

Action Report

Medical Board of California

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Medical Board of California Meetings

2004

May 6-7
Sacramento

July 29-30
Sacramento

November 4-5
Sacramento

All meetings are open
to the public.

Notice of Changes to Retired Status, Voluntary Service Status as a Result of New Law

Current law for physicians who are in retired status allows an exemption from the payment of the license-renewal fee, provided the physician has practiced medicine for 20 years or more in the State of California, has reached the age of retirement under the Social Security Act, and customarily provides his or her services free of charge to any person, organization, or agency. If charges are made, they must be nominal and in no event may the aggregate of such charges in any single calendar year be in an amount that would result in his or her income being such as to make the physician ineligible for full Social Security benefits.

Effective July 1, 2004, physicians who are in retired status will no longer be eligible to continue the practice of medicine. Senate Bill 1077 (Chapter 607, Statutes of 2003) states that physicians who hold a retired license will still be exempt from payment of the renewal fee and the continuing medical education (CME) requirements; however, the holder of a retired license may not engage in the practice of medicine.

Further, physicians who wish to place their license in retired status after July 1, 2004, will not be required to have practiced within this state for 20 or more years, nor to have reached the age of retirement.

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UPDATE

New State Law Changes Requirements for Triplicate Drug Prescription Forms

Currently, under existing law, a prescription for a Schedule II controlled substance must be prescribed on a triplicate prescription blank that is issued by the Department of Justice.

Effective July 1, 2004, a new law eliminates the triplicate prescription requirement for Schedule II controlled substances and, on and after Jan. 1, 2005, Schedule II controlled substances prescribers are required to meet the same prescription requirements imposed on other prescribable controlled substances.

Effective Jan. 1, 2005, prescriptions for any controlled substance must be issued on controlled substance prescription forms obtained from a security printer approved by the Board of Pharmacy. However, between July 1, 2004, and Jan. 1, 2005, these prescriptions are permitted using either the triplicate form or the security forms.

The new law makes the Controlled Substance Utilization Review and Evaluation System (CURES) program applicable to Schedule III drugs if there is adequate

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THE MISSION OF THE MEDICAL BOARD OF CALIFORNIA

The mission of the Medical Board of California is to protect healthcare consumers through the proper licensing and regulation of physicians and surgeons and certain allied healthcare professions and through the vigorous, objective enforcement of the Medical Practice Act.

President's Report

This issue of the Action Report, published at the beginning of the year, typically has a great deal of information about new laws affecting physicians' practices in California. I would like to draw your attention to two new laws in particular, both described in more detail starting on the front page of this issue.

Retired license status: SB 1077 (Chapter 607) changes the law effective July 1, 2004 so that *physicians whose licenses are in a "retired" status may no longer practice medicine.*

This is an important change in the law that will affect many of our licensees. Previous law permitted "retired" physicians to charge a limited amount for their services that was tied to Social Security benefits. Based on recent changes in the Social Security system, the Legislature has revised the "retired" license status of California physicians to make it more workable with those changes.

Division of Licensing staff are sending letters to all physicians with a retired license status, informing them of the change. I encourage you to read the information in this letter closely so that you can take the appropriate action that benefits you, and possibly your patients, the best. Please call (916) 263-2382 with any questions about this new law.

Triplicate prescription forms: SB 151 (Chapter 406) makes major changes to California prescribing law effective July 1, 2004, by eliminating the triplicate prescription form for Schedule II substances and instead requiring physicians to use a new securitized form obtained from a printer approved by the Board of Pharmacy. This is a change that has long been sought by the medical profession and one that the Medical Board has worked diligently, along with the Board of Pharmacy, to achieve. There is a transitional period from July 1, 2004, to Jan. 1, 2005, during which the use of both forms will be acceptable.

Last April, the Board sent a letter to each California physician with a survey, as mandated by Business and Professions Code section 2425.3. The Legislature was concerned about access to healthcare in California and the lack of fact-based information concerning the numbers of physicians who are in clinical practice, as well as details of their training and field of specialization.



Hazem Chehabi, M.D.
President of the Board

The survey asked about years of postgraduate training, time spent in clinical work, teaching, and administration, practice areas and board certification, as well as foreign languages spoken. The Board was gratified by the time taken by physicians to respond to the survey. We now are collating the information and working with staff from the University of California, San Francisco, the California Medical Association and others so that the important information we have gathered, and will continue to develop, may be used to assist policy makers in addressing the healthcare needs of Californians.

The Board is working to make documents pertaining to our licensees that are considered to be public information under the law available online starting later this year. The scanning of the documents was designed for Medical Board-retention purposes, and posting them on our Web site will be a welcome convenience for many, including physicians, the public and those entities involved in physician credentialing, insurance companies, hospitals, and others who now must contact the Board, pay a nominal fee for copying costs, and wait to receive them in the mail. At present, staff is working to develop and test a server and an application that will keep the documents secure and uncorruptible. More will be shared in this column as progress is made.

I wish to add a final note about the budget crisis in California and its impact on the services of the Medical Board. I mentioned in my last report that Board members are concentrating more on our core mandates of licensing and regulation, and that Board staff has instituted, and continues to look for, as many efficiencies as possible. I am pleased to note that to date we have not had to lay off any staff, though we have lost 28 already-vacated positions due to the executive order to reduce personnel services.

When you contact the Board for assistance, it may take a little longer for staff to respond, but be assured that staff is managing the day-to-day workload and we are still meeting our mandate of consumer protection. As I ask for your patience, I commend the staff for their increased efforts during this challenging period.

Speaker Appoints New Member to Medical Board

Public Representative Joins Division of Medical Quality

Barbara Yaroslavsky was appointed on Sept. 24, 2003, to the Board's Division of Medical Quality by Speaker of the State Assembly Herb J. Wesson, Jr.

Ms. Yaroslavsky is involved in many community projects in Southern California, primarily in the areas of healthcare and education. She is on the boards of many nonprofit agencies, including the Los Angeles Free Clinic; LA's Best, which provides a quality program for over 10,000 students in Los Angeles City-area elementary public schools; the Undergraduate Student Scholarship



Barbara Yaroslavsky

Committee at U.C. San Diego; the Jewish Public Affairs Committee; the Executive Committee of the Jewish Labor Committee; and the Executive Board of the Jewish Community Relations Council.

Ms. Yaroslavsky heads up a special projects group for the Zimmer Children's Museum and participates in the Jewish Community's response to literacy through the Koreh Los Angeles Task Force, which puts over 1,000 volunteers to read with children in area elementary schools. She also is a Board member of Executive Service Corps (ESC), a management consulting group that provides mentoring and staffing services by retired executives to nonprofit organizations at a fraction of the cost.

Name Style Requirements to Change for Fictitious Name Permits

If you are a physician and surgeon or a podiatrist, and are advertising under a name other than your own, you must have a Fictitious Name Permit issued by the Medical Board. Sections 2272 and 2285 of the Business and Professions Code state that a physician must obtain a Fictitious Name Permit if he or she advertises the practice of medicine and fails to use his or her own name or uses any fictitious, false or assumed name in any public communication, advertisement, sign, or announcement of his or her practice.

Entities not required to obtain Fictitious Name Permits issued by the Board include: (a) licensees who are employed by a partnership, a group, or a professional corporation that holds a Fictitious Name Permit; (b) licensees who contract with, are employed by, or are on the staff of, any clinic licensed by the State Department of Health Services under Chapter 1 (commencing with section 1200) of Division 2 of the Health and Safety Code; (c) an outpatient surgery setting granted a certificate of accreditation from an accreditation agency approved by the Medical Board; (d) any medical school approved by the division or a faculty practice plan connected with the medical school.

Beginning Jan. 1, 2004, the name style requirements for Fictitious Name Permits issued by the Board changed (B&P Code section 2415). The words "medical group," "medical office," "medical clinic," "medical associates," "medical center" or "medical corporation" are no longer required by the Medical Board for the approval of a fictitious name. In the case of doctors of podiatric medicine, the words "podiatric medical," "podiatric surgical," "podiatry,"

"podiatrists," "foot," "foot and ankle," "foot care," "foot health," or "foot specialists" are no longer required for the approval of a fictitious name.

The requirement remains that the proposed name not be deceptive, misleading, confusing or similar to a name that has previously been issued. For corporations, the requirement that the fictitious name must include the word or abbreviation denoting corporate existence also remains.

Additionally, the owner or owners of the permit are required to display a notice accompanying the permit. The notice must be displayed at each place of business identified in the permit.

