



# Medical Board of California Newsletter

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Page 10

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## Attention:

**Please see page 25 regarding new End-of-Life Care patient notification requirements.**

## LINKS TO OUR WEBSITE

- Update your email address online
- Update your address of record online
- Update your physician survey online
- Join the email subscribers list online
- Contact us: [Webmaster@mbc.ca.gov](mailto:Webmaster@mbc.ca.gov)

## Electronic Health Record Update



**By Dr. James Nuovo  
Professor and Associate Dean of Graduate Medical Education, UC Davis**

Business and Professions Code section 2266 requires physicians to maintain adequate and accurate medical records. Deficiencies in record-keeping are a common source of concern for the Medical Board. Having served as a medical consultant and reviewed complaints against physicians, it is not unusual to find records that are disorganized, illegible or contain insufficient content to determine the nature of the patient encounter. This can lead to further scrutiny and possible disciplinary action.

It is expected that, as physicians, we ensure that our records are accurate and consistent and contain information on the patient's condition and treatment. [The Guide to the Laws Governing the Practice of Medicine by Physicians and Surgeons \(Medical Board of California; Seventh Edition/2013\)](#), provides a description of the elements needed for a comprehensive medical record. The transition to an electronic health record (EHR), while eliminating the concern for legible records, still represents a challenge in meeting these documentation requirements.

Back in 1978, as a medical student at the University of Vermont, I had the chance to work with a brand-new technology called an electronic health record (EHR). It

*Electronic Health Record Update (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 the 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:

### Medical Board of California:

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Liz Amaral, Deputy Director  
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Christine Valine, Public Information Analyst  
Susan Wolbarst, Managing Editor

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All editions are available as digital publications via email or viewable on the Board's website: <http://www.mbc.ca.gov>. Additionally, the Winter edition is printed in hard copy for distribution via U.S. Postal Service to those physicians or interested parties without an email.

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 Board and are subject to editing.

### Medical consultants needed

*Especially from San Bernardino, San Diego, San Dimas, and Valencia areas*

Are you interested in being an integral part of the Medical Board of California enforcement process? Do you have the ability to conduct interviews, exercise sound judgment in reviewing conflicting medical reports and preparing opinions, analyzing problems and taking appropriate action? This is an excellent opportunity to help your community and obtain valuable experience. The Department of Consumer Affairs, Division of Investigation, Health Quality Investigations Unit is seeking well-qualified individuals to be Medical Consultants. Interested individuals must submit an application for examination; see link for additional information and instructions (<http://jobs.ca.gov/JOBSGEN/1CADD.PDF>). If you have any questions, please contact Division of Investigation, Health Quality Investigations Unit Commander John Hirai 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 in dermatology, nephrology, neurosurgery pain medicine, pathology, toxicology and transplant surgery.* For more information regarding compensation and how to apply please visit: [http://www.mbc.ca.gov/Enforcement/Expert\\_Reviewer/](http://www.mbc.ca.gov/Enforcement/Expert_Reviewer/).

## Editor's Spotlight

By Susan Wolbarst

Spring arrived early in many parts of drought-stricken California and those of us who aren't suffering too badly from allergies have been enjoying the blooming trees, shrubs, and flowers decorating our landscape.

Spring also brought Prescription Drug Awareness Month (March) which was commemorated with a "Dose of Awareness 5K Walk and Health Fair." Please see page 11 for more on the event, organized by the National Coalition Against Prescription Drug Abuse. And April was Donate Life Month, a chance to remind readers to register to donate organs and tissue when renewing a driver license at the Department of Motor Vehicles. Please see page 10 for additional information on why signing up to be an organ and tissue donor is so important.

On page 24 is an article about supervision of physician assistants and the delegation of services agreement required by every practicing physician assistant.

Among other topics covered in this issue are laws governing physicians who are direct dispensers of controlled substances (page 12) and recent legislation regarding physician communication requirements when patients have been given a terminal diagnosis (page 25).

Please see Board President David Serrano Sewell's message on page 3 for information on additional content in this issue.

As managing editor of the Newsletter, I am always looking for article ideas which would be useful to readers. Please drop me a line at [Susan.Wolbarst@mbc.ca.gov](mailto:Susan.Wolbarst@mbc.ca.gov) to provide feedback or suggest content for future issues. Page 3 also has directions for taking our Newsletter Survey – another way you could help us serve you better.

### Need A Speaker?

If you would like a speaker from the Medical Board of California to address your group or organization, please contact Public Affairs Manager Cassandra Hockenson at [Cassandra.hockenson@mbc.ca.gov](mailto:Cassandra.hockenson@mbc.ca.gov).

# President's Message



David Serrano Sewell, J.D.

As President of the Medical Board, I would like to welcome our two new Board members, Dr. Michelle Anne Bholat and Dr. Randy W. Hawkins. Both come with a wealth of knowledge that will be beneficial to the Board. (Please see page 6.) They will be making their first appearance at our May Board Meeting in Los Angeles. I am sure they will find their time with the Medical Board interesting, educational, and rewarding.

While being a member of the Board, one thing I am very proud of is what we accomplished with the Outpatient Surgery Setting Task Force. As co-chair with Dr. Dev GnanaDev, we were on the ground floor of reviewing the laws and regulations for the outpatient surgery settings to identify improvements. Such an improvement was established in [Senate Bill 304](#), which took effect on January 1, 2014. Prior to the passage of this bill, outpatient surgery settings were

required to report adverse events to the California Department of Public Health. Now those reports come to the Board for review. In this edition of the Board's Newsletter there is a very informative article, "Outpatient Surgery Settings -- is your Surgery Setting in Compliance?" (Please see page 8.)

Another article that I want to recommend everyone read involves the Corporate Practice of Medicine. A physician cannot be employed by a layperson. (Please see page 23.) Physicians need to beware of companies approaching them to be a medical director. This article provides important and helpful information for you when entering a business arrangement.

The Medical Board's number one mission is consumer protection, and as the Board President I take that mission very seriously. I feel by educating our physicians on standards and practices through outreach, articles, and media interviews, we are also educating and protecting the consumer. Knowledge is power.

Finally, I want to mention that during the upcoming Board Meeting on May 7th and 8th, the Board will be taking physician sign-ups for CURES. You can come to the Los Angeles Airport Marriott and sign up from 10 a.m. to 5 p.m. on Thursday, May 7 or on Friday, May 8 from 9 a.m. to noon. Effective January 1, 2016, pursuant to [California Health and Safety Code Section 11165.1](#), all California physicians licensed to prescribe,

order, administer, furnish, or dispense Schedule II, III, or IV controlled substances must be registered with the CURES Database. The Board is here to assist, so feel free to contact our call center at 800-633-2322.

Best wishes, and I hope you all enjoy the Spring!

## Changing Locations?

**Remember: a change of address of record must be reported to the Medical Board of California within 30 days at [http://www.mbc.ca.gov/Licensees/Address\\_of\\_Record.aspx](http://www.mbc.ca.gov/Licensees/Address_of_Record.aspx).**

(Business and Professions Code Section 2021(d))

## MBC Newsletter Survey

Please take a moment to share your thoughts about the Medical Board's Newsletter. Have a particular section that you like or an idea on how to improve our publication? We want to hear from you! Click the link below to take the survey:

[https://www.surveymonkey.com/s/mbc\\_newsletter\\_survey](https://www.surveymonkey.com/s/mbc_newsletter_survey)

# Legislator Profile

## Senator Hannah-Beth Jackson



**Senator Hannah-Beth Jackson**  
**19th Senate District**

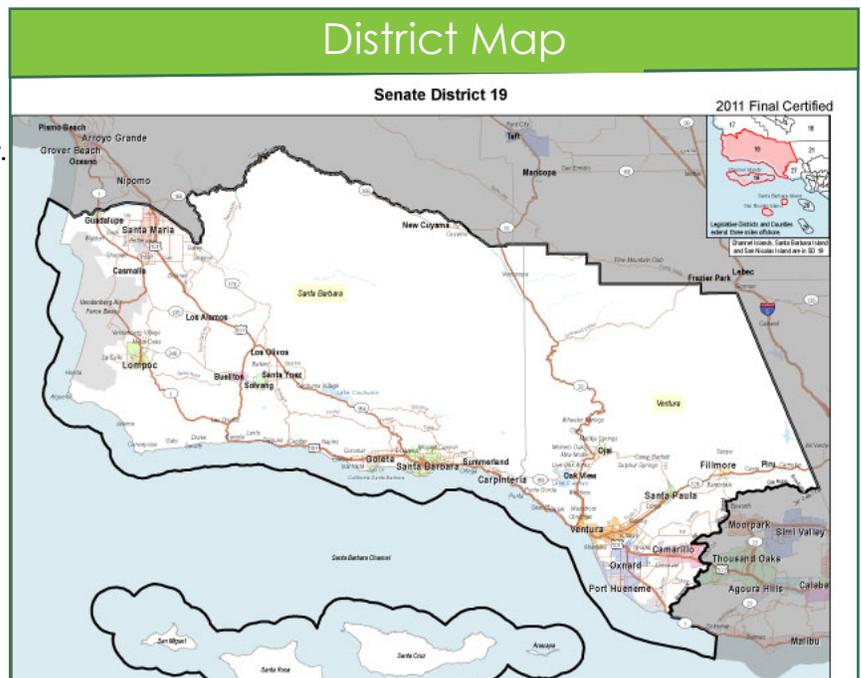
During her time in the Legislature, Senator Jackson has become known as an effective advocate for protecting the environment, advancing legislation to reduce gun violence, championing equality for women, advocating for commuter rail, improving access to early childhood education, supporting veterans and Veterans Treatment Courts, and supporting access to justice for all Californians, among other issues.

