



Operation Safe Medicine returns July 2009

Effective July 1, 2009, the Medical Board of California re-established its Operation Safe Medicine (OSM) unit in Southern California to target unlicensed activity, corporate practice of medicine, and lack of supervision violations.

Some history: In 2000, there was a growth in unlicensed individuals and unregulated clinics, predominately in Southern California. These unlicensed individuals operated from residences or the back of legitimate business locations, and targeted California immigrant health care consumers who were seeking familiar, discreet, and affordable services. These unlicensed individuals usually provided services and dispensed dangerous drugs not manufactured under the Food and Drug Administration guidelines or even approved for use in the United States. These unlicensed individuals lacked qualifications and training, which meant that the health care resulted in the increase of dangerous reactions and infections from faulty diagnosis, untreated disease, health complications, and even deaths.

In July 2000, the Medical Board was authorized four investigator positions to establish an unlicensed activity investigative team called Operation Safe Medicine, whose sole purpose was to investigate complaints of unlicensed activity received from health care consumers, and also to work with other regulatory and law enforcement agencies to find unlicensed facilities. In its 2001-2002 Annual Report, the Board reported that the number of cases referred by Board investigators for criminal action had increased. The Board's OSM was responsible for much of the increase in criminal filings from 58 in Fiscal Year (FY) 2000-2001 to 82 in FY 2001-2002. They reported that OSM had become an effective mechanism for dealing with unlicensed activity and the so-called backroom clinics in the Los Angeles and Orange County areas. Several criminal investigations conducted by OSM investigators had resulted in the filing of felony and misdemeanor charges against unlicensed individuals treating various medical conditions.

Shortly after, due to budget shortfalls that resulted in vacancy reductions and vacancy sweeps in FY 2002-2003, the established OSM positions were transferred to the Board's enforcement units to maintain minimum staffing levels in other units. This unfortunately resulted in the closure of OSM.

As a consumer protection agency, the Board's mission is to protect health care consumers through proper licensing and regulation of physicians, surgeons, and certain allied health care professionals through the vigorous, objective enforcement of the Medical Practice Act. It is also responsible for enforcing the disciplinary decisions it renders. Board decisions are varied and complex, and require specialized medical-legal expertise to ensure physicians comply with the terms and conditions ordered. Federal, local, and private organizations do not possess the medical-legal expertise required to ensure compliance with provisions of the Medical Practice Act.

Ultimately, at the November 2007 Board meeting, the members approved the re-establishment of OSM, and the dedication of staff to the enforcement of laws relating to the unsafe practice of medicine in California, including, but not limited to, the various use of lasers for cosmetic procedures.

(continued on page 5)

IN THIS ISSUE

President's Report	2
Physician Humanitarian Award.	3
Treating Tobacco Use and Dependence.	4
Legislator Profile.	6
Another reason to obtain a fictitious name permit.	6
Preventive Medicine and the Seven Deadly Sins: Gluttony	7
Screen pregnant women for hepatitis B.	9
Physician Alert: Ryan Haight Online Pharmacy	10
Changes affecting patients on the WIC Supplemental Food Program.	11
Administrative Actions.	12

Our Mission

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

President's Report

It is my honor to begin my term as president of the Medical Board of California. In my first report, I would like to introduce myself to our readers and touch on my priorities for the coming year.

I was born and raised in Los Angeles, and have always believed that for me, the best way to make a difference is by being involved. My interest and activism have mainly been in projects around education, health care, and community. As both an active volunteer and a Board member, I have enjoyed the difference that these organizations make within the communities they serve.

After-school programs are a passion of mine, and I am active on the L.A.'s Best Advisory Board — a collaborative effort between the City of Los Angeles, the L.A. Unified School District, and the private sector.

This nationally recognized organization provides a quality program for over 28,000 students in 180 Los Angeles City-area public elementary schools. I am on the Keep L.A. Beautiful Committee, and a member of the Commission on Children, Youth, and their Families for the City of Los Angeles. I serve on the Undergraduate Student Scholarship Committee at U.C. San Diego and am a strong proponent of education for all regardless of financial circumstances.

I also am an active participant on the Executive Service Corps. board, which engages retired executives to coach and mentor non-profits for a fraction of the cost that a private consultant would charge.

I have been active at the L.A. Free Clinic for over 30 years, and believe that health care is a right and not a privilege. I am an active participant on the Friends Board, which raises in excess of \$1 million per year to ensure continuity of care, that last year was able to ensure 85,000 patient visits for our working poor in the Los Angeles area.

I serve actively on the Health Professions Education Foundation, a quasi-state foundation, which promotes better access to care for medically underserved Californians by awarding scholarships and loan repayment programs for health professionals.