Also, beginning Jan. 1, 2004, an outpatient surgery setting granted a certificate of accreditation from an agency approved by the Medical Board is **not** required to obtain a Fictitious Name Permit from the Board (B&P Code section 2285(c)). The four approved accreditation agencies include: "The Institute for Medical Quality," "Accreditation Association for Ambulatory Health Care," "American Association for Accreditation of Ambulatory Surgery Facilities, Inc." and "Joint Commission on Accreditation of Healthcare Organizations."

If you would like more information regarding fictitious name permits, please visit our Web site at www.medbd.ca.gov. Click on "Services for Licensees" and then click on "Fictitious Name Permits." You also may call the Medical Board at (916) 263-2382.

News from Enforcement:

Drugs on the Information Highway

By Joan Jerzak, Chief of Enforcement, Medical Board of California

Notwithstanding the fact that there are legal and beneficial uses of the Internet in providing healthcare services (telemedicine or the filling of properly issued prescriptions), there has been renewed concern about the legitimacy of prescribing drugs via the Internet. At the same time, many consumers are routing copies of their spam e-mail to the Board's attention to inquire if something in the law has changed.

The brazen offers selling Viagra, Vicodin and other drugs at discounted prices do appear to suggest that the drug market is wide open, if you want to purchase on the Internet.

What does the law say about this? The short answer: it's illegal to prescribe without a good faith examination. This requirement (Business and Professions Code section 2242) existed long before the Internet was created and is the cornerstone of why Internet prescribing is illegal when a legitimate physician-patient relationship does not exist.

Some physicians have attempted to legitimize their Internet prescribing by engaging in the review of questionnaires, which Internet users will complete, although there is no way to confirm the patient is reporting accurate or truthful information.

In-person examinations not only enhance the opportunity to confirm if a patient needs the identified medication or to rule out other medical conditions, but ensures the patient is advised of alternative treatment options and is aware of potential side effects. For some patients, certain drugs are contraindicated and serious injury, including death, can follow.

Senator Jackie Speier authored Business and Professions Code section 2242.1 which became effective in January 2001. It specifically states no person may prescribe, dispense or furnish dangerous drugs or devices via the Internet without a good faith prior examination and medical indication therefor. A violation of this section may result in the issuance of a citation or civil penalty with a \$25,000 fine per occurrence.

Internet prescribing has flourished because there is such a financial gain for the involved participants including the site operator, the physician and the pharmacist (or wholesale drug supplier). Violations occur in the state where the patient is located.

The Board has taken action against California physicians and licensees from other states for prescribing over the Internet without a good faith prior exam, and continues to investigate cases as it becomes aware of the practice.

California patients deserve good medicine, which begins with good healthcare providers. The MBC Enforcement Program is one of many agencies that are asked to actively pursue this illegal practice in its mission to provide public protection. Unaware physicians may be asked to participate in many different business enterprises. We urge you to read the law before engaging in any Internet practice.

Please share this information with your patients and colleagues who may have questions about receiving or providing a prescription over the Internet.

TDD NUMBERS

Medical Board telephone numbers for the hearing-impaired (TDD):

Division of Licensing
(916) 263-2687

Central Complaint Unit
(916) 263-0935

Drug or Alcohol Problem?

If you are concerned about a fellow physician who may be abusing alcohol or other drugs or suffering from a mental illness, you can get assistance by contacting the Medical Board's confidential Diversion Program.

Your call may save a physician's life and can help ensure that the public is being protected.

**ALL CALLS ARE
CONFIDENTIAL**

(916) 263-2600

www.medbd.ca.gov

Medical Board of California
Physician Diversion Program
1420 Howe Avenue, Suite 14
Sacramento, CA 95825

New Laws Affecting California Physicians

Licensing and Enforcement

AB 138 (Lowenthal, Chapter 78) Licensed physicians who are traveling with a sports team for a specific sporting event in this state are exempt from medical licensure in California. The exemption is limited to 10 days unless extended by the Executive Director of the Medical Board and limits the physician to providing care to the team, not in an acute-care setting.

AB 236 (Bermudez, Chapter 348) Any physician who is currently or becomes required to register as a sex offender, unless the registration is due to a misdemeanor indecent exposure, shall not be licensed as a physician in California. This law requires the Board to deny or revoke the license of any registered sex offender. A one-time request for reinstatement is permitted.

AB 663 (Lieber, Chapter 644) Physicians, persons in clinical training, and medical students are prohibited by this law from performing a pelvic examination on an anesthetized female patient unless the patient has consented to the examination. These exams are allowed if the performance of a pelvic examination is within the scope of care for the surgical procedure or diagnostic examination being performed on the patient.

AB 747 (Matthews, Chapter 659) Physicians who have been convicted of a second felony involving Medi-Cal fraud or worker's compensation insurance fraud may have their license suspended pending a disciplinary hearing to revoke the physician's license unless the Board finds mitigating circumstance. These provisions are also contained in SB 359 (Figueroa, Chapter 595).

AB 801 (Diaz, Chapter 510) The Cultural and Linguistic Physician Competency Program (CLPCP), operated by local medical societies, is established and monitored by the Division of Licensing of the Medical Board. Continuing medical education programs, developed by CLPCP, shall be voluntary for physicians. Funding for the CLPCP shall be derived from fees of physicians taking the courses.

AB 948 (Nunez, Chapter 438) Clinics or hospitals in underserved areas may establish fellowship programs. The Division of Licensing of the Medical Board is responsible for approving the fellowship programs and each fellowship appointment.

SB 151 (Burton, Chapter 406) Physicians will no longer be required to use the triplicate prescription form for Schedule II substances beginning on July 1, 2004. Instead, physicians will issue prescriptions on a secure, forgery-resistant paper, purchased directly from approved security printers. Physicians who dispense prescriptions from their offices shall keep a log and submit it to the Department of

Justice (DOJ) monthly effective Jan. 1, 2005. The Controlled Substance Utilization Review and Evaluation System (CURES) is permanently established. The DOJ will create guidelines for prescribers to obtain CURES data and establish a system of history referrals to prevent improper and illegal use of Schedule II substances.

SB 363 (Figueroa, Chapter 874) Physicians will be required to wait three years prior to requesting reinstatement after the surrender of their license with certain exceptions. The Medical Board is required to keep a copy of a complaint on a physician regarding quality of care for 10 years from the date received.

SB 376 (Chesbro, Chapter 411) Physicians may be employed by specified hospitals under a new pilot program, overseen by the Medical Board. The maximum number of physicians statewide able to participate in this pilot is 20, with no more than two per qualifying hospital. Hospitals are required to inform the Medical Board prior to entering into a written contract to employ the physician.

SB 545 (Speier, Chapter 652) Pharmacists furnishing emergency drug therapy shall do so under standardized procedures and protocols developed and approved by the Medical and Pharmacy boards. Pharmacists must complete a training program on emergency contraception prior to furnishing emergency contraception drug therapy. This law prohibits an individual furnishing these drug therapies from charging an administrative fee of more than \$10. These changes are also contained in SB 490 (Alpert, Chapter 651).

SB 617 (Speier, Chapter 464) Healthcare providers are required to advise donors of their right to withhold consent for donated tissue to be used for cosmetic surgery purposes, for applications out of the United States, and for use by for-profit distributors. A violation of this provision by licensed healthcare providers shall constitute unprofessional conduct.

SB 771 (Ortiz, Chapter 507) Physicians delivering fertility treatment are required to provide their patients with timely, relevant, and appropriate information regarding the disposition of any human embryos remaining following the fertility treatments. Failure to provide this information shall constitute unprofessional conduct.

SB 857 (Speier, Chapter 601) Physicians who are on probation with the Medical Board are prohibited from receiving reimbursement on any Medi-Cal claim for the type of surgical service or invasive procedure that gave rise to a provider being placed on probation. A physician is prohibited from being enrolled as a Medi-Cal provider at more than three business addresses unless there is a ratio of

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New Laws Affecting California Physicians *(continued from page 5)*

at least one physician providing supervision for every three locations. This law requires physician providers in a group who use nonphysician medical practitioners who provide services to Medi-Cal beneficiaries to meet specific supervisory requirements.