Over the last few years, her priorities have focused on creating a family friendly workplace that more accurately reflects the caregiving responsibilities of California families. For example, Senator Jackson's SB 770 strengthens California's Paid Family Leave program to allow workers to take paid leave while caring for seriously ill grandparents, grandchildren, siblings, and in-laws. Senator Jackson earned her B.A. from Scripps College in Claremont California and her law degree from Boston University Law School before returning to California to work as a deputy district attorney for Santa Barbara County. Eventually, she became the managing partner for the Law Offices of Eskin and Jackson, with offices in Ventura and Santa Barbara.

Hannah-Beth Jackson is a former prosecutor and practicing attorney, educator, and small business owner. From 1998 to 2004, she represented the 35th Assembly District in the State Assembly. She was elected to the California State Senate in 2012 to represent the 19th Senate District, which includes all of Santa Barbara County and western Ventura County.

Currently, she is chair of the Senate Judiciary Committee, where she is focused on protecting the rights and privacy of Californians. She serves on several key committees, including the Labor and Industrial Relations Committee, the Environmental Quality Committee, the Natural Resources and Water Committee and was recently appointed to the Business, Professions and Economic Development Committee. She also chairs the Select Committee on Passenger Rail and the California Legislative Women's Caucus and is vice-chair of the Select Committee on Emergency Management.

Senator Jackson is married to retired Superior Court Judge George Eskin. She has a daughter, two stepchildren and five grandchildren. She has resided in her district for more than 35 years.



# You Asked For It

## Questions received from the Web

By Christine Valine, Public Information Analyst

**Q. I am aware, as a physician, I am now required by law to register for CURES. Is there a deadline and how do I register?**

A. Effective January 1, 2016, California physicians who are authorized to prescribe, order, administer, furnish, or dispense Schedule II, III, or IV controlled substances must be registered to access CURES. You can complete the online application, have the application notarized, and then send it to the Department of Justice. If you prefer, the Medical Board of California (Board) has volunteered to assist physicians in registering for access to CURES by reviewing the completed documents and verifying the physician's identity in place of the requirement to have the documents notarized. The Board will then forward the documents to the Department of Justice for processing. For further information and instructions, please click on the following link: [http://www.mbc.ca.gov/Licensees/Prescribing/cures\\_notice.pdf](http://www.mbc.ca.gov/Licensees/Prescribing/cures_notice.pdf)



**Q. Am I required to see my patient in person every time I issue a refill for a Schedule II drug? My colleague tells me this is not necessary, and that I may mail the prescription to my patient.**

A. There is no requirement that a physician see a patient each time a refill prescription for a Schedule II controlled substance is issued. As the physician, you must determine what is consistent with sound medical practice as to how often your patient should be seen. You can either mail the prescription refill to your patient or have them pick up the refill prescription at your office.

**Q. I am an orthopedic surgeon and receive numerous requests from patients requesting copies of their medical records be sent to them, their attorney, or to another physician. My office charges a flat \$35 to produce the records, regardless of the size of the medical chart. Is this appropriate?**

A. The law states you may charge 25 cents a page and a *reasonable* clerical fee to copy and mail the medical records. *Reasonable* is not defined in the law. Copies of x-rays or tracings from electrocardiography, electroencephalography, or electromyography do not have to be provided to the patient or the patient's representative if the originals are transmitted to another health care provider. Many physicians, as a courtesy, do not charge their patient if the copies are being forwarded to another physician; however, this is not required.

**Q. I have a medical practice that specializes in cosmetic procedures. Who is allowed to use radio frequency devices?**

A. Cosmetic procedures are considered medical procedures if the treatment performed affects the structure or function of living tissue. Radio frequency devices, laser devices (including cool lasers), derma rollers, etc., all affect the structure or function of living tissue. Only licensed registered nurses and physician assistants are permitted to perform these procedures under the supervision of a physician and surgeon.

### ***Have a question?***

If you have a question, write to [Webmaster@mbc.ca.gov](mailto:Webmaster@mbc.ca.gov). Although only some questions may be featured here in "YOU ASKED FOR IT," all questions will receive an email response, so let us hear from you.

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## Medical Board of California Welcomes Two New Members



**Michelle Anne Bholat, M.D.**

Dr. Michelle Anne Bholat was appointed to the Medical Board by Governor Edmund G. Brown, Jr., in 2015. She is Professor and Executive Vice Chair of the Department of Family Medicine at the David Geffen School of Medicine at UCLA. In 2014 she was elected to the Board of the California Beach Cities Health District serving the communities of Hermosa Beach, Manhattan Beach, and Redondo Beach, California. She is also an appointed Los Angeles County Public Health Commissioner.

Throughout her career, Dr. Bholat has worked to improve access and quality of care for all patients including the vulnerable and underserved. She co-founded the UCLA International Medical Graduate (IMG) Program, a nationally-recognized effort to increase the number of bilingual family medicine physicians serving in medically-underserved rural and inner-urban communities. Dr. Bholat is a former leadership fellow of the National Hispanic Medical Association (NHMA), and has received the Los Angeles County Department of Health Services Recognition of Service Award for her leadership and dedication.

Dr. Bholat earned her medical degree from the University of California Irvine College of Medicine, and her Master of Public Health degree in health care policy and management from UCLA. Her term expires June 1, 2018.



**Randy W. Hawkins, M.D.**

Dr. Randy W. Hawkins of Los Angeles was appointed to the Medical Board by Governor Edmund G. Brown Jr. in 2015.

He has been in private practice since 1985. His medical practice is composed of primary care, pulmonary and critical care medicine and hospice care. Dr. Hawkins is board-certified in internal medicine and pulmonary and critical care medicine.

He is clinical assistant professor of medicine at the Charles Drew University of Medicine and Science. Dr. Hawkins is president of the Charles R. Drew Medical Society of Los Angeles (2014-15) and is a member of the Golden State Medical Association of California and the National Medical Association, the American Thoracic Society, California Thoracic Society and Trudeau Society of Los Angeles.

He earned a Doctor of Medicine degree from Hahnemann Medical College in 1979. He completed his pulmonary and critical care fellowship at the University of California at San Diego in 1985.

His term expires June 1, 2016.

was called PROMIS (the Problem Oriented Medical Information System) and was being developed by Dr. Lawrence Weed. In 2009, reflecting back on his work, Dr. Weed stated that one of the primary goals of PROMIS was to facilitate a “highly organized approach” to the everyday “complexity” faced in providing patient care. The intent of this early version of an EHR was to serve as a means to improve the quality of care.(1) My own recollection of PROMIS was through the lens of a medical student. It definitely brought structure to the patient encounter. I remember the very large, touch-sensitive screen that served as the interface and guided me through taking a patient’s history. However, I also remember a very significant downside. The medical record placed in the patient’s chart was produced by a dot matrix printer with fold-over pages that were, for me, unreadable.

Recently, EHR use has expanded substantially. In 2009, Congress passed the Health Information Technology for Economic and Clinical Health (HITECH) Act, which offered \$30 billion in incentives towards the meaningful use of EHRs. According to the Department of Health and Human Services, approximately 80% of office-based physicians and 60% of hospitals have adopted some type of EHR.

What has been the experience to date? As noted by Dr. Ashish Jha, while “studies have consistently shown that EHRs can help clinicians adhere to guideline-based care and reduce medication errors, beyond these narrow benefits, there is little evidence that EHRs improve patient outcomes and even less evidence that they improve the efficiency of care.”(2)

A great deal of work remains to realize the potential of EHRs.