Barbara Yaroslavsky
President of the Board

I was appointed to the Medical Board by former Speaker of the Assembly Herb J. Wesson, Jr. in 2003. During my tenure on the Board, I have been keenly aware of my obligation to represent the public's perspective, and have been particularly interested in matters involving education and access to care for both the public and our licensees.

I was a member of the Medical Board's task forces that dealt with performance expectations and rules for treating intractable pain, as well as the rules surrounding the recommendation by physicians for the use of medical marijuana, ensuring that all voices were heard.

As chair of the Board's Education Committee, I have been pleased to oversee deliberations by that committee on a myriad of issues,

including, physician/medical student wellness, and on increased notification to the public about our Board, including how to contact us and use our services. A healthy

physician/medical student ensures public protection, just as a well-educated public with the ability and knowledge of how to access our Web site further ensures patient protection — our number-one mandate.

I have also enjoyed the time I have spent being a member of the Medical Board's Midwifery Advisory Council, helping to drive conversation to further professionalize and implement best practices and codes, now moving on to dealing with re-entry and remediation to ensure a level of quality of care. A major accomplishment that I am particularly proud of is the creation and implementation of the first annual California midwifery report. The 2007 calendar year responses generated detailed aggregate data used to gauge birth outcomes in the midwifery community.

I hope to use my term as president of the Medical Board to both continue the innovative and important initiatives (such as access to care, physician wellness, and the unlicensed practice of medicine) begun by my predecessors, and, at the same time, take a closer look at how we are doing with our

I appreciate being part of a medical board that has taken on tough issues such as access to care, physician wellness, and the unlicensed practice of medicine.

(continued on page 3)

Physician Humanitarian Award

The Medical Board recently presented its 2009 Physician Humanitarian Award to Jimmy H. Hara, M.D., a family practitioner from Los Angeles. He serves as residency program director for the Kaiser Permanente Los Angeles Family Medicine Residency and is the lead physician for Community Benefit for Southern California Kaiser Permanente.

For the past 35 years, Dr. Hara has served as a physician volunteer at the Venice Family Clinic, where he is currently board chair, and at the Los Angeles Free Clinic for more than 20 years.

Dr. Hara also inspires other physicians, medical students, and residents to join him in his work with the medically underserved. From his days volunteering at the Haight-Ashbury Free Clinic while he was in medical school through his decades of service in Los Angeles clinics, he has consistently provided care to the most vulnerable patient populations.

In addition to his practice in these clinics, the Board recognized and applauded his work with many patient-



Former Board President Richard Fantozzi, M.D. congratulates Jimmy Hara, M.D. and his wife, Diane

advocacy organizations such as Physicians for Social Responsibility, the Commission for the California Office of Statewide Health Planning and Development, the Health Professions Education Foundation for California, the Los Angeles Chapter of the California Academy of Family Physicians, and the California Academy of Family Physicians Foundation. His clearly has been a lifelong career of dedication to helping underserved patients.

The Physician Recognition Committee of the Medical Board recognizes physicians who strive to improve access and fill gaps in health care delivery for underserved patients. For more information on this program, please go to: www.mbc.ca.gov/licensee/physician_recognition.html.

Summary of published peer review

The mission of the Board's Wellness Committee is to encourage and guide licensees to promote a sound balance in their personal and professional lives so that healthy physicians offer quality care to their patients. In continuing this effort, the Committee has prepared a summary of published peer-reviewed studies which support the connection between physician wellness and patient safety. The Board hopes that by following this link, you will find beneficial information and resources:

www.mbc.ca.gov/board/wellness_articles.pdf

President's Report *(continued from page 2)*

core mandates of licensing and enforcement. The ability to be effective in these two areas of our mandate directly impacts the number of physicians that are able to be active and, thus, also influences access to care in our state.

Therefore, I will continue to work with Board members and staff to examine how we are doing with the basics, as we also move forward to work with interested parties on our other, ancillary goals.

My orientation, then, is educational and on the basics, and my style is approachable and collaborative. I note with pride the partnerships our Board has formed working on many of its policies and I look forward to continuing that tradition in the coming year.

Treating Tobacco Use and Dependence in California: New Guidelines and Current Challenges

By Byron Kennedy, M.D., Ph.D., M.P.H.
California Tobacco Control Program
California Department of Public Health

In both California and the United States, tobacco use is the leading cause of preventable illness, disability, and premature death. Each year in California, about 40,000 people die from tobacco-related diseases. Further, tobacco use results in more than \$15.8 billion annually of health-related costs and lost productivity. While the statewide smoking prevalence rate has significantly decreased from 22.7% in 1988 to 13.3% in 2008, the rate of decline has slowed in recent years, particularly among certain subpopulations (e.g., members of some ethnic/racial minority groups, individuals having a low socioeconomic status).

