, CA
License Surrendered
February 4, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=23867

LE TUYEN, NGOC (A 37031)
Fountain Valley, CA
License Surrendered
February 4, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=37031

LEVINSON, GARY DAVID, M.D. (A 49820)
San Diego, CA
Revoked, stayed, placed on 2 years probation with terms and conditions
March 14, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=49820

LI, ZIZHUANG, M.D. (A 104536)
San Diego, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
March 14, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=104536

LIGHT, MARK WARREN (G 32061)
Paradise, CA
License Surrendered
April 15, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=32061

LITWIN, JOSH PETER, M.D. (C 129207)
Berkeley, CA
Probationary License issued with 3 years probation and terms and conditions
March 20, 2014
http://www2.mbc.ca.gov/PDL/mbc.aspx

MADATOVIAN, VAHAN, M.D. (A 53748)
Glendale, CA
Public Letter of Reprimand issued pursuant to California Business and Professions Code section 2233
March 4, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=53748

MARCUS, ALAN OGDEN, M.D. (A 39696)
Laguna Hills, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
February 28, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=39696

MONTENEGRO, CARLOS HUMBERTO, M.D. (A 48811)
Pasadena, CA
Revoked, stayed, placed on 4 years probation with terms and conditions
April 16, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=48811

NATION, ROMAN MICHAEL JAME, M.D. (A 93829)
Lynn Haven, FL
Revoked, stayed, placed on 5 years probation with terms and conditions
April 17, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=93829

NEWMAN, SAMUEL (A 40847)
Beverly Hills, CA
License Surrendered
March 18, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=40847

NGUYEN, JOHN DUNG, M.D. (A 109246)
Los Angeles, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
February 28, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=109246

PEZESHKI, KEVIN (A 67148)
Panorama City, CA
License Revoked
March 21, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=67148

PONCE, GEORGE ARMONDO, M.D. (A 51194)
Moreno Valley, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
February 28, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=51194

RALLS, JULIE ROBIN, M.D. (G 63700)
Costa Mesa, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
March 7, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=63700

ROCHFORT, GREGORY JEAN, M.D. (A 89614)
Hubert, NC
Public Reprimand
April 23, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=89614

ROSS, BRANDON MICHAEL (A 76782)
La Jolla, CA
License Surrendered
February 4, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=76782

RUIZ, CYNTHIA ELAINE, M.D. (G 48844)
Redlands, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
February 7, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=48844

SABINO ALAN DALE, M.D. (A 77362)
Stockton, CA
An additional year of probation added to current term of probation
February 14, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=77362

SEID, LORILYN LOUISE (A 75441)
San Francisco, CA
License Surrendered
March 11, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=75441

SHIN, DONG-SOO (A 37182)
Sunset Beach, CA
License Surrendered
April 30, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=37182

SPELLER, CRISTAL DAWN, M.D. (A 62390)
Glendale, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
April 11, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=62390

SYED, HOZAIR MOHAMMED, M.D. (A 111058)
Anaheim, CA
Revoked, stayed, placed on 7 years probation with terms and conditions, including 30 days actual suspension.
March 21, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=111058

TABRIZ, A. REZA NASSEHZADEH (A 72923)
Fremont, CA
License Revoked
April 10, 2014
Judicial Review Pending
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=72923

TER-ZAKARIAN, HOVANES J., M.D. (A 45597)
Hollywood, CA
Public Reprimand
April 16, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=45597

VO, NHAT CONG, M.D. (A 60568)
Van Nuys, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
April 16, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=60568

WALLRATH, RICHARD (C 34437)
Bakersfield, CA
License Surrendered
April 1, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=34437

WOJTAL, NICOLE MARIN, M.D. (A 129721)
Fresno, CA
Probationary License issued with 5 years probation and terms and conditions
April 9, 2014
http://www2.mbc.ca.gov/PDL/mbc.aspx

YANG, ZONGQI, M.D. (A 129722)
San Jose, CA
Probationary License issued with 3 years probation and terms and conditions
April 9, 2014
http://www2.mbc.ca.gov/PDL/mbc.aspx