We, as physicians, need to address the inefficiencies that have become pervasive with EHR implementation. In a recent survey of 400 internal medicine physicians, many felt that

use of an EHR added a significant time burden to their daily activities.(3) A more effective means to address the time costs associated with EHR use should be a priority.

As physicians, we need to address concerns for the integrity of the information in the EHR. The duplication of data in the EHR from one location to another, known as “copy-and-paste” is generally unhelpful. More concerning is the opportunity to copy prior notes as new chart entries or “over-documentation,” the practice of inserting false or irrelevant documentation to create the appearance of support for billing higher level services.(4)

We, as physicians, need to find more effective ways to ensure that records are readable and useful. This should include implementation of clear documentation guidelines to ensure that the information entered is timely, patient-centered, concise and relevant, accurate and in compliance with appropriate policies and regulations.

We, as physicians, need to have the EHR better facilitate quality improvement and patient safety activities. These quality and safety assessments should include ongoing surveillance and mitigation of EHR-related safety hazards. This should also include a reassessment of the usefulness of EHR-generated alerts; many of which in my experience are false positives. This will require substantial collaboration between providers, health care systems, national standards organizations and other EHR stakeholders to address these challenges.(5)

There are clearly other areas of concern regarding EHR use that I haven’t addressed; e.g. the transfer of records between organizations, protection of personal health information, and the ability to assess for disparities in care.

Much has happened since PROMIS

emerged more than 40 years ago. However, we have yet to realize the full potential of an EHR. As noted by Dr. Robert Wachter, “we will never make fundamental improvements in our system without the thoughtful use of technology.”(6) Some of these steps are still within our hands. We can all ensure that our notes are accurate and readable. That is always a good place to start.

References:

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Disclaimer: Dr. Nuovo serves as a consultant to the Medical Board of California.

# Outpatient Surgery Settings – Is Your Surgery Setting in Compliance?

By Natalie Lowe  
Licensing Manager

In order to protect consumers, the Legislature has passed various laws to ensure that surgeries are being conducted in settings that are regulated. California law requires physicians to perform outpatient surgeries in an accredited, licensed, or certified setting. Specifically, if the surgical procedure requires anesthesia to be administered in doses that have the probability of placing a patient at risk for loss of the patient's life-preserving protective reflexes, then the surgery must be performed in an accredited, licensed, or certified setting.

If the surgery requires only local anesthesia or a peripheral nerve block (complying with the community standard of practice), or if the setting administers anxiolytics (anti-anxiety medications) or analgesics ("pain killers") in doses that do not place the patient at risk for loss of life-preserving protective reflexes, then the surgery may be performed in a setting that is not accredited, licensed, or certified.

How do you know if your surgery setting should be licensed, certified, or accredited? A surgery setting that is owned and operated by a physician must be accredited through one of the [accreditation agencies approved by the Medical Board of California \(Board\)](#); non-physician owned surgery settings can be licensed by the [California Department of Public Health](#) or accredited by one of the accreditation agencies approved by the Board; and, surgery settings that will participate in the Medicare program need to be certified by the [Center for Medicare and Medicaid Services](#). In addition to being certified, a surgery setting can also be licensed or accredited.

Whether you are considering opening your first outpatient surgery setting, or have been accredited for years, the Board encourages you to periodically review the laws pertaining to outpatient surgery settings so that you are aware of the laws pertaining to your business. [Health and Safety Code \(HSC\), commencing with section 1248](#) defines the minimum standards for accreditation of a surgery setting in California, and outlines the roles and responsibilities of the Board and the approved accreditation agencies. It is important to note that the law dictates the minimum standards in California for accreditation of a surgery setting. An approved accreditation agency may require additional standards be met prior to approving your surgery setting.

As a physician in California, it is your responsibility to ensure that the consumers in the State are protected, and that the highest level of service and standards are being provided. You must know the laws related to your business to assist you in protecting the consumers in the State.

- Did you know that [HSC section 1248.15 \(a\)\(9\)](#) states that an accredited surgery setting must post the name and telephone number of their accreditation agency, with instructions on how and where a complaint can be submitted, and have it readily visible to patients and staff? In addition to this requirement for the surgery setting, all physicians in California must also provide a [Notice to Consumers](#) informing them of where they can go to seek information or file a complaint about California medical doctors.
- Did you know that [HSC section 1248.35 \(b\)\(3\)](#) states that the Board or the accreditation agency may enter and inspect any accredited outpatient setting, at any reasonable time, to ensure compliance with the laws and regulations? Although inspections are regularly performed by the accreditation agencies, the Board also has the authority to inspect a setting at any time. The law states that inspections shall be conducted no less often than once every three years by the accreditation agency and as often as necessary by the Board to ensure the quality of care provided.
- Did you know that [HSC section 1279.1](#) states that an accredited surgery setting must report adverse events to the Board no later than five days after the adverse event has been detected, or, if that event is an ongoing urgent or emergent threat to the welfare, health, or safety of patients, personnel, or visitors, no later than 24 hours after the adverse event has been detected? This statute also outlines what is considered an adverse event. If a setting fails to submit an **Adverse Event Report**, the Board may assess a civil penalty in an amount not to exceed one hundred dollars (\$100) for each day that the adverse event is not reported following the initial five-day period or 24-hour period, as applicable.
- Did you know that [HSC section 1248.2](#) requires the Board to obtain and maintain a list of all accredited surgery settings in California and provide the information to the public? This includes information on newly accredited surgery settings, updates to existing surgery settings, status information, ownership

**Outpatient Surgery Setting** (continued on page 12)

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# Steven M. Thompson Loan Repayment Program Recipient

Jimmy Wu, M.D., originally hails from Milwaukee, Wisconsin, where he grew up bi-culturally, raised by immigrant Taiwanese parents. This experience sparked his passion for cross-cultural medicine. His younger sister was diagnosed with lupus at a very young age; her health ordeal helped galvanize Jimmy's general interest in a medical career.

He attended Stanford University, where he majored in human biology (an interdisciplinary program emphasizing a joint social science and scientific approach to the human experience) and minored in psychology.

He next studied at the University of Wisconsin School of Medicine and Public Health in Madison, obtaining his medical degree and a master's in public health. During those five years, he was drawn to family medicine, and decided to incorporate several additional interests into his career, including integrative medicine, global health, mentoring students from underserved backgrounds, cross-cultural medicine, and leadership in medicine.

Dr. Wu pursued all of these interests at Santa Rosa Family Medicine Residency Program, where he trained for three years. He also managed

to pursue a certification in medical acupuncture, found an opportunity to help develop family medicine in China, and started a Tai Chi class at the clinic.

He stayed an extra year and completed the "Santa Rosa Integrative Medicine for the Underserved" fellowship, further honing his acupuncture skills and developing an innovative clinic that provides complementary and alternative medicine (CAM) services to the medically underserved.

As a junior faculty member, he discovered a love for clinical teaching – including high school students, medical students, nurse practitioner students, and family medicine residents. He created the first annual Asian Health Forum in Santa Rosa and also formed a chapter of the Future Faces of Family Medicine mentoring program.

Since the fellowship, Dr. Wu has enjoyed working as a family medicine practitioner at the Vista Family Health Center in Santa Rosa.



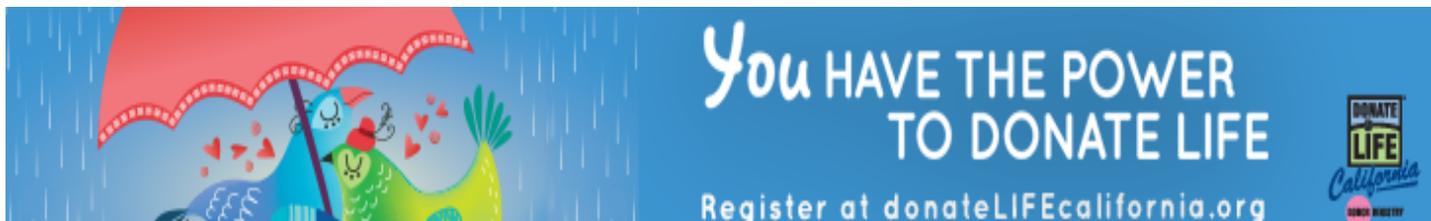
Vista Clinic is a federally qualified community health center, which means that he sees patients daily who are uninsured or underinsured (Medi-Cal, Medicare, etc.). He speaks fluent Mandarin and greatly enjoys being able to work with patients of all ages, ethnic backgrounds, and disease types.

