LEGISLATIVE CHANGES WILL IMPROVE EFFECTIVENESS OF MEDICAL BOARD

Other Law Changes Affecting Physicians

Along with Senate Bill 1888 and Assembly Bill 2392, the Legislature passed several additional bills affecting BMQA and the professions it licenses. They are summarized below. Contact the Board if you wish additional information about a bill.

AB 2967 (Peace)—Requires health insurers which restrict an insured’s choice of physician or health facility to place the following notice on all promotional material:

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

AB 4029 (Condit)—Classifies anabolic steroids as a controlled substance in Schedule...

California hospitals and other health facilities which report to the BMQA when they take disciplinary action against a physician or other licensed professional now have increased protection from being sued for their action. Senate Bill 1888, authored by Senator Walter Ster, provides additional immunity for facilities which comply with the reporting requirements contained in Business and Professions Code Section 805.

Hospitals Gain Protections When Reporting Disciplinary Actions

California hospitals and other health facilities which report to the BMQA when they take disciplinary action against a physician or other licensed professional now have increased protection from being sued for their action. Senate Bill 1888, authored by Senator Walter Ster, provides additional immunity for facilities which comply with the reporting requirements contained in Business and Professions Code Section 805.

Among other provisions, the Ster bill extends the reporting requirement to professional associations which restrict membership, and provides that persons who make such reports will not incur civil or criminal liability.

Hospitals Gain Protections When Reporting Disciplinary Actions

Legislation recently signed by Governor Deukmejian will improve the Board’s ability to prosecute individuals who falsify applications for a physician license. Assembly Bill 2392, authored by Assemblyman William J. Filante, M.D., makes it unlawful to falsify any document which is required to be included with an application. Current law applies only to the application itself.

A related amendment changes the statute of limitations on falsified applications. At present, prosecution is limited to three years from the date the application is filed. Under AB 2392, the statute of limitations does not begin until the date the fraud is discovered.

Among other provisions, the Filante bill will:

- Make it illegal to violate the security of a licensing examination;
- Clarify that physicians who are exempt from licensure because they practice in a federal facility may not practice in the community unless they are licensed in California;
- Allow the Board to defend an expert witness who is sued for participating in a BMQA disciplinary action. In addition to defamation, suits for conspiracy, invasion of privacy and other theories will be defended;
- Provide for payment of expert consultants who sit on nondisciplinary physician peer counseling panels.
The Importance of Written Orders for Oxygen and Durable Medical Equipment

By A. Peter Holm, R.C.P., M.A.
Chairman, Respiratory Care Examining Committee

When a physician discharges a patient who needs durable medical equipment (DME), oxygen or other supports at home, a written order may speed the process and avoid potential law violations.

Current law prohibits an unlicensed person, such as a clerk or dispatcher, from accepting and implementing an oral order for devices or supplies which require a prescription. When an acute hospital phones a provider, an order is often transmitted from one unlicensed person to another. When this is done the potential for error is greatly increased. To avoid this, two procedures should be used.

First, orders should be transmitted between licensed practitioners—physician, nurse, respiratory care practitioner (RCP), etc. Many large DME providers now employ respiratory care practitioners to perform patient education, assessment and therapy. Since an RCP must work under medical direction, there is greater assurance that supplies, equipment and training are provided correctly by communicating with the trained provider.

Second, the patient or his or her caregiver should receive a written copy of the order with clear instructions, both oral and written. This assures several things. The patient has the right to select a DME provider, if the hospital or physician phones an order, the implication is that no choice is permitted. A written order assures that the DME provider receives the order which helps to assure better compliance with the therapy.

Finally, in the absence of a written order, unnecessary delays may occur in delivery and initiation of therapy. Written orders constitute clear authority to initiate care, avoid communication errors, and provide the dealer with documentation for reimbursement.

It is suggested that hospital discharge planners and physician offices review their procedures for ordering DME and related services. Be aware that few vendors have licensed personnel available to accept telephone orders. Since continuity of care after discharge often is essential to patient wellbeing, order services early and in writing. Safe practice requires that oral orders be substantiated in writing prior to implementation of therapy.