ZAZZI, ADRIENNE MARIE, M.D. (G 49699)
Downey, CA
Public Letter of Reprimand issued pursuant to California Business and Professions Code section 2233
April 30, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=49699

ZIEROLD, DUSTIN, M.D. (A 85833)
Vacaville, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
February 7, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=85833

ZIKRIA, GUL AHMED, M.D. (G 54355)
Milpitas, CA
Revoked, stayed, placed on 4 years probation with terms and conditions
April 25, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=54355

ZULUETA, CLEMENTE VILLAREAL, JR. (A 69569)
Jackson, KY
License Surrendered
March 4, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=69569

Physician Assistants

CHOI, BUNG JOO, PA (PA 20894)
Los Angeles, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
April 9, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=20894

GUTIERREZ, ISAAC GABRIEL (PA 22314)
Fresno, CA
License Revoked
March 27, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=22314

HIBBERT, ALFREDO ALEXANDER, PA (PA 14163)
Las Vegas, NV
Revoked, stayed, placed on 5 years probation with terms and conditions, including 60 days actual suspension
March 12, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=14163

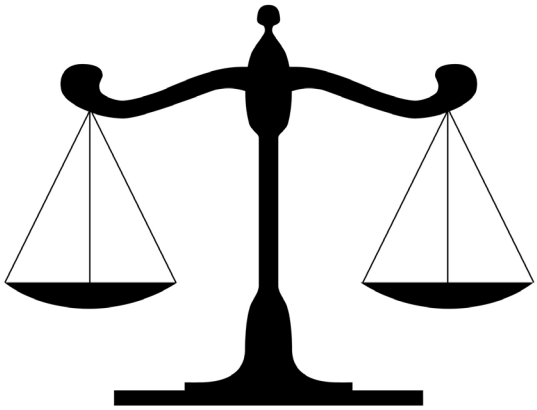
JARMAN, BRIAN K., PA (PA 51473)
San Bernardino, CA
Probationary License issued with 2 years probation and terms and conditions
February 20, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=51473

JUNTA, AARON JOSEPH, PA (PA 51471)
Pomona, CA
Probationary License issued with 2 years probation and terms and conditions
February 20, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=51471

PILACZYNSKI, CHRISTOPHER (PA 18727)
Fairfield, CA
License Revoked
March 14, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=18727

REYNOSO, ERIC, PA (PA 51467)
Corona, CA
Probationary License issued with 2 years probation and terms and conditions
February 20, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=51467

ROYSTON, LEON DENSON (PA 12790)
Chico, CA
License Surrendered
April 2, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=12790



YIM, KEVIN (PA 17695)
Chino Hills, CA
License Surrendered
February 27, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=17695

Doctor of Podiatric Medicine

DEBELL, BRUCE MCNAIR (EFE 3246)
Napa, CA
License Surrendered
April 8, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=E&licenseNumber=3246

Registered Spectacle Lens Dispenser

GHIOTTO, LYNDSEY LEE (SL 6023)
San Anselmo, CA
Registration Surrendered
April 15, 2014
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=SL&licenseNumber=6023

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Medical Board of California
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Sacramento, CA 95815

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Business and Professions Code § 2021(b) and (c) require physicians to inform the Medical Board in writing of any name or address change. Go to:
http://www.mbc.ca.gov/Licensees/Address_of_Record.aspx

MBC Meetings — 2014

(All meetings are open to the public)

October 23 - 24, 2014: San Diego Area

MBC Meetings — 2015

(All meetings are open to the public)

January 29 - 30, 2015: Sacramento Area
April 30 - May 1, 2015: Los Angeles Area
July 30 - 31, 2015: San Francisco Area
October 29 - 30, 2015: San Diego Area

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License Renewals	(916) 263-2382
Expert Reviewer Program	(818) 551-2129
Publications/Outreach	(916) 263-2466

Affiliated Healing Arts Professions

Midwives	(916) 263-2393
Physician Assistants	(916) 561-8780
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Department of Consumer Affairs

Healing Arts Board and Bureau Complaints	(800) 952-5210

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