He continues to offer acupuncture to a medically underserved population and is still running the CAM clinic. Dr. Wu continues to teach at the residency and still mentors high school students. He also serves as a clinician lead for one of the four smaller clinics that exist within the larger Vista organization. He and his wife, another family practitioner, have a young daughter.

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**When communicating with the Medical Board of California  
by letter or email, or leaving a phone message,  
please include your full name and license number.**

Be a hero. Sign up to save lives.



By **Brianne Page**  
**Donate Life California**

Did you know that anyone can be a hero and save lives simply by signing up to be an organ, eye and tissue donor?

That one decision is vital for the more than 123,000 people waiting for life-saving organ transplants in the United States.

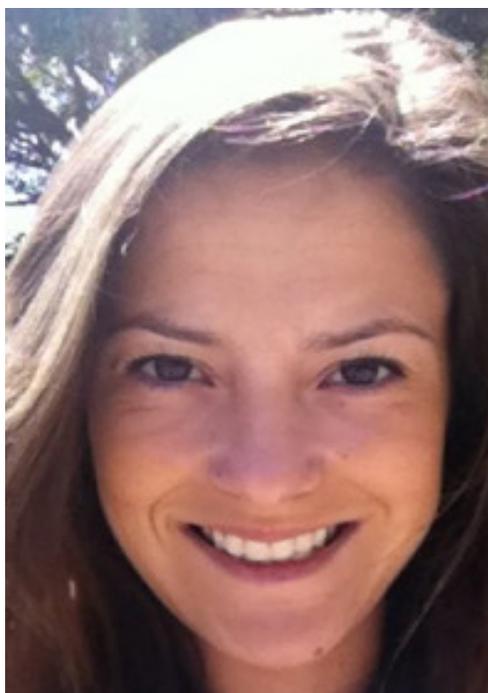
More than 22,000 of those people live right here in California. People like Caleigh Haber of San Francisco. She has cystic fibrosis, a genetic disease that can lead to severe lung disease, which makes breathing very difficult. She is on the transplant waiting list for a new set of lungs. But there's no guarantee that she'll get them.

Each day in the U.S., 21 people die waiting because the organ they needed did not become available in time. Organs needed for transplant are heart, lungs, liver, kidney, pancreas or intestine.

Tissue transplants, meanwhile, save and heal lives. Tissues for transplant include cornea, skin, heart valves, bone tissue, tendons, veins, ligaments and cartilage.

More than a million tissue transplants are done each year, and the surgical need for tissue has been steadily rising. Additionally, corneal transplants restore sight to nearly 50,000 people each year.

Despite the vital need, only about 40 percent of adults in California are signed up to be organ, eye and tissue donors. The facts are:



**Caleigh Haber**

- People of all ages and medical histories can be donors.
  - Your medical care and/or funeral arrangements will not be affected by your decision to donate.
  - There is no cost to you or your family for donation.
  - Nearly all major religions support or permit organ donation.
- Sign up to save lives by registering as an organ, eye and tissue donor at [www.donateLIFecalifornia.org](http://www.donateLIFecalifornia.org) or check "YES!" at the DMV every time you renew your driver license or ID.

*The Medical Board of California is an honorary sponsor of the Donate Life License Plate. Learn more and reserve your license plate at [www.DonateLifePlate.org](http://www.DonateLifePlate.org) to help raise funds for education and awareness programs that inspire people to join the Donate Life California Organ and Tissue Donor Registry.*

More than 123,000 people in the United States are waiting for life-saving organ transplants.

# Dose of Awareness 5K Walk and Health Fair Draws Attention to Prescription Drug Abuse



On March 1, 2015, the National Coalition Against Prescription Drug Abuse held its first “Dose Of Awareness 5k Walk and Health Fair” to launch March as Prescription Drug Awareness Month. The walk was held on a beautiful spring day at the Iron Horse Middle School in San Ramon and attracted many participants. The event debuted the Rx Epidemic Memorial, (pictured above, bottom right) which includes names of overdose victims and shapes made from empty prescription pill containers. Pictured above, bottom left, participants release dove-shaped balloons in memory of loved ones. The balloons (pictured above, top left) resembled birds flying. The fair also included a "drop off" for unwanted medication and a number of presenters providing prevention and treatment information.

Cassandra Hockenson of the Medical Board was one of several speakers addressing the crowd, along with Assemblywoman Catharine Baker, The National Coalition Against Prescription Drug Abuse founder April Rovero, area law enforcement, and several other area politicians and resource providers.

The Medical Board provided information on the Board’s Prescribing Guidelines as well as information on how to verify a physician’s license and file a complaint. The Board was honored to be a part of what will become an annual event.

# Direct Dispensing of Controlled Substances

Physicians who directly dispense prescription drugs to patients must provide weekly electronic dispensing reports to the California Department of Justice (DOJ) for Schedules II, III, and IV prescription drugs. The DOJ, in coordination with Atlantic Associates, Inc. (AAI), has an online direct dispense application which can be accessed at <http://www.aaicures.com>. This allows direct dispense practitioners and entities (such as dispensing hospitals and clinics) to electronically report required dispensing data – including those reporting zero fills and pharmacies filling fewer than 25 prescriptions per month.

Note: A physician is not a direct dispense practitioner if he or she writes prescriptions to be filled by a pharmacist or dispensary. Only direct dispensers need to fill out the direct dispense application. Such reports are required by **California Health and Safety Code (HSC) section 11165(d)**, as part of the Controlled Substance Utilization Review and Evaluation System (CURES) for electronic monitoring of prescription drugs.

Other state laws relating to direct dispensing include:

**California Business and Professions Code (BPC) section 4170**, which requires that prior to dispensing to a patient, a prescriber must offer to give that patient a written prescription, which the patient can then opt to take to a pharmacy.

**California BPC section 4184**, which prohibits practitioners at non-profit or free clinics from dispensing Schedule II controlled substances.

**California HSC section 11158**, which says direct dispensations of Schedule II controlled substances are limited to a maximum 72-hour supply.

For questions about direct dispensing of controlled substances, please call the DOJ at (916) 227-3843.

## Outpatient Surgery Setting (continued from page 8)

information, reports of inspections, corrective action plans, and final outcome reports. The Board continuously receives information from the approved accreditation agencies which is then displayed on the **Outpatient Surgery Settings Database (outpatient database)** located on the Board's website. The outpatient database allows consumers to search for a surgery setting, verify accreditation, and review a history of past inspections that have been performed. The outpatient database directly reflects the information provided by the accreditation agencies. If you review the outpatient database for your setting, and notice a discrepancy in the information being provided, you will need to contact your accreditation agency. The accreditation agency will then inform the Board of any necessary changes.

If you knew all the answers to these questions, congratulations! Additional information related to **outpatient surgery settings** can be viewed on the Board's website and will provide you with more frequently asked questions for the program, easy access to required forms, links to the laws and regulations related to the program, and access to the outpatient database. After review of the Board's website, if you have additional questions regarding the program, please contact the Board at (800) 633-2322 or by email at [webmaster@mbc.ca.gov](mailto:webmaster@mbc.ca.gov).

## WEDDING BELLS IN YOUR FUTURE? CONGRATULATIONS!

AND REMEMBER, IF YOUR MARRIAGE  
INVOLVES A NAME CHANGE,  
PLEASE DON'T FORGET TO  
REPORT IT TO THE  
MEDICAL BOARD OF CALIFORNIA  
WITHIN 30 DAYS

Go to:

[http://www.mbc.ca.gov/licensees/name\\_change.aspx](http://www.mbc.ca.gov/licensees/name_change.aspx)



On January 23, 2015, Medical Board Public Affairs Manager Cassandra Hockenson, third from left, gave a presentation addressing the Board's mission of consumer protection at an event sponsored by Assemblywoman Susan Bonilla, center. The event, held in Walnut Creek, also included presentations by several other government boards and agencies and was attended by more than 100 people.

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# Aiming to Stop A Million Strokes and Heart Attacks

By Desiree Backman, Ph.D., Chief Prevention Officer  
California Department of Health Care Services



[Million Hearts](#)® is a national effort to prevent one million heart attacks and strokes in the U.S. by 2017. Launched by the U.S. Health and Human Services Agency (HHS) in 2011, the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS) co-lead the initiative. CDC and CMS are partnering with other federal and state agencies and private-sector organizations to align existing efforts, as well as create new programs that improve cardiovascular health across communities.

[Million Hearts](#)® is centered around five crucial aims:

- 1) improve access to effective care;
- 2) improve quality of care;
- 3) focus clinical attention on the prevention of heart attacks and strokes;
- 4) encourage the public to reduce sodium and trans fat consumption and adopt other heart healthy habits; and
- 5) improve adherence to the ABCs—**A**spirin when appropriate, **B**lood pressure control, **C**holesterol management, and **S**moking cessation.