SB 1077 (Senate B&P, Chapter 607) This law makes the following changes:

- 1) revises the definition for retired licensing status, operative on July 1, 2004, prohibiting physicians with this status from engaging in the practice of medicine. Physicians who are currently in retired status but wish to continue to practice medicine need to apply for an appropriate license.
- 2) permits a physician licensed under the disabled licensing status (which does not allow the physician to practice medicine) to return to work in a limited capacity upon signing an agreement with the Board limiting his or her practice in the manner prescribed by the physician's doctor.
- 3) clarifies that the voluntary licensing status is for the sole purpose of providing voluntary, unpaid medical service.
- 4) deletes the requirement for a specific phrase or designation in a fictitious name permit while requiring that the name not be deceptive, misleading or confusing.
- 5) exempts outpatient surgery settings accredited by an accreditation agency approved by the Board from the requirement for a fictitious name permit.

Public Health

AB 879 (Kortez, Chapter 746) The State Department of Health Services (DHS) is required to appoint and convene a task force, which will include a physician, to develop recommendations for the use of post-exposure prophylaxis in the general population for the prevention of HIV infection as stated in this law.

AB 942 (Leno, Chapter 684) School districts, in the absence of an on-site credentialed school nurse or other licensed nurse, may provide school personnel with voluntary emergency medical training to assist pupils with diabetes who are suffering from severe hypoglycemia.

AB 1220 (Berg, Chapter 395) The Heart Disease and Stroke Prevention and Treatment Task Force is established to create a Heart Disease and Stroke Prevention and Treatment State Master Plan. The task force shall include one practicing physician with expertise in research, prevention, or treatment of stroke victims.

SB 322 (Ortiz, Chapter 506) The DHS, on or before Jan. 1, 2005, shall develop guidelines for research involving the derivation or use of human embryonic stem cells. The Director of the DHS shall establish a 13-member Human Stem Cell Research Advisory Committee. All research projects involving the derivation or use of human embryonic stem cells shall be reviewed and approved by an institutional review board that is established in accordance with federal regulations.

SB 420 (Vasconcellos, Chapter 875) The DHS shall establish a voluntary program for the issuance of ID cards to qualified patients for use of medical marijuana.

SB 1075 (H&HS Committee, Chapter 886) The DHS must include certain prescribed information in any literature it produces regarding breast cancer, as indicated.

SB 1081 (Senate H&HS, Chapter 419) Physicians and hospitals are no longer required to report individuals with confirmed AIDS cases and carriers of viral hepatitis to the DHS for inclusion of these persons in the Donor Deferral Register. A physician, hospital or other healthcare provider must report all AIDS cases, HIV infection and viral hepatitis infections, including transfusion-associated cases or infections, to the local health officer within the time frames established by DHS pursuant to existing state regulations.

Managed Care

AB 362 (Garcia, Chapter 80) The Department of Managed Health Care (DMHC) is required to maintain a database indicating for each county, the names of the healthcare service plans operating in that county.

AB 1528 (Cohn, Chapter 672) The Governor must convene a commission on healthcare quality and cost containment to research and recommend strategies for promoting high quality care and containing healthcare costs. A physician must be one of the two healthcare professionals on the commission.

AB 1628 (Frommer, Chapter 583) A hospital is required to contact an enrollee's health plan to obtain the enrollee's medical-record information before admitting the enrollee for poststabilization care as an inpatient following emergency services in a noncontracting hospital, under certain circumstances.

SB 2 (Burton, Chapter 673) The Health Insurance Act of 2003 is established to provide health insurance coverage to qualifying individuals who don't receive healthcare coverage from their employer and who work for a medium or large employer, as defined. Employers who do not provide health coverage are required to pay a fee to the State Health Purchasing Program to be used to provide insurance to employees effective Jan. 1, 2006 for large

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Looking for an Opportunity to Make a Difference?

The Physician's Diversion Program, a statewide rehabilitation and monitoring program for physicians suffering impairment from chemical dependency and/or mental illness, is recruiting Diversion Evaluation Committee (DEC) members. The program maintains DEC's statewide to determine physicians' appropriateness for participation, terms of participation, and successful completion or termination from the program. DEC membership eligibility criteria includes:

1. A current, unrestricted medical license
2. A current, unrestricted license from the Board of Behavioral Sciences, the Board of Psychology or certification as an alcohol and drug counselor/specialist for public members

3. A minimum of two years of professional experience in the treatment of addictions and mental illness or a minimum of two years of professional experience in physician well-being activities
4. A minimum of five years of uninterrupted recovery for individuals in recovery
5. Two years since successful program completion for former diversion program participants

To apply for DEC membership, send a letter of interest and current CV to:

Physician's Diversion Program
1420 Howe Ave., Suite 14
Sacramento, CA 95825
Fax: (916) 263-2607

For further information please call (916) 263-2600.

New Laws Affecting California Physicians

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employers and Jan. 1, 2007 for medium employers with certain exemptions.

SB 244 (Speier, Chapter 590) Enrollees are allowed to continue to see a healthcare provider who is no longer contracting with their health plan as a result of revised and expanded "continuity of care" laws. A health plan must provide enrollees with 60 days' notice prior to terminating a provider contract and is required to file the notice with the DMHC at least 75 days prior to the contract termination.

SB 853 (Escutia, Chapter 713) The DMHC is required to adopt regulations by Jan. 1, 2006, to ensure enrollees have access to language assistance in obtaining healthcare services.

SB 969 (Bowen, Chapter 885) Healthcare service plan employees, who are not licensed in various healing arts professions, and who handle enrollee telephone calls, are prohibited from providing medical advice to an enrollee or subscriber and using a title that causes a person to believe the staff person is a certain type of healthcare professional.

Other Medical

AB 769 (Maddox, Chapter 69) Students in accredited, supervised practice programs are authorized to perform activities in the registered dietitians (RD) and dietetic technicians, registered (DTR) scope of practice when the activities are part of the supervised practice program and under the supervision of an RD. This permits students who have completed both the academic and supervised practice requirements to practice, pending examination, if they have applied for the exam, but are awaiting the examination date.

AB 820 (Nakanishi, Chapter 682) The Office of Statewide Health Planning and Development shall ensure, whenever feasible, that loan repayment awards provided for by the National Health Service Corps Loan Repayment Program are distributed equally between urban and rural program sites.

AB 1196 (Montanez, Chapter 748) Nurse practitioners, in accordance with patient-specific protocols approved by a treating or supervising physician, are authorized to order or furnish Schedule II controlled substances.

SB 292 (Speier, Chapter 544) Beginning Jan. 1, 2006, prescription labels are required to include a physical description of the drug, including color, shape, and any identification code appearing on the tablets or capsules.

SB 476 (Florez, Chapter 707) Administering agencies of an emergency medical services fund are able to maintain a reserve of up to 10 percent of the amount in the portions of the fund reimbursable to physicians and hospitals who provide disproportionate trauma and emergency medical care services. Physicians' and hospitals' input may be solicited to review payment distribution methodologies to ensure fair and timely payments.

SB 907 (Burton, Chapter 485) The Naturopathic Doctor Act, to be administered by the Bureau of Naturopathic Medicine within the Department of Consumer Affairs, is established. The various standards for the licensure and regulation of naturopathic medicine that the Bureau will enforce are defined. Physician supervision is required for naturopathic doctors to prescribe Schedule III-V controlled substances. Physician supervision, along with certification in naturopathic childbirth attendance, is required for naturopathic doctors to perform naturopathic childbirth attendance. Fees generated through the licensing process will be used to operate the Bureau.

Physician Response to Tick-Borne Disease Questionnaire

California Department of Health Services

In February 2003, the California Department of Health Services (CDHS) posted a questionnaire on tick-borne diseases in the Medical Board of California's quarterly publication, the *Action Report*. The purpose of the survey was to assess physician awareness of ticks and tick-borne diseases in California. This information will aid CDHS to develop educational materials on tick-borne disease prevention that physicians will find useful. This article summarizes the results of the survey.

A total of 303 physicians who currently or recently practiced in California completed and returned the questionnaire. Collectively, respondents reported practicing in 38 counties. The most commonly reported specialty was family practice (63-21%), followed by internal medicine (54-18%), pediatrics (50-17%), surgery (22-7%), dermatology (18-6%) and obstetrics-gynecology (13-4%).

Two hundred fifty-six (85%) of the respondents believed that their patients were potentially exposed to *Borrelia burgdorferi*, the bacteria that causes Lyme disease (LD), locally or in the county where they practice. Ninety-eight (32%) physicians indicated that they had diagnosed at least one case of LD in a patient while practicing in California. The five most common specialties among those who had diagnosed LD were family practice (26-27%), pediatrics (22-22%), internal medicine (12-12%) and emergency medicine (8-8%). Of 77 respondents who indicated the number of LD cases they had diagnosed in the past five years, 66 (86%) diagnosed one case, six (8%) diagnosed three to five cases, three (4%) diagnosed six to 25 cases, and two (3%) diagnosed more than 25 cases. Of those who had diagnosed LD, 70 (71%) observed the erythema migrans (EM) rash associated with LD. Of the 98 respondents who had diagnosed a case of LD, 78 (80%) were aware that LD was reportable and 49 (50%) had actually reported cases of LD to their local health department.