For additional information or copies of relevant laws, please contact:

Respiratory Care Examining Committee
Board of Medical Quality Assurance
1430 Howe Avenue
Sacramento, CA 95825
(916) 924-2314

The Prevention of Perinatal Hepatitis B

Mother-to-infant transmission of hepatitis B virus (HBV) plays an important role in propagating high rates of hepatitis B infection in many Asian and Pacific Island populations. The rate of development of the chronic HBV carrier state in infants born of HBsAg-positive mothers may be reduced by as much as 80-90 percent with the timely use of hepatitis B immune globulin (HBIG) and hepatitis B vaccine.

Since 1975, more than 750,000 Southeast Asian refugees have entered the United States. Nearly 40 percent of these new refugees have settled in California; about 45 percent are under the age of 18, and 40 percent are female.

In 1984, the Immunization Practices Advisory Committee of the USPHS and the State’s Infectious Disease Branch recommended that infants born of HBsAg positive women receive HBIG (0.5ml IM) within 12 hours of birth and hepatitis B vaccine (10ug/0.5ml) at birth and at one and six months after the original dose (MMWR 33:285-290, 1984).

Physicians, hospitals and health departments should review their perinatal hepatitis B prevention programs to search for gaps and to improve the efficiency of prenatal HBsAg screening of mothers and the tracking of infants born to HBsAg positive mothers to ensure the HBIG and all three doses of hepatitis B vaccine are given as recommended.
Fictitious Name Permits for MDs and DPMs

Q. Suppose Uriah Heep, M.D. wants to use a fictitious name, “Copperfield Medical Clinic,” for his medical practice. What should he do?

A. Dr. Heep should register the name with BMQA and get a fictitious name permit. Otherwise, he’ll run afoul of Section 2285, Business and Professions Code, which provides that the use of a fictitious name by a physician alone, in conjunction with a partnership or group, or as a name of a professional corporation, without first obtaining a fictitious name permit from BMQA, constitutes unprofessional conduct for disciplinary purposes.

The same rule applies to the Doctor of Podiatric Medicine (DPM), the foot surgeon.

Q. How much effort and red-tape is there in getting this fictitious name permit?

A. It’s almost like falling out of bed—if everything is in order. The application is a simple one-page form. A small filing fee is involved. The permit is mailed out in a short time.

Q. What are the foreseeable problems that could delay the permit?

A. The most common problem is the proposed name. The name must not be confusingly similar to other names previously registered. The name must contain the words “medical clinic” or “medical group.” This is required by statutory law, so don’t blame our clerk. For example, proposed names like “Cyclops Eye Center” or “Wilmington Medical Institute” or “Radiology Associates” will not be approved because “medical clinic” or “medical group” is lacking in the name. (Section 2415, Business and Professions Code). Also, the term “Trauma” is not permitted, as in “Mercy Trauma Medical Group,” unless the use is authorized by the local EMS agency (Emergency Medical Services). (Section 1798.165, Health and Safety Code).

Q. What about Podiatrists?

A. Similar rules apply. If Ankles Aweigh, D.P.M., applies for a permit, his fictitious name must contain one of these designations: “podiatry group,” “podiatrists group,” “podiatry clinic,” or “podiatrists clinic.” Examples: “Uptown Foot Clinic” or “Malibu Podiatry Center” will not be approved for a permit.

Q. What’s the address to get an application form and further information?

A. Board of Medical Quality Assurance Attn: Fictitious Name Section 1430 Howe Avenue Sacramento, CA 95825 Phone: (916) 920-6074

NOTICE
AVAILABILITY OF DRONABINOL

Delta-9-tetrahydrocannabinol (THC), the main active ingredient in marijuana, known generically as dronabinol and to be marketed as Marinol® is not yet available for prescribing.

What are the foreseeable problems that could delay the permit?

The medical literature has correctly reported the approval by the U.S. Food and Drug Administration of this drug for treatment of nausea and vomiting caused by cancer chemotherapy. What has not been clearly reported is that rescheduling must be completed under both the federal and state Controlled Substances Acts before dronabinol will be commercially available in California. Rescheduling will probably not be completed before January 1987.

In the meantime, the only legal supply of THC in California continues to be through the Cannabis Therapeutic Research Program sponsored by the Research Advisory Panel. Oncologists and ophthalmologists who want to become investigators should contact the Panel at 6000 State Building, San Francisco, CA 94102, (415) 557-1325.

Dr. Gualtieri Moves to Professional Review Organization

Antony C. Gualtieri, M.D. recently resigned his position as Chief Medical Consultant of BMQA to accept the medical directorship of the northern California region of California Medical Review, Inc. (CMRI).