The California Department of Health Care Services (DHCS) is doing its part to advance [Million Hearts](#)® by focusing

on hypertension control, appropriate aspirin use for secondary prevention, and smoking cessation. DHCS started a Hypertension Control Quality Improvement Workgroup with its Managed Care Plans, and is investigating the rates at which Medi-Cal members are prescribed and take low-dose aspirin.

In addition, DHCS was awarded a five-year, \$10 million grant from CMS to implement the [Medi-Cal Incentives to Quit Smoking \(MIQS\) Project](#). The goal of [MIQS](#) is to significantly reduce tobacco use among members, test the use of small incentives, and better integrate the services of the CA Smokers' Helpline (1-800-NO-BUTTS) into the fabric of the Medi-Cal system.

A colorful and user-friendly new website physicians can use as a resource is available at <http://mywelltopia.com/>, providing information on topics such as sexual health, managing addiction, good food and stress relief.

For information, contact [Desiree.Backman@dhcs.ca.gov](mailto:Desiree.Backman@dhcs.ca.gov).

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## Termination of a Patient Relationship

During the recent measles outbreak, several physicians spoke with reporters about their intent to terminate their relationships with patients who refused to vaccinate their children. They voiced their concern that having unvaccinated children in their waiting rooms could endanger patients too young or too ill to receive the vaccine.

While this is an uncommon occurrence, there are circumstances in which a physician determines that he or she cannot, in good conscience, continue to care for a patient. It is very important, when that happens, to understand the legal and ethical obligations physicians have prior to initiating the process of discharging a patient from their practice.

A physician is not required to give a reason for discharging a patient. Pursuant to [California Business and Professions Code section 125.6](#), physicians may be subject to disciplinary action for unlawfully discriminating against patients due to their sex, color, race, religion, ancestry, national origin, disability, medical condition, marital status, sexual orientation or genetic information.

To terminate a relationship with a patient, a physician must notify the patient in writing indicating the last day the physician will be available to render medical care. The patient should be supplied with at least 15 days of emergency treatment and prescriptions.

In addition, the physician should notify the patient in writing of alternative sources of medical care by referring the patient to other physicians, by name, or referring the patient to the local medical society's referral service.

Lastly, the physician should notify the patient in writing whom to contact, how and where, in order to obtain the medical records compiled during the patient's care.

Failing to supply any or all of these could result in allegations of abandonment (unprofessional conduct).

For more information, please refer to [http://www.mbc.ca.gov/licensees/terminating\\_relationship.aspx](http://www.mbc.ca.gov/licensees/terminating_relationship.aspx).

### **The Wall Street Journal (wsj.com)**

*New thinking on peanut allergies.* According to an article in *The Wall Street Journal*, a new study shows that children may be less likely to develop peanut allergies if they eat peanut products such as peanut butter or foods cooked in peanut oil during their first year of life. Peanut allergies have more than quadrupled in the U.S. from 1997 to 2010. The new study “found that 17.2 percent of the children who avoided peanuts until age 5 ended up with a peanut allergy compared with 3.2 percent of those who regularly ate peanuts,” according to Dr. George Du Toit, consultant in pediatric allergy at King’s College London and co-investigator in the study. (February 24, 2015)

The study is available from *The New England Journal of Medicine* at <http://www.nejm.org/doi/full/10.1056/NEJMoa1414850>.

### **National Public Radio (www.npr.org)**

*First treatment for colorblindness being developed.* Avalanche Biotechnologies in Menlo Park has teamed with the University of Washington to develop the first treatment for colorblindness. Some 10 million Americans suffer from colorblindness – they have trouble distinguishing green from red, or yellow from blue. The condition can impact career choices of people who rely on color-coded safety information, such as pilots and electricians. Most colorblind individuals are men who have inherited a mutation on the X chromosome. The proposed treatment, which could begin clinical trials in one to two years, involves “delivering new genes to cells in the retina that respond to color.” Such genes will be injected into the vitreous, described as the transparent gel which fills the eye posterior to the lens of the eye. Vision researchers working on the treatment have used a surgical variant of the procedure to cure colorblindness in squirrel monkeys. (March 25, 2015)

<http://www.npr.org/blogs/health/2015/03/25/395303785/university-and-biotech-firm-team-up-on-colorblindness-therapy>

### **U.S. Food and Drug Administration (fda.gov) and The Wall Street Journal (wsj.com)**

*Morcellators may spread cancer.* The U.S. Food and Drug Administration (FDA) has issued a warning about the use of laparoscopic power morcellators in surgery to remove the uterus (hysterectomy) or fibroids (myomectomy) due to the risk of spreading unsuspected cancer in women being treated for uterine fibroids. The FDA requested implementation of device labels with a black box warning informing health care providers and patients that “Uterine tissue may contain unsuspected cancer. The use of laparoscopic power morcellators during fibroid surgery may spread cancer and decrease the long-term survival of patients. This information should be shared with patients when considering surgery with the use of these devices.” The FDA estimates one in 350 women undergoing fibroid surgery have uterine sarcomas. (November 24, 2014) (<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm424435.htm>) *The Wall Street Journal* reported that many U.S. health insurers no longer provide coverage for procedures done with morcellators. Johnson & Johnson, formerly the biggest manufacturer of morcellators, stopped making them in 2014. (April 3, 2015)

### **ihealthbeat (ihealthbeat.org)**

Technology under development, including one product which has received FDA approval, will allow physicians to convert the data from a 2-D image (such as a CT scan) into a 3-D model or cross sections at any angle across the body. The technology also can rotate objects to appear as they will in surgery. *Newsweek* reported that radiologists using the technology in a clinical trial at Stanford “...used the software to create improved surgical plans to treat major aortopulmonary collateral arteries. As a result, surgical time decreased from four hours to fewer than two.” (April 9, 2015)

<http://www.ihealthbeat.org/articles/2015/4/9/new-computer-software-turns-medical-images-into-3-d-projections>

### **ihealthbeat (ihealthbeat.org)**

An online tool called ResearchMatch! (<https://www.researchmatch.org>) offers a way to connect researchers of nationwide clinical trials with people who might be interested in participating. Users interested in participating in trials can share information such as location by ZIP code, how far they are willing to travel and medical conditions of interest to them. The collaborative effort is the work of several non-profit groups, led by the Vanderbilt Institute for Clinical and Translational Research. (April 9, 2015)

<http://www.ihealthbeat.org/articles/2015/4/9/online-tool-aims-to-increase-nationwide-clinical-trial-recruitment>



# Administrative Actions: November 1, 2014 – January 31, 2015

## Physicians and Surgeons

### **AFATO, FAAFOUINA SALAPIU, M.D. (G 76223)**

Yuba City, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

November 26, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=76223>

### **ALEGRIA, RUDOLPHO JARAMILLO (A 37049)**

Indio, CA

License Surrendered

December 31, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=37049>

### **ATHANASSIOUS, NABIL FAWZY (A 40963)**

Vacaville, CA

License Surrendered

December 1, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=40963>

### **AZAR-FARR, SHAABAN (A 32840)**

Granada Hills, CA

License Surrendered

January 20, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=32840>

### **BALASUNDARAM, RAJ, M.D. (A 107910)**

Downey, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

January 9, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=107910>

### **BARRY, MICHELLE SHARON, M.D. (G 85355)**

San Francisco, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

January 9, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=85355>

## 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.

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**BEVERLY, SHEREEN LUKATHY, M.D. (G 68251)**

Lawndale, CA

Public Reprimand with conditions

November 13, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=68251>

**BULLOCK, PETER JOHN, M.D. (A 31093)**

Redwood City, CA

Revoked, stayed, placed on 6 years probation with terms and conditions, including 45 days actual suspension

November 14, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=31093>

**CHANG, SEAN CHIA, M.D. (A 112950)**

Thousand Oaks, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

December 5, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=112950>

**CHOI, AUDREY HOIYEE, M.D. (A 123785)**

Pasadena, CA

Revoked, stayed, placed on 3 years probation with terms and conditions

November 21, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=123785>

**DANG, NGA TUYET, M.D. (C 52542)**

San Jose, CA

Public Reprimand with conditions

November 14, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=52542>

**DE LEON, EPIFANIO JOSE, M.D. (A 75985)**

Walnut Creek, CA

Public Letter of Reprimand issued pursuant to California Business and Professions Code Section 2233

November 19, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=75985>

**DUREZA, RENAN JAYME (C 51663)**

Baltimore, MD

License Surrendered

December 30, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=51663>

**EDWARDS, MICHAEL CHARLES, M.D. (A 91508)**

Westminster, CA

Revoked, stayed, placed on 18 months probation with terms and conditions to be served consecutively to the previous probation