Currently, there are 3.6 million adult and 300,000 youth smokers in California. Therefore, helping these individuals to quit smoking should be a public health priority, especially for health care providers who are in a unique position to influence the behaviors of their patients. To this end, the U.S. Department of Health and Human Services issued an update to its clinical practice guidelines in 2008 for treating tobacco use and dependence. These new guidelines emphasize the importance of using both counseling and pharmacotherapy in order to achieve long-term success in smoking abstinence.

Recognizing the time demands confronting many practitioners, the guidelines highlight that interventions even less than three minutes' duration may be effective. Indeed, providers may use a simple **A-A-R** approach whereby they: **ASK** patients if they smoke; **ADVISE** smokers to quit; and then **REFER** smokers to a telephone quit line. The California Smokers' Helpline (**1-800-NO-BUTTS**) offers free, confidential, and culturally as well as linguistically appropriate counseling services provided in six languages (i.e., English, Spanish, Mandarin, Cantonese, Vietnamese, and Korean). Moreover, there are specialized services for the hearing impaired, teens, pregnant women, and tobacco chewers.

While the Helpline has been shown to significantly improve the 12-month smoking abstinence rate in comparison to self-help alone, it is underutilized — similar to other cessation aids. Educational and outreach materials promoting the California Smokers' Helpline are available in a variety of languages from the Tobacco Education Clearinghouse of California. Some materials are available for download, others are free-of-charge, and for others there is a nominal charge. For more information, a resource list is provided at the end of this article.

The updated guidelines also emphasize encouraging patients to use medications proven to help smokers quit. First-line medications are those with an established empirical record of effectiveness and include nicotine replacement therapy (NRT), bupropion SR (sustained release), and varenicline. These treatments for tobacco dependence are approved for use by the Food and Drug Administration (FDA), except in the presence of contraindications or in specific subpopulations for which effectiveness has not been clearly demonstrated after a critical review of the latest evidence (i.e., pregnant women, smokeless tobacco users, light smokers, and adolescents).

Further, with respect to varenicline, the FDA issued a warning last year that clinicians should consider eliciting information on their patients' psychiatric history before initiating therapy over concerns about the potential risks for depressed mood, agitation, changes in behavior, and suicidal ideation/suicide. Besides monotherapy, providers should consider combination medications, when appropriate, to improve long-term smoking cessation rates (e.g., NRT-patch + NRT-gum; NRT-patch + bupropion SR).

The current update reaffirmed that smoking cessation treatments should be included as a paid or covered benefit. Importantly, two new Current Procedural Terminology (CPT) codes were published in 2008 for smoking and tobacco use cessation counseling: 99406 (intermediate, i.e., greater than three minutes up to 10 minutes) and 99407 (intensive, i.e., greater than 10 minutes), which are both reimbursable through Medicare. In fact, Medicare will currently cover a total of eight counseling sessions within a 12-month period (i.e., a maximum of four intermediate/intensive sessions for each of two covered cessation attempts a year). The update also reaffirmed that tobacco use and dependence interventions should remain part of standard ratings and overall health care quality measures (e.g., the National Committee for Quality Assurance [NCQA], the Health Plan Employer Data and Information Set [HEDIS]). Further, it recommended that these measures should incorporate outcome-based indicators resulting from such interventions (e.g., utilization rates of cessation treatment and smoking abstinence rates).

Reducing illness and premature death attributable to the use of tobacco products as well as ultimately achieving a smoke-

(continued on page 5)

Operation Safe Medicine *(continued from cover)*

The following are some examples of the more egregious types of unlicensed cases that the new OSM will target:

- An unlicensed female operating a booth at an indoor swap meet was dispensing and administering various prescription drugs, non-prescription drugs, and herbal remedies from another country. She injected a female with a substance labeled as eucalyptus oil in the bathroom of the swap meet and the victim died the following day at her residence.
- An unlicensed male was performing breast augmentation surgery on females in an unlicensed facility; the victims suffered severe infections and disfigurement of their breasts.
- An unlicensed female injected corn oil into the victims' buttocks as a means of cosmetic enhancement; one female victim almost died from a fat embolism.
- An unlicensed individual was using unapproved Botox and industrial grade silicone on health care consumers.
- An unlicensed female was injecting victims with household silicone, resulting in infections and disfigurement.
- An unlicensed female operated a "medical clinic" where she performed intense pulsed light laser therapy for removal of excess fat and stretch marks, and treatment of skin conditions and broken capillaries; victims were injured.
- An unlicensed male was conducting physicals and administering vaccinations as part of the immigration process; the physicals were not properly conducted and the vaccines were saline injections, thereby potentially exposing the California population to previously controlled and/or eradicated diseases.
- An unlicensed individual burned a victim with a laser treatment at a laser clinic that had insufficient supervision.
- An unlicensed individual permanently branded a victim using the wrong device, instead of removing a tattoo.
- An unlicensed individual permanently scarred a victim who received laser treatment on a red vein, with a device designed to treat blue veins.
- An unlicensed individual permanently de-pigmented the skin of a victim who was treated with an incorrect device.