A graduate of Stanford University, Dr. Gualtieri practiced plastic surgery in Santa Clara County. His association with government began when he served as member of a taskforce investigating nursing homes for Medi-Cal in 1977. Later that same year he joined BMQA as medical consultant in its San Mateo Regional Office.

In 1983 Dr. Gualtieri became Chief Medical Consultant for the Board, following the retirement of Joseph Cosentino, M.D. Among his many responsibilities have been directing the Board’s Diversified Program (see story, page 5), and coordinating the activities of the BMQA regional medical consultants. He has been instrumental in stimulating the enactment of nondisciplinary panels to educate physicians, and has fostered the use of oral competency exams for alleged practice deficiencies.

Readers of the Action Report will recognize Dr. Gualtieri’s column “Consultant’s Corner.” His articles have shared some of the unusual cases that have come before the Board’s medical consultants in recent years. Dr. Gualtieri lives in Sacramento. His wife, Kathryn, heads the Office of Historic Preservation in the State Department of Parks and Recreation.

“Playing doctor” for keeps . . .

WHEN A PHYSICIAN IS NOT A DOCTOR

Southern Californians recently opened their newspapers and learned that a “physician” in a Santa Ana clinic was using someone else’s license. The phony doctor was well thought of by patients and co-workers, and no one suspected.

The impostor was a man with some paramedical training and experience. Although the facts are still unclear, he either bought or illegally appropriated the license of a retired physician. It was well over a year before the masquerade collapsed. Meanwhile, the “doctor” treated illnesses and injuries, including suturing lacerations and doing minor surgery. He was caught when he attempted to renew the illegal license because he was unaware of the continuing education requirement.

The clinic could have avoided the chagrin, not to mention the danger to its patients, if it had been a little more thorough in its hiring practices. There are some simple steps which could have disclosed the fraud sooner.

• Call the Board to verify the license status of every potential physician employee. The verification number is (916) 920-6343. Ask for the date of birth and date of initial licensure as well as current status.

In the case described, the impostor was many years younger than the retired physician he impersonated.

• Check the information on the applicant’s curriculum vitae. Call the references. You may even ask for a physical description.

• Probe a little into the applicant’s depth of medical knowledge. The impostor had broad general information, but was evasive about more subtle questions. He carefully avoided treating complex cases, referring them to others for care.

• Even after a doctor joins your organization, if his or her behavior seems unusual, don’t hesitate to look a little further. True imposters are few, but even one is a serious hazard to patients.

A final word: the most successful impostor BMQA has caught in recent years was a respected faculty member at a teaching hospital. He was considered a national expert in neonatology, when in reality he had less than a year of undergraduate education in non-medical subjects.

BOARD RECRUITING FOR CHIEF MEDICAL CONSULTANT

Following the resignation of Antony Gualtieri, M.D., BMQA has begun the process of recruiting a chief medical consultant. Physicians wishing information about the position may call the Board at:

(916) 920-6393
DISCIPLINARY ACTIONS
February 1, 1986 to July 30, 1986
Physicians and Surgeons

BALLARD, William R., Jr., M.D. (A-10678)-Hidden Hills
JOHNSTON, Waller A., M.D. (A-17538)-Redlands
FERRARI, Vielor J., Jr., M.D. (C-33683)-Moneue, Arkansas
DUPUIS, William, M.D. (G-34943)-North Hollywood
HICKS, James Robert, M.D. (C-21473)-Los Angeles

Selling prescriptions for drugs with high street values.

July 27, 1986
BLASQUEZ, Justin, M.D. (A-21843)—Vista
2326 B&P Code
Conviction for false Medi-Cal claims.
Revoked, stay, 3 years probation on terms and conditions.
February 24, 1986

CLYDE, Thomas C., III, M.D. (G-41208)-Los Angeles
2324(e), 2234, 2236, 2238, 4390 B&P Code
Selling prescriptions for controlled drugs (Predisilin, Talwin, Doluid, etc.), including forged prescriptions in fictitious names, in collaborations with cooperative pharmacies.
No appearance by respondent.
Revoked.
April 21, 1986

DUPUIS, William, M.D. (G-34943)—North Hollywood
2324(e), 2234, 2236, 2238, 2408, 2371 B&P Code
Selling prescriptions for controlled drugs (Predisilin, Doluid, Quasilude, etc.), including forged prescriptions in fictitious names. Received large sums from lay investors for shares in his medical corporation which falsely advertised a 95% cure rate forleeporiasis.
No appearance by respondent.
Revoked.
April 78, 1986