The questionnaire also focused on knowledge and practices associated with tick bites. In a typical year, 109 (36%) of the respondents reported seeing no tick bite victims, followed by one to two tick bite victims (103-34%), six to 25 (42-14%), and three to five (38-13%) tick bite victims per year. Only seven (4%) physicians, who practiced in Contra Costa, El Dorado, Mendocino, San Joaquin, and Santa Clara counties, reported seeing more than 25 tick bite victims per year. One hundred eighty-six (61%) physicians reported that a patient had presented to them for the removal of an attached tick and 158 (52%) of all the physicians would recommend testing a tick for *B. burgdorferi*. Several physicians qualified that they would

submit a tick for testing only if it had been attached for greater than 24 hours or was a particular species; others noted that they would submit a tick for species identification only, not testing. Most respondents, 234 (77%), said they provided recommendations to their patients to prevent tick bites.

Discussion

This survey indicates that many physicians in California are aware of and experienced with tick bites or Lyme Disease among their patients. The responses to the questionnaire also identified issues for which CDHS can improve its educational program to better address the needs of physicians regarding the management of tick bites. For example, while many physicians indicated a disposition to have ticks which have been removed from patients tested for pathogens, testing a tick for *B. burgdorferi* may provide clinically important information only if the tick is identified as the appropriate species (*Ixodes pacificus*), and was attached for greater than 24 hours (the minimum period necessary to effect transmission). In fact, several



respondents indicated uncertainty whether results of tick testing were at all useful in clinical management of patients. Indeed, management of a patient who presents with a documented tick bite should be based on clinical presentation and course, regardless of tick-testing results. Also of note was that while most responding physicians were aware that LD is reportable, only half of those physicians who had diagnosed a case of LD had reported it to their local health department. Reporting LD and other tick-borne diseases to the local health department is not only legally mandated (Title 17, California Code of Regulations) but provides data valuable toward assessing the regional risk of these diseases. Based on the epidemiologic data accumulated through disease reporting, the practicing physician can better judge the likelihood that a patient in his or her practice area could have been exposed to one of these disease agents and thus better direct and interpret their diagnostic workup.

At least seven tick-borne diseases have been described in California. The most commonly reported tick-borne disease is LD (70-145 cases per year in the last five years), followed by relapsing fever (3-17 cases per year), and Rocky Mountain spotted fever (0-5 cases per year). Other tick-borne diseases infrequently reported in California include anaplasmosis (formerly granulocytic ehrlichiosis), monocytic ehrlichiosis, babesiosis, and Colorado tick fever. Tularemia and Q fever may be rarely transmitted via ticks,

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News from the U.S. Food and Drug Administration

Diabetes Campaign

FDA will be conducting a diabetes awareness campaign in February. If you would like to order information for your office on diabetes in English, Spanish or various Asian languages, please contact the Public Affairs Office at (510) 337-6736.

Patient Safety News

FDA Patient Safety News is a televised series for healthcare personnel, carried on satellite broadcast networks aimed at hospitals and other medical facilities across the country. It features information on new drugs, biologics and medical devices, on FDA safety notifications and product recalls, and on ways to protect patients when using medical products. Broadcasts can be viewed online. For additional information check: www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfTopic/psn/index.cfm.

Pediatric Research Equity Act of 2003

The Pediatric Research Equity Act of 2003 will allow FDA to close the knowledge gap when it comes to treating children and provide FDA authority to require pediatric studies of drugs when other approaches are not sufficient to ensure that drugs are safe and effective for children. FDA has worked diligently to use its available authorities and resources to give pediatricians and parents the solid information they need to treat children who are ill. These programs, which include financial incentives and new funding to conduct needed pediatric studies, have helped

develop needed evidence on the effects of medicines in children. But in some cases needed studies have not been done.

FDA's most recent attempt to require pediatric studies failed when a U.S. District Court held that the agency lacked sufficient statutory authority. The authority has now been granted. FDA will use this important new law to require pediatric studies, when necessary, to give parents and doctors the confidence they deserve.

Drug Safety and Risk Management Advisory Committee Meeting

Protecting public health, promoting patient safety and reducing medication errors are important priorities for FDA and the Office of Drug Safety. The Drug Safety and Risk Management Advisory Committee met in December to discuss current screening methods to access sound alike and look alike proprietary drug names, in order to reduce the incidence of medication errors resulting from look alike and sound alike names.

This advisory committee meeting is in follow-up to the FDA, Institute for Safe Medication Practices, and the Pharmaceutical Research and Manufacturers of America public meeting on the same subject held in June 2003.

Proprietary drug screening methods explored include: computer analyses, focus groups, expert committees, simulated practice environment, and field testing. Transcripts will be available at the following site: www.fda.gov/ohrms/dockets/ac/acmenu.htm.



Physician Response to Tick-Borne Disease Questionnaire *(continued from page 8)*

but other routes of transmission (e.g., direct contact, inhalation) are far more common. While some respondents (23%) believed that their patients could be locally exposed to tick-borne encephalitis (TBE), it should be noted that TBE, a viral disease found in European *Ixodes ricinus* ticks, has not been reported in North America. Several respondents astutely noted that localized skin infections and tick paralysis, an ascending paralysis produced by toxins in feeding *Dermacentor* spp. ticks, are other rare complications associated with tick bites in California.

There are limitations to the interpretation of the results from this questionnaire. It is unclear how accurately the sample of 303 respondents represents the approximately 60,000 physicians who currently practice in California. Physicians who have diagnosed a tick-borne disease or who have seen ticks on patients may have been more motivated to respond

to the questionnaire than those who have not. This may result in an overestimation of the number of physicians who believed that a person can become infected with LD in the county where they practice (85%). Nonetheless, as this is the first statewide assessment of this type to be conducted, the results can offer a rough guide of current knowledge and practices of some California physicians regarding tick-borne diseases and thus will be helpful in further developing information materials.

CDHS would like to thank the physicians who participated in this survey. Additional information on tick-borne diseases in California may be obtained by contacting the CDHS Vector-Borne Disease Section at (916) 552-9730 or visiting the Web site: www.dhs.ca.gov/ps/dcdc/disb/disbindex.htm.

New Requirements for Triplicate Prescription Forms *(continued from page 1)*

funding. The Department of Justice is in the process of obtaining funds to insure the inclusion of Schedule III drugs.

The law adds Health and Safety Code section 11029.5 that defines the term "security printer" as a person approved to produce controlled substance prescription forms. Additional information on the controlled substance prescription forms can be found at Health and Safety Code section 11161.5.

Every practitioner who prescribes a controlled substance classified in Schedule II must make a record that shows all of the following:

- 1) Name and address of patient
- 2) Date
- 3) Name, strength and quantity of the controlled substances

The prescriber's record must show the pathology and purpose for which the controlled substance is prescribed. For each prescription for a Schedule II controlled substance dispensed, the prescriber must record and maintain the following:

- 1) Full name, address, gender, and date of birth of the patient
- 2) The prescriber's license number, federal controlled substance registration number, and the state medical license number of any prescriber using the federal controlled substance registration number of a government-exempt facility

- 3) Pharmacy prescription number, license number, and federal controlled substance registration number
- 4) National Drug Code number of the controlled substance dispensed
- 5) Quantity of the controlled substance dispensed
- 6) ICD-9 (diagnosis code), if available
- 7) Date of dispensing of the prescription

Each prescriber who dispenses controlled substances must provide the Department of Justice with the information required by this law on a monthly basis in either hard copy or electronic form.

The Board encourages all physicians who prescribe Schedule II controlled substances to read the new codes. Go to: www.leginfo.ca.gov, check Health and Safety Code, scroll down and fill in the new code section 11029.5, and the amended code section 11159.2, and click on search.

The intent of this legislation is to increase patient access to appropriate pain medication and prevent the diversion of controlled substances for illicit use, and to provide that the forms required by the act for controlled substance prescriptions may be used to prescribe any prescription drug or device.

Note: Per newly amended Health and Safety Code section 11159.2, a prescription for a Schedule II controlled substance for use by a patient who has a terminal illness will not be subject to Health and Safety Code section 11164.