November 26, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=91508>

**FINKLEMAN, LOWELL CRAIG, M.D. (G 48223)**

Tacoma, WA

Public Reprimand with conditions

November 26, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=48223>

**FURMAN, GEOFFREY DAVID, M.D. (A 36482)**

Santa Ana, CA

Public Reprimand with conditions

December 24, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=36482>

**GOLDEN, PAUL (G 30602)**

Modesto, CA

License Surrendered

November 12, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=30602>

**HARRISON, OTIS RUSSELL (A 52907)**

Mobile, AL

License Surrendered

December 23, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=52907>

**HAUBEN, STEVEN PAUL (A 56326)**

Scottsdale, AZ

License Revoked

December 19, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=56326>

**HEGWOOD, TEKI SUSAN, M.D. (A 76403)**

Dothan, AL

Public Reprimand with conditions

January 22, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=76403>

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**HEIKALI, MOOSA (A 40559)**

Los Angeles, CA

License Revoked

January 2, 2015

Judicial Review Pending

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=40559>

**HIGHMAN, LAWRENCE MARSHALL, M.D. (G 40201)**

Colusa, CA

Public Reprimand with conditions

January 2, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=40201>

**JACKSON, BLAINE K., M.D. (A 67288)**

Escondido, CA

Public Reprimand with conditions

January 8, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=67288>

**KAYVANFAR, JOHN J., M.D. (A 36821)**

Palmdale, CA

Revoked, stayed, placed on 3 years probation with terms and conditions

November 21, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=36821>

**KEVESS, ROBERT M. (G 57523)**

Berkeley, CA

License Revoked

November 14, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=57523>

**KIM, JUNUK (A 104415)**

Houston, TX

License Surrendered

November 25, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=104415>

**KOFTAN, CHARLES ELDON, M.D. (G 71434)**

Englewood, CO

Public Reprimand

December 10, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=71434>

**KOMIN, MICHAEL LEE, M.D. (A 76214)**

Shafter, CA

Public Letter of Reprimand issued pursuant to California Business and Professions Code Section 2233

November 12, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=76214>

**LANE, JASON WILLIAM, M.D. (C 55242)**

Weston, FL

Revoked, stayed, placed on 10 years probation with terms and conditions, including 180 days actual suspension and a condition precedent to the practice of medicine

January 15, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=55242>

**LEE, CHAN WOO, M.D. (A 89666)**

Costa Mesa, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

January 14, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=89666>

**LEE, RICHARD (G 14329)**

Whittier, CA

License Surrendered

November 21, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=14329>

**LEWIS, GEORGE MILTON (C 50188)**

Hollywood, CA

License Revoked

November 14, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=50188>

**LIEPMANN, PETER JULIAN, M.D. (G 89383)**

Bakersfield, CA

Revoked, stayed, placed on 1 year probation with terms and conditions

November 21, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=89383>

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**MARCUS, GARY BRUCE, M.D. (C 28611)**

Berkeley, CA

Public Reprimand with conditions

January 7, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=28611>

**MAZZARELLA, VINCENT ANTHONY, M.D. (G 82089)**

Chico, CA

Revoked, stayed, placed on 2 years probation with terms and conditions, including 30 days actual suspension, to be served consecutively to the current term of probation

January 9, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=82089>

**MCGROARTY, JOHN J. (G 12938)**

North Hollywood, CA

License Revoked

January 16, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=12938>

**METZGER, ALLAN LAWRENCE (G 22607)**

Los Angeles, CA

License Surrendered

December 23, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=22607>

**MORRISON, JOHN MCKEE, M.D. (G 36553)**

Visalia, CA

Public Letter of Reprimand issued pursuant to California Business and Professions Code sections 2233

January 7, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=36553>

**MULTANI, JASBIR K., M.D. (A 76661)**

Fremont, CA

Public Reprimand

January 9, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=76661>

**NUGENT, LUIS PHILIP, M.D. (G 47906)**

Whittier, CA

Remain on probation for 7 years with terms and conditions  
November 13, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=47906>

**O'DAY, STEVEN JOHN, M.D. (A 53519)**

Los Angeles, CA

Revoked, stayed, placed on 3 years probation with terms and conditions

November 26, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=53519>

**ONUBAH, BONIFACE OKWUDILI (A 52415)**

Marina Del Rey, CA

License Revoked

November 14, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=52415>

**OWEN, SEAN MICHAEL, M.D. (A 123587)**

Novato, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

January 23, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=123587>

**PAGE, GARY WAYNE, M.D. (A 67353)**

Dana Point, CA

Revoked, stayed, placed on 3 years probation with terms and conditions

November 26, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=67353>

**PALMER, ROBERT BYRON (G 53445)**

Applegate, CA

License Surrendered

November 6, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=53445>

Effective January 1, 2016, all California-licensed physicians authorized to prescribe, order, administer, furnish or dispense Schedule II, III, or IV controlled substances must be registered to access CURES (as required by [California Health and Safety Code section 11165.1](#)). For more information, please visit [http://www.mbc.ca.gov/Licensees/Prescribing/cures\\_notice.pdf](http://www.mbc.ca.gov/Licensees/Prescribing/cures_notice.pdf).

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**PATEL, JAYESH JAGUBHAI, M.D. (A 72056)**

Fairfield, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

January 14, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=72056>

**PEREZ-MUNOZ, ANTONIO (G 86746)**

Palm Springs, CA

License Surrendered

November 18, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=86746>

**PETRAKIS, STEVEN JOHN (G 35401)**

Albuquerque, NM

License Revoked

December 15, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=35401>

**PROHASKA, GARY THOMAS (C 42755)**

Palm Desert, CA

License Surrendered

November 14, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=42755>

**PYNE, CUTHBERT WESTON (A 29958)**

Los Angeles, CA

License Surrendered

December 31, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=29958>

**RADER, WILLIAM C. (A 22848)**

Malibu, CA

License Revoked

November 5, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=22848>

**RANU, GURDEEP SINGH, M.D. (A 32266)**

Fresno, CA

Public Reprimand with conditions

December 19, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=32266>

**RAPPARD, GEORGE, M.D. (A 63419)**

Los Angeles, CA

Public Letter of Reprimand issued pursuant to California Business and Professions Code section 2233

December 18, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=63419>

**RAUSCH, LYLE J. (G 45494)**

Redwood City, CA

License Surrendered

November 7, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=45494>

**REECE, TYRON CLEON, M.D. (A 31509)**

Inglewood, CA

Revoked, stayed, placed on 7 years probation with terms and conditions, including 90 days actual suspension

December 24, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=31509>

**SAFRANKO, BRENDA JEAN, M.D. (G 45081)**

Malibu, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

November 21, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=45081>

**STREIT, CHARLES COONAN, M.D. (A 25530)**

Fullerton, CA

Revoked, stayed, placed on 3 years probation with terms and conditions

November 26, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=25530>

**TAWAKOL, RAIF (C 40824)**

Merced, CA

License Surrendered

December 22, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=40824>

**TITTLE, LESLIE ANN, M.D. (G 70899)**

The Sea Ranch, CA

Public Reprimand

January 16, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=70899>

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**TRUSSLER, ANDREW PETER, M.D. (A 86306)**

West Lake Hills, TX  
Revoked, stayed, placed on 7 years probation with terms and conditions, including 60 days actual suspension, and a condition precedent to the practice of medicine  
November 26, 2014  
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=86306>

**WESTERBACK, DARYL WALTER (A 72712)**

Thousand Oaks, CA  
License Surrendered  
December 16, 2014  
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=72712>

**WILLIAMS, JEFFERY ALLEN (C 53954)**

Spokane, WA  
License Surrendered  
December 2, 2014  
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=53954>

**WILLIAMS, MARK DWIGHT, M.D. (A 80386)**

Moreno Valley, CA  
Revoked, stayed, placed on 5 years probation with terms and conditions, including 45 days actual suspension  
November 26, 2014  
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=80386>

**WONG, DAVID YEN-MANN, M.D. (G 27287)**

Torrance, CA  
Revoked, stayed, placed on 7 years probation with terms and conditions, including 45 days actual suspension  
November 21, 2014  
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=27287>

**WOOLERY, JAMES DOUGLAS, M.D. (G 34457)**

Napa, CA  
Public Letter of Reprimand issued pursuant to California Business and Professions Code Section 2233 with conditions  
December 26, 2014  
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=34457>

**WYNKOOP, WALKER A., M.D. (G 87898)**

Sioux Falls, ND  
Public Reprimand with conditions  
January 29, 2015  
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=87898>