FERRARI, Victor J., Jr., M.D. (C-31683)—Monette, Arkansas
2305 B&P Code
Suspension of Ohio license by that state for prescription violations.
One year suspension, stay, 2 years probation on terms and conditions.
April 21, 1986

HECKS, James Robert, M.D. (C-21473)—Los Angeles
Suspicion decision. Violated several conditions of probation of prior decision, including the condition requiring abstention from alcohol.
Revoked, stay, increased probation from 5 to 7 years, on additional terms and conditions.
July 23, 1986

HURVITZ, Seymour Allen, M.D. (G-3690)—Los Angeles
2361(b)-(6) [now 2326(b)(6)] B&P Code
Conviction and incompetence in the management and surgeries of 22 patients diagnosed by him as having vertebralbasilar artery insufficiency (cerebellar ischemia) requiring "reconstruction" of a vertebral artery.
Revoked, stay, 5 years probation on terms and conditions.
April 16, 1986

JOHNSTON, Walter A., M.D. (A-17538)—Redlands
490, 725, 2238, 2242 B&P Code
Conviction on 37 misdemeanor counts for excessive prescribing. Violated narcotics excessively to patients without good faith prior examination and medical indication therefor.
Revoked, stay, 5 years probation on terms and conditions, including 30 days actual suspension.
March 12, 1986

KRAFT, Robert A., M.D. (C-37937)—Ukiah
726, 2234(b)(6) B&P Code
Suspicion decision.
Sexual misconduct with female patients constituting gross negligence and repeated negligent acts.
Revoked.
July 11, 1986

LAZACHEK, Gary W., M.D. (G-36860)—Seattle, Washington
2305 B&P Code
New York license revoked by New York Board.
Revoked.
April 21, 1986

LEIVA, Daniel B., M.D. (A-16211)—Cupertino
736, 2234(b) B&P Code
Suspicion decision. Gross negligence in his use of eutectic testing to treat a female patient with anxiety and depression; and in the engagement of sex with her soon after the professional relationship.
Prior discipline.
Revoked, stay, 8 years probation on terms and conditions, including 90 days actual suspension.
April 4, 1986

LING, David C. (C-29051)—Fountain Valley
2234(d) B&P Code
Suspicion decision. Gross negligence of anesthesiologist in leaving the operating room with the patient unattended for anesthetic monitoring, resulting in profound brain damage.
Revoked, stay, 5 years probation on terms and conditions.
March 28, 1986

MONTGOMERY, Stephen H., M.D. (A-27424)—Bakersfield
725 B&P Code
Suspicion decision. Excessive prescriptions of Talwin and Lactocillin to one patient, and excessive injections of Talwin to another patient.
Revoked, stay, 7 years probation on terms and conditions, including suspension and restriction of practice for 180 days.
May 16, 1986

MOSELEY, Mortimer, M.D. (C-18795)—Edsville, Kentucky
2305 B&P Code
Suspicion decision. Kentucky license disciplined by Kentucky board for improper prescribing of controlled substances.
Revoked, stay, 5 years probation on terms and conditions.
April 1, 1986

PATING, Roger, M.D. (G-7248)—Ghoboria
2364(e), 2411 [now 2234(e), 2261] B&P Code
Suspicion decision. Dishonesty in making false medical documents and records.
One year suspension, stay, 4 years probation on terms and conditions.
March 11, 1986

SAUKERSON, Stephen L., M.D. (C-15397)—Chula Vista
Willfully failure to comply with numerous conditions of probation of prior decision.
No appearance by respondent.
Revoked.
May 14, 1986

SHEFFIELD, Harold N., M.D. (A-29173)—Modesto
2234(c) B&P Code
Suspicion decision. Repeated negligent acts in failing to perform adequate examinations and failing to obtain adequate history.
One year suspension, stay, 5 years probation on terms and conditions.
February 1, 1986

SHIEKERTZ, Paul S., M.D. (G-30422)—Laguna Beach
725, 2242 B&P Code; 11153, 11154 H&S Code
Suspicion decision. Excessive prescribing of controlled substances without prior examination, and failure to prescribe for a legitimate medical purpose.
Revoked, stay, 5 years probation on terms and conditions.
April 24, 1986