Update: Physician Loan Repayment Program

During the last year, we have included articles about the California Physician Corps Loan Repayment Program in several issues of the *Action Report*. The Medical Board is proud that this program has been launched successfully, and we are actively striving to continue the program for many years.

The program was created by AB 982 (Firebaugh-Statutes of 2002), a bill co-sponsored by the Board, the California Medical Association, the California Primary Care Association, and the Latino Coalition for a Healthy California, to address its charge of consumer protection and to undertake innovative and proactive steps to tackle significant issues. Specifically, the program encourages recently licensed physicians to practice in underserved locations in California by authorizing a plan for repayment of up to \$105,000 of their student loans in exchange for their service in a designated medically underserved area for a minimum of three years. Most participants must be selected from the specialty areas of family practice, internal medicine, pediatrics, and obstetrics/gynecology; however, up to 20% of the participants may be selected from other specialty areas.

We were pleasantly overwhelmed at the response to the new program; over 150 applications were received in the spring of 2003. The law governing the program includes language to ensure that service is provided to the most underserved areas of the state, and the placement of awardees mirrors that goal. Awards were made to 32 physicians working in 42 practice settings around California. Based on subsequent inquiries, we believe that we will receive even more applications in 2004.

In taking a leading role in this program, the Medical Board believed it was appropriate for the first year's funding to come from our internal resources and committed the first \$3 million to be awarded. For the program to continue, the Medical Board is developing grant proposals in the hope of securing additional money for future years. We anticipate that additional funding will be available for awards to be made in the summer of 2004, and we will begin soliciting applications the beginning of February.

Additional information regarding the application process is available at: www.medbd.ca.gov/MDLoan.htm.

Respiratory Tract Infection Guidelines Published by CMA Foundation

Anne M. Judson, AWARE Project Coordinator, California Medical Association Foundation

In January 2000, the California Medical Association (CMA) Foundation embarked on a multiyear, statewide effort to promote the appropriate use of antibiotics for respiratory tract infections. AWARE, the Alliance Working for Antibiotic Resistance Education, is a partnership that includes physician organizations, healthcare providers, health plans, public health agencies, consumer and community-based organizations, federal, state and local government and the pharmaceutical industry. Over 80 organizations are part of AWARE's statewide coalition, with more than 200 volunteers from these groups actively involved in AWARE activities.

In 2001, the CMA Foundation conducted a survey of primary care physicians, interviewing 150 physicians throughout the state. Over 75% of the physicians surveyed felt that a compendium of clinical practice guidelines would be an extremely useful tool in their practice.

Physicians indicated that a tool that helped organize and summarize key practice guidelines could be of great assistance, as well as providing a tool to help reduce unnecessary antibiotic prescribing.

The CMA Foundation's AWARE Project developed the Compendium of Clinical Practice Guidelines for acute respiratory infections in response to this need. It organizes and summarizes key practice guidelines and antibiotic prescribing recommendations.

To date, over 70,000 copies of the October 2003 edition of the Clinical Compendium have been distributed in California, and will be updated on a yearly basis to reflect new scientific findings in the field of antibiotic

prescribing for acute respiratory infections.

Physician organizations that endorsed the Compendium include:

- American College of Physicians – California
- California Academy of Family Physicians
- California Academy of Preventive Medicine
- American Academy of Pediatrics, California District

This compendium is supported by most of the leading health plans in California.

There is an accompanying Continuing Medical Education program that will help introduce the Compendium into practice. It is a presentation designed to aid clinicians in understanding current practices in antibiotic prescribing for five areas, including otitis media (pediatric

version), acute bacterial sinusitis, pharyngitis, acute bronchitis, and nonspecific upper respiratory infection. These indications, according to the Centers for Disease Control and Prevention, comprise the bulk of antibiotic prescriptions in the state and nationally.

The CME course also introduces clinicians to the patient education materials developed to accompany the Compendium. Widely available since January 2004, the program offers one hour of Category One CME credit.

There are numerous resources for physicians and other healthcare providers available through AWARE. Posters, patient education handouts, the Compendium, and information on the CME are available at the AWARE Web site: www.aware.md. You also may contact the AWARE Project by e-mail at aware@cmanet.org or (916) 551-2543.



California Establishes First Statewide Physician and Clinical Champion Network in the Nation

Goal: Improve Medicare Healthcare Quality

Tony Linares, M.D., Medical Director for Quality Improvement, Lumetra

California has taken an innovative step to improve healthcare quality with the establishment of a statewide network of physician and clinical leaders to lead quality improvement efforts in the state. Sponsored by Lumetra (formerly CMRI), California's Quality Improvement Organization for Medicare, the Physician and Clinical Champion Network (PCN) will play a critical role in spreading best medical practices and diffusing innovations across all healthcare settings in California.

The Lumetra Physician and Clinical Champion Network is the first multi-disciplinary clinical network in the nation focusing on improving care for Medicare beneficiaries. It is currently composed of more than 70 clinical innovators and early adopters of better practices and positive system changes. With their distinguished clinical knowledge and professional leadership, members of the PCN serve as role models and change agents, and assist in developing and evaluating quality improvement projects in California.

Why the PCN?

The establishment of the PCN represented a major effort initiated by Lumetra to foster collaboration among practitioners from all healthcare settings to adopt best practices in evidence-based medicine. Supported by researched and documented literature, physician and clinical champions are proven components of change and essential to promote the spread of better practices. The network also serves as a forum for physician and clinical leaders to share ideas, and work collectively to improve quality of care.

Studies on adoption of innovations suggest that there are five categories of adopters: innovators (2.5 percent), early adopters (13.5 percent), early majority (34 percent), late majority (34 percent), and laggards (16 percent).^{*} Though innovators and early adopters only account for a small percentage of the population, they are leading the innovative efforts that often lead to system-wide changes.

In the case of healthcare, these clinical pioneers and opinion leaders play an extremely important role as the vast majority of practitioners look to them for signals about what to try. The PCN was developed to formally recognize these clinical champions, and provide an infrastructure to facilitate diffusion of innovations among practitioners.

What's in it for Physicians/Clinicians?

Physicians and clinicians find it rewarding to be able to explore quality improvement ideas with other clinical leaders in a dynamic environment. Additionally, members of the PCN can participate in educational forums and trainings on advancements in their field, to serve as role models, and to be recognized professionally for their leadership and expertise.

Accomplishments to Date

More than 70 physician and clinical leaders from throughout the state have joined the PCN since the end of last year. They are all leaders in their respective specialty, representing a wide range of settings and professional affiliations, including academic centers, hospital systems, medical groups, medical associations, nursing homes, physician offices, and private institutions. Many of them are actively participating in Lumetra's quality improvement efforts by serving as chairs or expert faculty for its projects. Additionally, a PCN Advisory Group has been formed. The group, currently composed of 25 members, convenes monthly to discuss specific quality improvement topics and gives clinical input to Lumetra.

Less than a year since its inception, the PCN has already proven to be an effective change agent by helping Lumetra successfully roll out four hospital-based (heart failure, acute myocardial infarction, pneumonia, and surgical infection prevention) and four nursing home (pain and pressure ulcers) quality improvement Collaboratives. Collaboratives, modeled after the Institute for Healthcare Improvement (IHI) Breakthrough Series, bring together healthcare organizations that share a commitment to making major, rapid changes that produce breakthrough results. This quality improvement model has gained global attention under the leadership of IHI President Don Berwick, M.D.

Getting Involved

The PCN works in conjunction with healthcare providers from across the state to promote better practices and improve healthcare quality. Your support is critical to the success of our initiatives. We encourage you to:

(Continued on page 13)

Notice of Changes to Retired Status, Voluntary Service Status

(continued from page 1)

Additionally, this new law removes some of the restrictions that affect licensees who are in voluntary-service status. Effective Jan. 1, 2004, physicians whose licenses are in voluntary-service status will no longer be limited by the requirement that they practice solely in a not-for-profit agency in an underserved area of this state.

If you are currently in retired status and you wish to receive compensation for practicing medicine, or to continue to write prescriptions, you will need to restore your license to full and unrestricted status. Restoration to full, active status will require payment of the biennial renewal fee and certification of continuing medical education.

If you will not be paid for your services, then voluntary service status may be your best option. Voluntary status is exempt from the payment of renewal fees; however, physicians must complete CME requirements, and cannot accept payment for their services.