**ZAX, STEVEN (C 28324)**

Los Angeles, CA  
License Surrendered  
December 15, 2014  
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=28324>

**ZIMMERMAN, JOSEPH E., M.D. (A 19234)**

Antioch, CA  
Revoked, stayed, placed on 5 years probation with terms and conditions  
November 26, 2014  
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=19234>

*Physician Assistants*

**ANSLINGER, DAVID T., P.A. (PA 11818)**

Acampo, CA  
Revoked, stayed, placed on 2 years probation with terms and conditions  
December 5, 2014  
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=11818>

**CASAS, JOSEPH PETER, P.A. (PA 52163)**

San Bernardino, CA  
Probationary License issued with 2 years probation and terms and conditions  
November 14, 2014  
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=52163>

**CORBETT, JENNIFER MARGARET, P.A. (PA 20507)**

Walnut Creek, CA  
Revoked, stayed, placed on 5 years probation with terms and conditions  
December 31, 2014  
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=20507>

Any physician with an email account is required by law per [Business and Professions Code section 2021\(d\)](#) to notify the Board of his or her email address. Please visit [http://www.mbc.ca.gov/Forms/Applicants/address\\_change\\_request.pdf](http://www.mbc.ca.gov/Forms/Applicants/address_change_request.pdf). Email addresses will be considered confidential and not subject to public disclosure.

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**MARES, ABELARDO, P.A. (PA 20152)**

Montebello, CA

Revoked, stayed, placed on 7 years probation with terms and conditions

January 5, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=20152>

**ROZELL, BRANDON T. (PA 20457)**

McClellan, CA

License Revoked

December 24, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=20457>

**RODRIGUEZ, CARLOS, P.A. (PA 52164)**

San Diego, CA

Probationary License issued with 2 years probation and terms and conditions

November 14, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=52164>

*Podiatric Medicine*

**SERVATJOO, PARVIZ, D.P.M. (E 3494)**

Reseda, CA

Revoked, stayed, placed on 6 additional years probation with terms and conditions, including 30 days actual suspension

January 15, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=E&licenseNumber=3494>

*Registered Dispensing Optician Program*

**BAGWELL, DENNIS D. (SL 50, CL 1996, D 3270)**

Fremont, CA

Registrations Revoked

November 13, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=SL&licenseNumber=50>



On February 26, 2015, the Medical Board of California held its First Annual Legislative Day. Board Members pictured above (left to right) are Dr. Ronald H. Lewis; Board President David Serrano-Sewell, J.D.; Barbara Yaroslavsky; and Board Secretary Denise Pines.



Board Member Michael Bishop, M.D., meets with Assembly Speaker Toni G. Atkins at her San Diego district office on April 24, 2015.

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## DEA Issues Nationwide Alert on Fentanyl as Threat to Health and Public Safety

**(WASHINGTON)** - The United States Drug Enforcement Administration (DEA) has issued a nationwide alert about the dangers of fentanyl and fentanyl analogues/compounds. Fentanyl is commonly laced in heroin, causing significant problems across the country, particularly as heroin abuse has increased. This alert was issued through the multi-agency El Paso Intelligence Center (EPIC) to all U.S. law enforcement.

“Drug incidents and overdoses related to fentanyl are occurring at an alarming rate throughout the United States and represent a significant threat to public health and safety,” said DEA Administrator Michele M. Leonhart. “Often laced in heroin, fentanyl and fentanyl analogues produced in illicit clandestine labs are up to 100 times more powerful than morphine and 30-50 times more powerful than heroin. Fentanyl is extremely dangerous to law enforcement and anyone else who may come into contact with it. DEA will continue to address this threat by directly attacking the drug trafficking networks producing and importing these deadly drugs. We have lost too many Americans to drug overdoses and we strongly encourage parents, caregivers, teachers, local law enforcement and mentors to firmly and passionately educate others about the dangers of drug abuse, and to seek immediate help and treatment for those addicted to drugs.”

In the last two years, DEA has seen a significant resurgence in fentanyl-related seizures. According to the National Forensic Laboratory Information System (NFLIS), state and local labs reported 3,344 fentanyl submissions in 2014, up from 942 in 2013. In addition, DEA has identified 15 other fentanyl-related compounds.

Fentanyl is a Schedule II narcotic used as an analgesic and anesthetic. It is the most potent opioid available for use in medical treatment – 50 to 100 times more potent than morphine and 30 to 50 times more potent than heroin. Fentanyl is potentially lethal, even at very low levels. Ingestion of doses as small as 0.25 mg can be fatal. Its euphoric effects are indistinguishable from morphine or heroin.

DEA has also issued warnings to law enforcement as fentanyl can be absorbed through the skin and accidental inhalation of airborne powder can also occur. DEA is concerned about law enforcement coming in contact with fentanyl on the streets during the course of enforcement, such as a buy-walk, or buy-bust operation.

Fentanyl cases in 2014 have been significant, particularly in the northeast and in California, including one 12-kilogram seizure. The fentanyl from these seizures originated from Mexican drug trafficking organizations.

Globally, fentanyl abuse has increased the past two years in Russia, Ukraine, Sweden and Denmark. Mexican authorities have seized fentanyl labs there, and intelligence has indicated that the precursor chemicals came from companies in Mexico, Germany, Japan, and China.

Historically, this is not the first time fentanyl has posed such a threat to public health and safety. Between 2005 and 2007, over 1,000 U.S. deaths were attributed to fentanyl – many of which occurred in Chicago, Detroit, and Philadelphia. The source of that fentanyl was traced to a single lab in Mexico. When that lab was identified and dismantled, the surge ended.

The current outbreak involves not just fentanyl, but also fentanyl analogues. The current outbreak is wider geographically and involves a wide array of individuals including new and experienced abusers.

Some recent examples of the fentanyl surge across the United States:

- New Hampshire State Laboratory recently reported four fentanyl overdose deaths within a two-month period.
- New Jersey saw a huge spike in fentanyl deaths in 2014, reporting as many as 80 in the first six months of the fiscal year.
- Rhode Island and Pennsylvania have also seen huge increases since 2013. In a 15-month period, about 200 deaths were reported in Pennsylvania related to fentanyl.
- In the St. Louis area, based on information provided by medical examiners over a 10-year period, fentanyl was the only drug attributed as a primary death factor in 44 percent of fentanyl-related overdose cases. The other 56 percent involved fentanyl and other substances such as alcohol, pharmaceuticals, cocaine or heroin.
- In June 2014, DEA New York dismantled a heroin and fentanyl network and arrested the two heads of the organization. These individuals were linked to at least three overdose deaths from heroin and fentanyl they sold.

For more information on fentanyl, visit: [http://www.deadiversion.usdoj.gov/drug\\_chem\\_info/fentanyl.pdf](http://www.deadiversion.usdoj.gov/drug_chem_info/fentanyl.pdf).

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# Corporate Practice of Medicine Prohibited in California

California is one of the few states which specifically prohibit an arrangement described as the *corporate practice of medicine*. The intent of the prohibition is to protect consumers and patients from unwarranted interference in the decisions physicians and patients make together, with the interests and needs of the patient primary in those decisions.

Two basic concepts underpinning this prohibition are spelled out in the Business and Professions Code (BPC). One is that California law prohibits any person from practicing medicine in this state without a valid certificate of licensure (BPC section 2052). That same code section defines practicing medicine as practicing or attempting to practice “any system or mode of treating the sick or afflicted in this state” or diagnosing, treating, operating for, or prescribing “for any ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition.” The second concept is that corporations and other artificial legal entities shall have no professional rights, privileges, or powers under the Medical Practice Act (BPC section 2400). Corporations cannot practice medicine by engaging in any of the practices listed above.

The corporate practice of medicine is prohibited to protect California patients from unqualified persons or heads of entities from making or influencing medical decisions. The prohibition also reduces the chances of a physician dividing his or her loyalties between the dictates of an employer who is not a physician and the best interest of the patient.

This ban ensures that the person making medical service decisions understands the medical implications of those decisions, has an ethical obligation to place the patient’s interests ahead of his or her own, and is subject to the enforcement powers of the Medical Board of California. Accordingly, physicians and their designated physician leaders, NOT an entity or non-physician manager, must:

- Determine what diagnostic tests are appropriate for a particular condition;
- Determine the need for referrals to, or consultation with, another physician or specialist;
- Be responsible for the overall care of the patient, including treatment options available to the patient; and/or
- Determine how many patients he or she sees in a given time period, and how many hours to work.