VARNER, Carol R., M.D. (C-14957)—El Cajon
2235 B&P Code
Served 3 disciplinary actions against her Michigan license by Michigan board, including revocation, for incompetent practice and excessive prescribing.
Revoked.
April 1, 1986

VUHL, Tran Nam, M.D. (A-39984)—Santa Ana
490, 2234(e), 2261 B&P Code
Suspicion decision. Convictions for false Medi-Cal claims.
Revoked, stay, 5 years probation on terms and conditions.
July 30, 1986

WINN, Lawrence R., M.D. (A-85890)—Sacramento
490, 2234(e), 2236, 2264, 2238 B&P Code
Aided and abetted his son, a marriage counselor, to prescribe for him patients at his weight control center, resulting in misdemeanor conviction for allowing his son to use his physician's license. Also, issued and mailed a duplicate prescription for Preludin to a patient not under his care for a pathology or condition.
Revoked, stay, 5 years probation on terms and conditions, including 90 days actual suspension.
April 9, 1986
BMQA Diversion Program for Physicians: An Alternative to Discipline

What is it?

The Board of Medical Quality Assurance Diversion Program for Physicians is a rehabilitation network. Any physician eligible to practice in California, but who is impaired by substance abuse or mental (emotional or behavioral) illness can participate in a personal plan for recovery as designed by a Diversion Evaluation Committee (DEC).

The DEC is composed of four physicians and one public member, all of whom are experts in substance abuse and mental illness. An objective, professional evaluation by the DEC embodies the protection of the public together with the rehabilitation of the physician. This evaluation results in a Diversion Agreement between the DEC and the physician participant.

The "Illness of Loneliness": Signs of Trouble

Can you imagine a nurse telling me that I did not update a chart? I know I updated that chart. I'm going to tell her she is getting senile.

The other day, my chief called me in and told me the nurses thought I was acting funny. No big deal. I'm having some stress! I'm all right—I'm just not happy.

My wife is threatening to leave me. I told her to go ahead and take the kids, too. They're not talking to me anymore!

Why am I using? It's the only thing that seems to help me in this screwed up world. I've got to stop. Oh God! Help me!

An impaired physician has tell-tale signs and symptoms: 1) Absenteeism often associated with failure to respond when on call, or frequent failure to keep office and hospital appointments; 2) Continual family squabbles; 3) Unexplained mood swings ranging from depression to euphoria; 4) Self-imposed isolation from colleagues; 5) Rationalizations justifying denial and lying.

An Alternative to Discipline

Disciplinary action does have positive effects. But it is not effective when dealing with illnesses. BMQA experience, since the program began in 1980, has demonstrated that treatment is far and away less expensive and more fruitful. To date, over 100 physicians have successfully completed their rehabilitation at a cost equivalent to educating five medical students to become doctors.

A Confidential Program

Any physician who enters the Diversion Program either by BMQA referral or by voluntary self-referral, has legal assurances that their identity as an impaired physician remains a confidential matter. However, if a physician in the program cannot be rehabilitated and is considered by the DEC to be unsafe to practice medicine, the physician will be reported to the enforcement unit of BMQA for expeditious disciplinary action. This action results in public disclosure.

A Cooperative Effort

The Diversion Program works with all persons interested in the physician participant: family, colleagues, and hospital medical staffs. Every effort is made to establish a responsible, yet caring support system.

Costs of the Program

Participants pay individual expenses incurred for hospitalization, follow-up group attendance and biological fluid monitoring. The BMQA pays the salaries of 10 full-time persons who coordinate and monitor the program. The 25 DEC members serve part-time and offer their services gratis.

Where to Call

BMQA Diversion Program
Chet Pelton, Program Manager
(916) 924-2561

Voluntary Surrenders of License Accepted While Charges Pending. Accusations Dismissed

HOFFERT, Kevin G., M.D. (G-4495)—Miss, Arizona
July 29, 1986

KRAMER, Lee Franklin, M.D. (A-15254)—Madison, Tennessee
April 21, 1986

MC GOVERN, Joseph J., M.D. (G-28770)—Oakland, California
May 1, 1986

MC INTYRE, Robert F., M.D. (G-48724)—Delevan, Wisconsin
May 1, 1986

WHITEHEAD, Craig A., M.D. (G-10378)—San Francisco
May 1, 1986

WISER, Lawrence C., M.D. (A-33741)—Colusa
May 2, 1986

Decisions After Hearing on Applicants Applying for Physician's License

BERGER, Abraham—San Francisco
Applicant submitted a forged medical diploma from a Dominican Republic medical school. Application for physician's license is denied. July 14, 1986