To continue your practice eligibility without interruption, you will need to change your license status no later than June 1, 2004. Letters describing your options will be mailed to all licensees who are currently in retired status by March 2004. Those options are:

- Retired Status – No practice is allowed. Effective July 1, 2004, this new status allows the renewal fee and the CME requirements to be waived when the license is placed in retired status. Physicians who wish to remain in retired status, and who are not engaged in the practice of medicine, will not be required to take any action at this time. On July 1, 2004 all physicians who remain in retired status will be issued a new wallet license by the Board which will reflect “Retired – No Practice Allowed.”
- Voluntary Service Status – This status allows the renewal fee to be waived when the license is renewed for the sole purpose of providing voluntary, **unpaid** service. Compliance with CME still will be required, unless a CME waiver is separately granted.
- Active Licensure Status – This status allows full and unrestricted practice. To restore a license to active status, the license renewal fee will be required along with the application for restoration and certification of CME.
- Voluntary surrender – The license may be canceled at the licensee’s request. The license will not be eligible to be renewed or restored. If the physician later decides to become licensed, the physician will be required to apply for a new license and will be subject to the licensure requirements in effect at that time.

If you are applying for another license status, you will need to complete and submit the appropriate application, certify to your financial interest and CME, and also return your wallet license no later than June 1, 2004. A new wallet license will be issued that identifies the new license status.

Applications are available on the Board’s Web site at www.medbd.ca.gov (click on “Forms and Publications” then on “Physicians and Surgeon Forms and Materials”), or call the Board’s Division of Licensing at (916) 263-2382.

Additional information related to the new retired status is available on the Board’s Web site (click on “Services for Licensees” then on “Fact Sheets”). The complete text of AB 1077 as well as the impacted sections of the Business and Professions Code (2439, 2442) may be found at www.leginfo.ca.gov.

California Establishes First Statewide Physician and Clinical Champion Network

(continued from page 12)

Get connected: In September, Lumetra rolled out “Get Connected,” a Web-based interactive map directory allowing healthcare providers to identify PCN members from throughout the state. Visit today to find out who are the champions and start to get connected with them.

Get involved: As the state Quality Improvement Organization, Lumetra conducts quality improvement projects to improve care delivered in various healthcare settings. You can learn more about the clinical quality improvement initiatives supported by the PCN and how to get involved by visiting Lumetra’s Web site: www.lumetra.com.

* Rogers EM. *Diffusion of Innovations*. 4th ed. New York, NY; Free Press; 1995.

About Lumetra

Lumetra, formerly known as CMRI, is the federally funded, nonprofit Quality Improvement Organization (QIO) for Medicare in California. It focuses on community-and facility-based quality improvement initiatives identified by the Centers for Medicare & Medicaid Services (CMS), a federal agency of the U.S. Department of Health and Human Services.

ADMINISTRATIVE ACTIONS: August 1, 2003 to October 31, 2003

PHYSICIANS AND SURGEONS

AFRA, FARID, M.D. (A33403)
Beverly Hills, CA
B&P Code §§725, 2234(b)(c)(d)(e), 2266.
Stipulated Decision. Committed acts of gross negligence, repeated negligence, incompetence and dishonest and corrupt acts; failed to maintain adequate and accurate medical records; excessive treatment in the care and treatment of 4 patients. Revoked, stayed, 5 years probation with terms and conditions. August 11, 2003

AJILORE, OLUSOLA ALADE, M.D. (A84869)
Los Angeles, CA
B&P Code §480(a)(1)(2)(3)(c). Stipulated Decision. Failed to disclose an arrest and misdemeanor conviction for driving under the influence on his application for licensure with the Medical Board of California. Probationary license issued, 5 years probation with terms and conditions. September 30, 2003

AREVALO, EDWARD GUISANDE, M.D. (A49719)
San Diego, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, incompetence, prescribing without medical indication, prescribing to an addict, excessive treatment or prescribing, and prescribing without a good faith medical examination in the care and treatment of 1 patient with a history of polysubstance abuse and attention deficit disorder. Revoked, stayed, 5 years probation with terms and conditions. September 12, 2003

BLOCK, MATTHEW, M.D. (G84754) Laurinburg, NC
B&P Code §§141(a), 2234, 2305. Stipulated Decision. Allowed another person to sign his name on patient records. Public Letter of Reprimand. September 18, 2003

BURKE, MARIANNE C., M.D. (G64339)
Glendale, CA
B&P Code §2234(b)(c)(d). Committed acts of gross negligence, repeated negligence and incompetence in the care and treatment of 4 patients. Revoked, stayed, 3 years probation with terms and conditions. October 10, 2003

Explanation of Disciplinary Language and Actions

“Effective date of decision” —

Example: “September 16, 2003” at the bottom of the summary means the date the disciplinary decision goes into operation.

“Gross negligence” — An extreme deviation from the standard of practice.

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

“Judicial review is being pursued” — The disciplinary decision is being challenged through the court system — Superior Court, maybe Court of Appeal, maybe State Supreme Court. The discipline is currently in effect.

“Probationary License” — A conditional license issued to an applicant on probationary terms and conditions. This is done when good cause exists for denial of the license application.

“Probationary Terms and Conditions” —

Examples: Complete a clinical training program. Take educational courses in specified subjects. Take a course in ethics. Pass an oral clinical exam. Abstain from alcohol and drugs. Undergo psychotherapy or medical treatment. Surrender your DEA drug permit. Provide free services to a community facility.

“Public Letter of Reprimand” — A lesser form of discipline that can be negotiated for minor violations before the filing of formal charges (Accusations). The licensee is disciplined in the form of a public letter.

“Revoked” — The license is canceled, voided, annulled, rescinded. The right to practice is ended.

“Revoked, stayed, 5 years probation on terms and conditions, including 60 days suspension” — “Stayed” means the revocation is postponed, put off. Professional practice may continue so long

as the licensee complies with specified probationary terms and conditions, which, in this example, includes 60 days actual suspension from practice. Violation of probation may result in the revocation that was postponed.

“Stipulated Decision” — A form of plea bargaining. The case is negotiated and settled prior to trial.

“Surrender” — Resignation under a cloud. While charges are pending, the licensee turns in the license — subject to acceptance by the relevant board.

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

“Temporary Restraining Order” — A TRO is issued by a Superior Court Judge to halt practice immediately. When issued by an Administrative Law Judge, it is called an ISO (Interim Suspension Order).

BUSH, ROBERT DICKERSON, M.D. (G34938)
Grandview, WA
B&P Code §§141(a), 2305. Disciplined by Washington for failing to comply with Board-ordered probationary terms and conditions regarding prescribing to pain patients. Revoked. August 1, 2003

BUYS, RICHARD NORMAN, M.D. (G40188)
Stockton, CA
B&P Code §§725, 2234, 2238, 2242, 2266. Stipulated Decision. Prescribed medications to a colleague and his wife without conducting physical examinations, and failed to document the prescriptions in the patients' medical records. Public Letter of Reprimand. September 16, 2003

CHOPRA, SAWTANTRA KUMAR, M.D. (A29771)
Modesto, CA
B&P Code §§2234(e), 2236(a). Stipulated Decision. Convicted of a felony for receiving illegal kickbacks for patient referrals; committed dishonest or corrupt acts. Revoked, stayed, 5 years probation with terms and conditions including 30 days actual suspension. August 25, 2003

DOWNING, TERRY ALAN, M.D. (G26727)
Denver, CO
B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Colorado for patient abandonment. Public Letter of Reprimand. September 22, 2003

ERICSON, JAMES CORBIN, M.D. (A84428)
Grand Terrace, CA
B&P Code §480(a)(3). Stipulated Decision. Disclosed a history of substance abuse on his application for licensure with the Medical Board of California. Probationary license issued, 5 years probation with terms and conditions. August 19, 2003

GOETZ, BERNARD, M.D. (A36006)
Los Angeles, CA
B&P Code §2264. Stipulated Decision. Aided and abetted the unlicensed practice of medicine. Revoked, stayed, 5 years probation with terms and conditions. August 25, 2003

GREENBERG, SANFORD JOSEPH, M.D. (G35672)
Palm Desert, CA
B&P Code §§2234, 2236(a), 2237, 2238, 2305. Disciplined by Missouri for illegal possession of cocaine. Suspended for 180 days, stayed, 3 years probation with terms and conditions. August 22, 2003

HAJJ, AHMAD, M.D. (C40971) Montclair, CA
B&P Code §2266. Stipulated Decision. Failed to maintain accurate and adequate medical records in the care and treatment of 3 patients. Public Letter of Reprimand. October 6, 2003

HICKS, JAMES T., M.D. (G11330) Frenchville, PA
B&P Code §141(a). Disciplined by Arkansas for a felony conviction of unlawful possession of controlled substances. Revoked. September 10, 2003