Some red flags which may indicate the practice of corporate medicine are: ownership or control of patient records by an entity, or the entity determining what is or

is not recorded in patient records. Another red flag is the entity determining the selection, hiring and/or firing of physicians, allied health staff, and medical assistants. Other warning signals include the entity setting parameters on contractual relationships between the physician and third-party payers, the entity making decisions on coding and billing procedures for patient care services, and the entity deciding what medical equipment and supplies to purchase for the medical practice.

Significantly, even if a franchise arrangement has been approved by the Department of Business Oversight or the corporation is registered with the Secretary of State, that does not mean the physician’s involvement is legal.

Other prohibited operating structures include:

- Non-physicians owning or operating a business that offers patient evaluations, diagnosis, care and/or treatment in which physicians are employed by the non-physician owners;
- Physicians operating a medical practice as an LLC, LLP, or a general corporation. See below for description of the permissible corporate structure for physician practices, Moscone-Knox professional services corporation;
- Management service organization arranging for, advertising or providing medical services (non-physician control despite physician ownership and operation); and
- Physicians acting as medical directors when the physicians do not own the establishment (e.g. medi-spa owned by non-physician, offering medical services).

Physicians should never depend on a business entity’s attorney to determine whether an arrangement is legal. Physicians should retain their own counsel with expertise in this area. Physicians can operate as a corporate structure if they comply with the Moscone-Knox Professional Corporation Act (Corporations Code section 13400 et seq.) and BPC section 2408. The make-up of a medical corporation must be at least 51% physician-owned and no more than 49% can be owned by other licensed professionals listed in Corporations Code section 14301.5. Finally, physicians must have a Fictitious Name in compliance with BPC sections 2285 and 2415.

A presentation regarding the corporate practice of medicine is available at: [http://www.mbc.ca.gov/About\\_Us/Meetings/2015/Materials/materials\\_20150129\\_edu-4.pdf](http://www.mbc.ca.gov/About_Us/Meetings/2015/Materials/materials_20150129_edu-4.pdf).

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# Supervision of Physician Assistants Delegation of Services Agreement



**By Glenn L. Mitchell, Jr.**  
**Executive Officer, Physician Assistant Board**

With the increase in the use of mid-level practitioners, including physician assistants, it is important for both physician assistants and supervising physicians to periodically review some of the requirements pertaining to the supervision of physician assistants.

Physician Assistant Board regulations require that physician assistants have a written delegation agreement signed and dated by the supervising physician and physician assistant. This document is called the Delegation of Services Agreement.

Title 16, Section 1399.540(a) of the Physician Assistant Regulations states, "A physician assistant may only provide those medical services which he or she is competent to perform and which are consistent with the physician assistant's education, training, and experience, and which are delegated in writing by a supervising physician who is responsible for the patients cared for by that physician assistant."

Additionally, Title 16, Section 1399 .540(b) of the Physician Assistant Regulations states, "The writing which delegates the medical services shall be known as a delegation of services agreement."

The Delegation of Services Agreement is the foundation of the relationship between a supervising physician and the physician assistant, and specifies the names of the supervising physicians and what types of medical services the physician assistant is allowed to perform, how they are performed, how the patient charts will be reviewed and countersigned, and what type of medications the physician assistant will transmit on behalf of the supervising physician.

The Delegation of Services Agreement is signed and dated by the physician assistant and each supervising physician. A Delegation of Services Agreement may be signed by more than one supervising physician only if the same medical services have been delegated by each supervising physician. Additionally, a physician assistant may provide medical services pursuant to more than one Delegation of Services Agreement.

While every practicing physician assistant is required to have a Delegation of Services Agreement, there are no legal requirements to submit the document to the Physician Assistant Board, unless requested. If requested, as part of an investigation by the licensee's regulatory board, however, physician assistants and supervising physicians must provide a copy of the Delegation of Services Agreement within fifteen days of receiving the request to any authorized agent of the Medical Board of California, the Osteopathic Medical Board of California, or the Physician Assistant Board who may request it.

The Physician Assistant Board encourages physician assistants and supervising physicians to review their Delegation of Services Agreement on a regular basis to ensure that it is up to date and accurately reflects their current practice.

Failure to have a current Delegation of Services Agreement constitutes a violation of the Physician Assistant Board's regulations and is grounds for disciplinary action against a physician assistant's license. In addition, failure by the physician assistant and supervising physician to comply with the supervision requirements specified in the Physician Assistant Board's regulations and in the Delegation of Services Agreement is grounds for disciplinary action.

A sample of the Delegation of Services Agreement is available at the Physician Assistant Board's website at: [http://www.pac.ca.gov/forms\\_pubs/delegation.pdf](http://www.pac.ca.gov/forms_pubs/delegation.pdf).

Additionally, supervising physicians may find additional information regarding supervision of physician assistants on the Physician Assistant Board's website at: [http://www.pac.ca.gov/supervising\\_physicians/index.shtml](http://www.pac.ca.gov/supervising_physicians/index.shtml).

Staff at the Physician Assistant Board are always available to assist you with questions regarding the Delegation of Services Agreement, supervision of physician assistants, physician assistant laws and regulations, and scope of practice questions for physician assistants. You may contact the Physician Assistant Board at (916) 561-8780 or <http://www.pac.ca.gov>.

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# New End-of-Life Communications Requirements

Legislation which took effect January 1, 2015, affects physician communications with patients after diagnosing them with a terminal illness.

The new law amends [Section 442.5 of the Health and Safety Code](#) to require a health care provider diagnosing a patient with a terminal illness to “Notify the patient of his or her right, or when applicable, the right of another person authorized to make health care decisions for the patient, to comprehensive information and counseling regarding legal end-of-life options. The notification may be provided at the time of diagnosis or at a subsequent visit in which the provider discusses treatment options with the patient or other authorized person.”

In addition, the patient’s health care provider (or the medical director of the health care facility if the health care provider is not available) “may refer the patient or other authorized person to a hospice provider or private or public agencies and community-based organizations that specialize in end-of-life care case management and consultation to receive comprehensive information and counseling regarding legal end-of-care options.”

Such comprehensive information may include, but is not limited to:

- Information about hospice care at home or in a health care setting.
- A prognosis with and without continued disease-targeted treatment.
- The patient’s right to refusal of or withdrawal from life-sustaining treatment.
- The patient’s right to continue to pursue disease-targeted treatment, with or without concurrent palliative care.
- The patient’s right to comprehensive pain and symptom management at the end of life, including -- but not limited to -- adequate pain medication, treatment of nausea, palliative chemotherapy, relief of shortness of breath and fatigue, and other clinical treatments useful when a patient is actively dying.
- The patient’s right to give individual health care instruction, such as an advance health care directive and the patient’s right to appoint a legally recognized health care decisionmaker.



Counseling may include, but is not limited to, discussions about the outcomes for the patient and his or her family, based on the interest of the patient. Counseling may occur over a series of meetings with the health care provider or others, and “may include a discussion of treatment options in a culturally sensitive manner that the patient and his or her family, or, when applicable, another person authorized to make health care decisions for the patient, can easily understand. If the patient or other authorized person requests information on the costs of treatment options, including the availability of insurance and eligibility of the patient for coverage, the patient or other authorized person shall be referred to the appropriate entity for that information.”

The new legislation also amends [Section 442.7 of the Health and Safety Code](#), which discusses requirements for a health care provider who “does not wish to comply with his or her patient’s request, or, when applicable, the request of another person authorized to make health care decisions, as defined in [Section 4617 of the Probate Code](#), for the patient for information on end-of-life options...” Such a health care provider is required to “refer or transfer a patient to another health care provider that shall provide the requested information” and “provide the patient or other person authorized to make health care decisions for the patient with information on procedures to transfer to another health care provider that shall provide the requested information.”

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

## MBC Meetings — 2015

May 7 - 8, 2015: Los Angeles, CA

July 30 - 31, 2015: San Francisco Area

October 29 - 30, 2015: San Diego Area

*All meetings are open to the public. To the extent possible, meetings will be webcast and offered via teleconference.*

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*Consumer Complaints/Information*  
*Applications*  
*Health Facility Discipline Reports*  
*Fictitious Name Permits*  
*License Renewals*  
*BreZE Assistance*  
*Registered Dispensing Opticians*

*Continuing Education* (916) 263-2645  
*Expert Reviewer Program* (818) 551-2129  
*Publications/Outreach* (916) 263-2466

#### Other Affiliated Healing Arts Professions:

*Midwives - all inquiries* (916) 263-2393  
*Physician Assistants* (916) 561-8780

#### Department of Consumer Affairs:

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

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Contact us by email: [webmaster@mbc.ca.gov](mailto:webmaster@mbc.ca.gov)