KOMOROV, Joseph—Houston, Texas
Ejected from the PLEX examination for cheating. Application for license denied. April 10, 1986

Podiatrists

CLAUSSEN, Mark William, D.P.M. (E-2335)—Seal Beach
False advertising to Senior Citizens Bureau that services are free of charge, when not true. False billings to Medicare. Application for license denied. April 7, 1986

KORMAN, Robert, D.P.M. (E-1259)—San Francisco
Ejected from the FLEX examination for cheating. Application for license denied. February 26, 1986

Addendum

WITTE, Eric H., M.D. (G-49577)—Harrisburg, Pennsylvania
Discharge in making and filing forged and altered documents, including false applications and altered diplomas, for residency position. Mental illness a factor, then and now. Revoked. May 24, 1986

WYMORE, Michael L., M.D. (A-23463)—Santa Rosa
Stipulated decision. Violation of probation of prior discipline by abusing drugs. Revoked and stayed, 7 years probation on terms and conditions. May 12, 1986

YAU, Pak Cheong, M.D. (A-34997)—Hayward
Violated probation. Gross negligence, incompetence and repeated negligence in ear, nose, throat practice. Revoked, stayed, 5 years probation on terms and conditions. March 29, 1986

ZAPANTA, Reyna L., M.D. (G-39538)—Parsippany, New Jersey
2305 B&P Code
Stipulated decision. New Jersey board issued Consent Order relative to inflated insurance billing. Revoked, stayed, 5 years probation on terms and conditions. May 12, 1986

PRIAN, Gregory William, M.D. (C-39035)—Phoenix, Arizona
California discipline dated May 5, 1984 (reported in Action Report, January 1985) was vacated pursuant to Stipulation and Order.

The California decision was based on an Arizona Order for Probation, which Arizona reconsidered and vacated (now for then).

November 11, 1985

The Diversion Program works with all persons interested in the physician participant: family, colleagues, and hospital medical staffs. Every effort is made to establish a responsible, yet caring support system.

Costs of the Program

Participants pay individual expenses incurred for hospitalization, follow-up group attendance and biological fluid monitoring. The BMQA pays the salaries of 10 full-time persons who coordinate and monitor the program. The 25 DEC members serve part-time and offer their services gratis.
The Board has recently received numerous complaints and inquiries from the funeral home industry and County Coroners' Offices regarding physicians' failure to sign death certificates in a timely manner.

Physicians are required by Health and Safety Code Section 10203 to complete and attest to the medical and health section data and the time of death on the certificate. The attending physician, defined as one who has treated the patient within 20 days before death, shall sign the certificate within 15 hours after the death (Health and Safety Code Section 10204).

If the physician feels he cannot legally attest to the patient's cause of death or he has not seen the patient within the 20 day period, the case shall be reported to the County Coroner's Office.

If a physician has questions in regard to the above, he may contact his County Coroner's Office or County Health Department, Vital Statistics Section.

Under a bill authored by Senator Joseph Montoya, the Podiatry Examining Committee will be known as the California Board of Podiatric Medicine after January 1, 1987. The duties of the committee will remain as in the past, and it will remain within the general jurisdiction of the BMQA.

According to the sponsors of the legislation, the bill recognizes that consumers may not perceive the committee as the place to go for information about podiatry licensure or for assistance with a problem involving a podiatrist. By using the commonly recognized designation "board" they believe public visibility will be enhanced.

Fee Schedule Extended

The second major provision of Senate Bill 1879 is language continuing the licensure fees for podiatrists at current levels. High enforcement costs in the past few years have sharply increased the committee's budget needs. Legal action to revoke a license may cost the State as much as $30,000; if the licensee appeals, the costs are even higher.

The Podiatry Examining Committee and the community of licensed podiatrists strongly support a vigorous policy of protecting consumers from incompetent and negligent practitioners. When rapidly increasing enforcement costs necessitated raising license and renewal fees to $525 four years ago, podiatrists throughout the state supported that legislation. That support continues, and SB 1879 was unopposed in the Legislature.