JATANA, HEIDI JO, M.D. (G68431)
Redondo Beach, CA
B&P Code §§141(a), 2305. Disciplined by Colorado for failure to attend to a patient during a 14-hour labor after receiving at least 2 reports of fetal decelerations and high-risk status. Revoked. September 5, 2003

JENSEN, DON SIMON, M.D. (A25765)
Woodland Hills, CA
B&P Code §§2234, 2264. Stipulated Decision. Failed to ascertain that 1 patient's medication dosing schedule was adequately monitored and evaluated by physicians and other licensed medical personnel. Public Reprimand. October 14, 2003

JOHNSON, WILLIE LEE, M.D. (G84518)
Los Angeles, CA
B&P Code §§2234(a), 2236(a), 2238, 2239, 2261, 2266. Committed acts of dishonesty by knowingly omitting information regarding a criminal conviction on his application for licensure with the Medical Board of California; failed to maintain adequate and accurate medical records; self-administered controlled substances without a prescription; failed to comply with the Board-ordered probation. Revoked. August 25, 2003

JUNG, KIN SAM, M.D. (A25352) Ventura, CA
B&P Code §2234. Stipulated Decision. Committed unprofessional conduct in the care and treatment of 1 patient by failing to personally perform an initial history and physical and discharging the patient from outpatient/observation hospitalization without ever seeing the patient. Public Reprimand. August 14, 2003

KASOW, MARK ALLAN, M.D. (A39116)
Northridge, CA
B&P Code §§2234(a), 2239. Stipulated Decision. Self-use of Fentanyl, a Schedule II controlled substance, which was not obtained under a physician's orders or through a lawful prescription. Revoked, stayed, 10 years probation with terms and conditions. August 8, 2003

KETTELKAMP, RALPH A., M.D. (G8432)
San Luis Obispo, CA
B&P Code §2234(c). Stipulated Decision. Committed repeated negligent acts by failing, on 3 occasions, to inform a patient of abnormal Pap smear test results, failing to properly interpret those results, and failing to perform follow-up testing as medically indicated. Revoked, stayed, 5 years probation with terms and conditions. September 2, 2003

KIELER, GEORGE E., M.D. (A19144)
Roscommon, MI
B&P Code §141(a). Disciplined by Michigan for negligence and incompetence in the administration of anesthesia to 2 patients. Revoked. September 26, 2003

KUON, RALPH G., M.D. (A39928) Montebello, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, incompetence, making a false statement in a document, repeated negligent acts and failure to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked, stayed, 1 year probation with terms and conditions. September 18, 2003

KURDY, YOUSEF, M.D. (A36827) San Diego, CA
B&P Code §§2234(b)(c), 2242, 2261, 2266.
Committed acts of gross negligence, repeated negligence, making false statements in a document, prescribing without a good faith medical examination and medical indication for 1 patient, and failing to maintain adequate and accurate medical records for 10 patients. Revoked, stayed, 5 years probation with terms and conditions. October 24, 2003

KURWA, BADRUDIN RAJABALI, M.D. (A36590)
Arcadia, CA
B&P Code §2234(e). Committed acts of dishonesty by altering patient medical records. Revoked, stayed, 5 years probation with terms and conditions including 60 days actual suspension. September 10, 2003

MCNAMEE, BRIAN FRANCIS, M.D. (G36713)
Fairview Park, OH
B&P Code §§141(a), 2305. Disciplined by Ohio due to conditions which could affect his ability to practice medicine. Revoked. August 4, 2003

MEMBER, BERNARD JERE, M.D. (G52371)
New York, NY
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Virginia for a felony conviction related to controlled substance violations. Revoked, stayed, 5 years probation with terms and conditions. October 8, 2003

NARAGHI, ROBERT M., M.D. (G83950)
Los Angeles, CA
B&P Code §2266. Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Public Letter of Reprimand. October 29, 2003

NELSON, L. LEE, M.D. (A51132) Inglewood, CA
B&P Code §§2264, 2286, 2415, 2417(a). Stipulated Decision. Aided and abetted the unlicensed practice of medicine and practiced medicine under fictitious names without a fictitious name permit. Revoked, stayed, 3 years probation with terms and conditions. September 26, 2003

NGUYEN, HENRY NGHIA-HIEU, M.D. (A36876)
Fountain Valley, CA
B&P Code §§490, 493, 2234(a)(e), 2236(a)(1)(a). Stipulated Decision. Convicted of 4 felony federal offenses for conspiracy and fraud, failure to report medical business income to the IRS, and committed acts involving dishonesty or corruption. Revoked, stayed, 5 years probation with terms and conditions including 60 days actual suspension. August 7, 2003

NUGAS, ALICIA GUTIERREZ, M.D. (A34342)
Cerritos, CA
B&P Code §2266. Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Public Reprimand. October 1, 2003

NUNEZ, OSCAR GARCIA, M.D. (G47907)
Fremont, CA
B&P Code §§726, 2234(b). Engaged in sexual misconduct and gross negligence by performing an examination in an improper manner in the care and treatment of 1 patient. Revoked. September 15, 2003

**Please Check Your Physician Profile
at the Medical Board's Web Site**

Your Address of Record is Public

www.medbd.ca.gov

Signed address changes may be submitted to the Board by fax at (916) 263-2944, or by regular mail at:

Medical Board of California
Division of Licensing
1426 Howe Avenue, Suite 54
Sacramento, CA 95825

ONEIL, KELLY JAMES, M.D. (A36888)
Temecula, CA
B&P Code §§651(a), 2234(b)(c). Committed acts of gross negligence, repeated negligence and provided false and misleading advertising. Revoked, stayed, 7 years probation with terms and conditions including 6 months actual suspension. September 29, 2003

ONG, IWAN SING-DJWAN, M.D. (G69360)
Riverside, CA
B&P Code §2234(c). Stipulated Decision. Committed repeated negligence in the care and treatment of 1 patient with a cardiac condition. Revoked, stayed, 3 years probation with terms and conditions. October 24, 2003

OWENS, ROBERT F., M.D. (AFE28015)
Woodland Hills, CA
B&P Code §§2234(b)(c)(d), 2266. Committed acts of gross negligence, repeated negligence, incompetence, and failed to maintain adequate and accurate medical records in the care and treatment of 2 patients. Revoked. September 12, 2003

PANICCIA, GREGORY SEAN, M.D. (G76979)
San Diego, CA
B&P Code §725. Stipulated Decision. Excessively prescribed medications in the care and treatment of 1 patient. Revoked, stayed, 2 years probation with terms and conditions. August 25, 2003

PHILLIPS, CHARLES ROY, M.D. (G16783)
Fresno, CA
B&P Code §§2234(b)(d), 2266. Committed acts of gross negligence, incompetence and failed to maintain accurate and adequate medical records in the care and treatment of 1 patient. Revoked, stayed, 5 years probation with terms and conditions. September 15, 2003

RAMIREZ, ALFREDO, M.D. (A33235) San Jose, CA
B&P Code §2234. Stipulated Decision. Failed to take an appropriate medical history and failed to read 2 electrocardiograms correctly in the care and treatment of 1 patient. Public Letter of Reprimand. August 19, 2003

RYNALSKI, THOMAS HENRYK, M.D. (G41439)
Naples, FL
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Florida for using a pathology slide for 1 patient to make a diagnosis for a second patient, causing the patient to be misdiagnosed and to receive inappropriate chemotherapy treatment for 2 days, and for failing to maintain legible and complete medical records. Public Reprimand. August 21, 2003

SAKS, LAWRENCE, M.D. (G36859) Torrance, CA
B&P Code §§810, 2234(b)(c)(d), 2261, 2262, 2266. Stipulated Decision. Committed acts of gross negligence, repeated negligence, incompetence; committed insurance fraud, provided false statements and altered medical records in the care and treatment of 10 patients. Revoked, stayed, 7 years probation with terms and conditions including 120 days actual suspension. September 11, 2003

SHAFFER, JAY HAMMOND, M.D. (C36420)
La Jolla, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with sexual misconduct and gross negligence for engaging in sexual relations with 1 patient. Revoked, stayed, 7 years probation with terms and conditions including 1 year actual suspension. October 6, 2003

SILVESTRE, JUSTINO, M.D. (A51373)
Port Charlotte, FL
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Florida based on failing to review his orders, recognize an error in his prescription, and to adequately monitor chemotherapy doses given in the care and treatment of 1 patient. Public Reprimand. September 23, 2003

SMITH, LAWRENCE FREDERICK, M.D. (A36463)
Lancaster, CA
B&P Code §§822, 2234. Committed unprofessional conduct by violating a Superior Court order and has a condition affecting his ability to practice medicine safely. Revoked. October 14, 2003

SUTTON, CLARENCE, JR., M.D. (G74582)
Granada Hills, CA
B&P Code §2234. Stipulated Decision. Failed to properly supervise a physician assistant. Revoked, stayed, 5 years probation with terms and conditions including 30 days actual suspension. October 27, 2003

TAUB, MORRIS, M.D. (G27806) San Pedro, CA
B&P Code §§2234(a), 2266. Stipulated Decision. Committed acts of unprofessional conduct in the care and treatment of 1 patient and failed to maintain adequate and accurate medical records in the care and treatment of 2 patients. Revoked, stayed, 35 months probation with terms and conditions. September 29, 2003

TULUMELLO, JOSEPH SANTO, M.D. (G24200)
Lockport, NY
B&P Code §§141(a), 2305. Disciplined by New York for committing fraud by self-prescribing a controlled substance and for failing to comply with treatment for a condition affecting his ability to practice medicine safely. Revoked. September 26, 2003

URRUTIA, DANIEL, M.D. (A34069) Hanford, CA
B&P Code §2234(b)(c). Stipulated Decision. Committed acts of gross negligence and repeated negligence for failing to investigate the medical indications, deteriorating mental status and abnormal laboratory findings in the care and treatment of 1 patient. Public Reprimand. September 8, 2003

WILGARDE, DAVID STEPHEN, M.D. (G74463)
Palm Springs, CA
B&P Code §726. Stipulated Decision. Engaged in sexual misconduct in the care and treatment of 1 patient. Revoked, stayed, 5 years probation with terms and conditions including 60 days actual suspension. September 11, 2003

WOLACH, MARC DARNELL, M.D. (A42152)
Greeley, CO
B&P Code §§141(a), 2305. Disciplined by Colorado due to a condition affecting his ability to practice medicine safely. Revoked. October 14, 2003

WOLMAN, CAROL STONE, M.D. (G17507)
Albion, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, incompetence, dishonesty, failure to maintain adequate and accurate records, alteration of medical records, excessive treatment or prescribing, unlawful prescribing to an addict, and prescribing without a good faith medical examination in the care and treatment of 4 patients. Revoked, stayed, 4 years probation with terms and conditions. September 4, 2003

YAQUB, NIZAR ABDUL, M.D. (A29913) Salinas, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, incompetence, repeated negligence, dishonesty, excessive treatment, failure to obtain a fictitious name permit, and failure to maintain adequate and accurate medical records in the care and treatment of 18 patients. Revoked, stayed, 10 years probation with terms and conditions including 1 year actual suspension. August 14, 2003

PHYSICIAN ASSISTANTS

BRKICH, MARY M., P.A. (PA14401) San Jose, CA
B&P Code §2264. Stipulated Decision. Aided and abetted the unlicensed practice of medicine by allowing an unlicensed person to treat and diagnose several patients. Revoked, stayed, 3 years probation with terms and conditions including 14 days actual suspension. October 31, 2003

FORTUNE, JOSEPH HENDRICK, P.A. (PA14012)
Gardena, CA
B&P Code §475(a)(1). Knowingly failed to disclose a material fact on his application for licensure with the Physician Assistant Committee. Revoked, stayed, 5 years probation with terms and conditions. October 27, 2003

FREEMAN, TIMOTHY ALAN, P.A. (PA10991)
Huntington Beach, CA
B&P Code §§821, 3527, 3531. Convicted of animal cruelty and obstruction of justice, and failed to comply with an order for a mental and physical examination. Revoked. September 2, 2003

HASHIMY-ALEXANDER, DAVID, P.A. (PA14525)
Poway, CA
B&P Code §§475(a)(3), 480(a)(2), 2052, 2234(e)(f), 2236(a), 3527, 3531. Stipulated Decision. Convicted for the unlawful practice of medicine, committed acts of dishonesty and corruption by holding himself out as a medical doctor and acting as a medical doctor without a medical license; performed medical tasks without supervision and in excess of the scope of practice of a physician assistant. Revoked, stayed, 3 years probation with terms and conditions including 30 days actual suspension. October 9, 2003

PLAMBECK, SHERI LYNN, P.A. (PA14104)
Los Angeles, CA
B&P Code §§2234(a)(e), 2238, 3502(b)(c)(2), 3527(a). Stipulated Decision. Committed acts of unprofessional conduct, dishonesty and violation of drug statutes by fraudulently stealing prescription pads from her place of employment, writing several prescriptions using the stolen prescription pads and having the prescriptions filled. Revoked, stayed, 5 years probation with terms and conditions including 7 days actual suspension. August 25, 2003

For further information...

Copies of the public documents attendant to these cases are available at a minimal cost by calling the Medical Board's Central File Room at (916) 263-2525.

QUATTRO, CYNTHIA LOUISE, P.A. (PA12134)
Watsonville, CA
B&P Code §§2234, 3527(a). Stipulated Decision.
Failed to perform an adequate or any physical
examination of 1 patient and proceeded with
administering photo luminescence therapy on the
patient without providing and/or documenting any
informed consent. Revoked, stayed, 3 years
probation with terms and conditions.
October 31, 2003

STRUBE, ROSEMARY, P.A. (PA11906)
Sherman Oaks, CA
B&P Code §2234. Stipulated Decision. No admissions
but charged with gross negligence, exceeding the
authority of a physician assistant, administering
excessive medication to a patient, and incompetence
by performing medical tasks which exceeded the
scope of practice of a physician assistant in the care
and treatment of 1 patient. Revoked, stayed, 2 years
probation with terms and conditions.
September 15, 2003

SUHR, DANIEL AUGUST, P.A. (PA14016)
Mission Viejo, CA
B&P Code §§2236(a), 3531. Stipulated Decision.
Convicted for crimes involving battery on a spouse,
damage to telephone lines, and dissuading a witness
from testifying. Probationary term extended by 3
years with terms and conditions including 30 days
actual suspension. August 14, 2003

DOCTOR OF PODIATRIC MEDICINE

HAGUE, DOUGLAS ALLEN, D.P.M. (E3445)
Sacramento, CA
B&P Code §§2234(e), 2238, 2239. Stipulated
Decision. Obtained Vicodin, a Schedule III controlled
substance, by writing false prescriptions for the drug
in the name of patients, and then paid for the
prescriptions to self-administer the drug. Revoked,
stayed, 6 years probation with terms and conditions.
August 29, 2003

SURRENDER OF LICENSE WHILE CHARGES PENDING

PHYSICIANS AND SURGEONS

AARON, DEBORAH LYN, M.D. (G70081)
Ketchikan, AK
August 21, 2003

ALFRED, JOSEPH, M.D. (C24472)
Los Angeles, CA
August 20, 2003

COLLINS, MATTHEW WALTER, M.D. (G76199)
Van Nuys, CA
August 29, 2003

ENGBERG, WILLIAM D., M.D. (A13109)
Inglewood, CA
August 1, 2003

FERNANDO, ROLANDO ASUNCION, M.D.
(A38385) Los Angeles, CA
September 1, 2003

FOUTS, GREGORY G., M.D. (GFE8590)
Lafayette, CA
August 27, 2003

FULTON, JAMES EDWIN, JR., M.D. (C32711)
Newport Beach, CA
August 13, 2003

LORENZ, MARTIN FRED, M.D. (G30797)
La Mesa, CA
September 17, 2003

SCHICKNER, DAVID JOHN, M.D. (G65201)
Waco, TX
August 14, 2003

SCHIFF, HAROLD BERNARD, M.D. (A39225)
Newton Centre, MA
August 18, 2003

SCHMERLER, ELLIOTT DEAN, M.D. (A41143)
Reno, NV
October 3, 2003

WARE, WINTHROP HORACE, M.D. (A24528)
Fresno, CA
October 21, 2003

PHYSICIAN ASSISTANTS

HADFIELD, GREG SEAN, P.A. (PA16311)
Mammoth Lakes, CA
August 4, 2003

HAYA, BAB, P.A. (PA13074)
Anaheim, CA
September 23, 2003

DOCTOR OF PODIATRIC MEDICINE

STAGG, DAVID B., D.P.M. (E2982)
San Diego, CA
August 4, 2003

**Business and Professions
Code Section 2021(b) &
(c) require physicians to
inform the Medical
Board in writing of any
name or address change.**



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ACTION REPORT — FEBRUARY 2004
Candis Cohen, Editor (916) 263-2389

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