Cost Recovery Program

In an effort to avoid future fee increases, SB 1879 includes language strengthening the committee's cost recovery program. Current law permits the committee to seek recovery of its enforcement costs when it prevails in a disciplinary action. This bill prevents renewal or reinstatement of a license if the licensee has failed to pay costs as ordered in a disciplinary decision.

In certain circumstances, however, the committee may formally agree with a licensee to repay costs within one year if there is a demonstration of financial hardship. The committee may conditionally renew or reinstate the license, contingent upon compliance with the agreement.
LEGISLATIVE CHANGES
(Continued from Page 1)

III, and provides a misdemeanor penalty of up to 6 months in a county jail for unlawful possession.

SB 1462 (Watson)—Reclassifies gluthemide (Doriden) as a Schedule II controlled substance.

SB 1819 (McCorquodale)—Requires local law enforcement agencies and adult protective services agencies to report known or suspected instances of elder or dependent adult abuse being committed by a licensed health practitioner or a person purporting to be such a licensee. Reports are to be made to the appropriate licensing agency. The bill requires the licensing agency to investigate these reports in light of the potential for physical harm.

AB 2616 (Sebastian)—Requires the Division of Licensing to consider including a course in the detection and treatment of elder abuse in the continuing education requirements for those licensees whose practices serve elderly patients. Requires the Board to develop and disseminate information periodically on abuse of the elderly.

AB 3060 (Hannigan and Davis)—Requires licensing agencies to require each licensee to provide his or her social security number (or employer identification number if a member of a partnership) at the time of issuance or renewal of a license.

AB 4372 (Isenberg)—Provides for the scope of practice of registered nurses to include the dispensing of drugs or devices, other than controlled substances, upon the order of a physician. Also provides that a nurse practitioner may furnish drugs or devices, other than controlled substances, pursuant to a standardized procedure, under the supervision of a physician. Requires the nurse practitioner to meet specified requirements and acquire a number from the Board of Registered Nursing.

Gluthemide (Doriden) Now Schedule II Drug

Responding to reports of an increased demand by heroin users for Gluthemide (Doriden), the California Legislature has reclassified this drug as a Schedule II controlled drug. This Schedule II drug requires triplicate prescriptions.

State mental and drug facilities during the past year have noted that the combination of Doriden and a codeine compound (known on the street as "Ds and Cs" or "LOADS") has been used by narcotic addicts as a stop-gap alternative when heroin was not available.

Are You About to Retire?

The following information may be of assistance in closing down your medical practice. There are no statutes or regulations outlining specific protocols.

The California Medical Association printed an article on this matter to assist physicians retiring from practice. You may want to write to them.

California Medical Association
P.O. Box 7690
San Francisco, CA 94120-7690

You may also want to contact your local county medical society, for any helpful suggestions or brochures.

We suggest you print a notice for mailing to current patients, informing them of your retirement and where they can write for copies of their medical records, if needed.

This notice also should go to the local medical society for future reference because patients usually go there searching for retired physicians and medical records.

There are no statutes dictating how long a physician must keep patient records. However, the customary practice in the medical community is for a physician to maintain patient health records for at least seven years, and, in the case of minor patients, to the age of majority plus one year. There is nothing in the law to prevent a physician from giving the patients their original health records, as opposed to copies.

If you change your address of record now registered with BMQA, you should write and instruct us to register your new address of record.
BOARD OF MEDICAL QUALITY ASSURANCE
1430 HOWE AVENUE
SACRAMENTO, CA 95825

Executive Office  (916) 920-6393

Physicians and Surgeons:
Applications and Examinations  (916) 920-6411
Chief Medical Consultant  (916) 920-6393
Complaints—Call nearest Regional Office:
Los Angeles  (213) 412-6363
Sacramento  (916) 920-6013
San Mateo  (415) 573-3888
San Bernardino  (714) 383-4755
Continuing Education  (916) 920-6074
Disciplinary Information  (916) 920-6343
License Renewals  (916) 920-6943
Fictitious Names  (916) 920-6074
Verification of Licenses  (916) 920-6343

Allied Health Professions:
Complaints  (916) 920-6341
Licensing:
Acupuncture  (916) 924-2642
Hearing Aid Dispensers  (916) 920-6377
Physical Therapy  (916) 920-6373
Physician's Assistant  (916) 924-2626
Podiatry  (916) 920-6347
Psychology  (916) 920-6383
Registered Dispensing Opticians  (916) 924-2612
Respiratory Care  (916) 924-2314
Speech Pathology/Audiology  (916) 920-6388