With the re-establishment of the Medical Board's Operation Safe Medicine, California health care consumers will be better protected from various unsafe and unlicensed practices of medicine.

Treating Tobacco Use *(continued from page 4)*

free environment are among the primary goals of the California Tobacco Control Program (CTCP), which celebrates its 20th anniversary this year. Indeed, CTCP was legislatively established in 1989 following the passage of Proposition 99 by voters. As was true in the past, the future success of statewide tobacco control efforts will depend on partnerships across the public and private sectors. Along these lines, health care professionals will continue to play a critical role. The newly created online CME project, Cease Smoking Today (CS2day), spearheaded by the California Academy of Family Physicians, is one example of how clinicians within the state are developing important coalitions to eliminate tobacco use.

In summary, health care providers should at least:

1. **ASK** their patients if they smoke
2. **ADVISE** smokers to quit
3. **REFER** smokers to the Helpline (1-800-NO-BUTTS)
4. If appropriate, consider pharmacotherapy for smokers (i.e., NRT, bupropion SR, varenicline)

For more tobacco-related information, the following resources are available:

1. Treating Tobacco Use and Dependence: 2008 Update
www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf
2. California Smokers' Helpline (1-800-NO-BUTTS)
www.californiasmokershelpline.org;
www.center4cessation.org
3. Tobacco Education Clearinghouse of California
www.tobaccofreecatalog.org
4. California Tobacco Control Update 2009
www.cdph.ca.gov/programs/tobacco/Pages/CTCPSPublications.aspx
5. Cease Smoking Today (CS2day) CME Activity
www.ceasesmoking2day.com

Legislator Profile:

Assemblywoman Connie Conway



Connie Conway (R-Tulare) was elected to the California Assembly in November 2008.

Assemblywoman Conway represents the 34th Assembly District, which includes Inyo and Tulare counties and portions of Kern and San Bernardino counties.

Since taking office, she has been appointed to six key committees. She is vice chair of the Assembly Higher Education Committee and a member on the Agriculture, Business and Professions, Health, Transportation, and Public Employees, Retirement and Social Services committees.

Among Assemblywoman Conway's legislative accomplishments that affect Medical Board licensees, she authored Assembly Bill 1450 which would address

disparities in the provision of, and access to, health care in California, and reintroduced the Board's wellness program legislation (AB 1094).

Prior to coming to the Legislature, Assemblywoman Conway served as a Tulare County Supervisor for eight years. She was chair of the Board of Supervisors, and chair of the California Partnership for the San Joaquin Valley. The 28-member partnership, which includes state agency secretaries, elected officials and members of the private sector, works to improve the economy and quality of life by making policy recommendations to the Governor.

In 2007, the Tulare Chamber of Commerce honored her as Woman of the Year.

In 2006, she served as president of the California State Association of Counties, which represents 58 counties at the state and federal levels. She now is a director of the National Association of Counties, chairs its membership committee, and works on its economic development committee.

Another reason to obtain a fictitious name permit, if you practice under a name other than your own

In order to practice medicine in California one must have a valid license from the Medical Board. However, the business of practicing medicine may also require additional registration(s) and permit(s).

The first step is to decide upon a business structure. For information about how to set up a business or to decide which structure may be the best for you, please contact your attorney, certified public accountant, or your local medical association.

At some point the medical practice has to be given a name. Business and Professions Code section 2285 requires a physician who practices under a name other than his or her own to obtain a fictitious name permit

(FNP) from the Medical Board. In other words, if the name of a practice is different than the licensee's name or if it includes a qualifier other than one which denotes corporate existence, an FNP is required. If a licensee's name is Jane Doe, M.D. the following practice names would not require a permit: Jane Doe, M.D.; Jane Doe, M.D., Inc.; or Jane Doe, M.D., a Professional Medical Corporation. However, the following names would require an FNP: Sunshine Medical Clinic, Sunshine Medical Corporation, or Jane Doe Sunshine Medical Clinic.

An FNP is not the same as a fictitious business name statement or a local business permit or registration.

(continued on page 10)

Avoiding Discipline Against your Medical License

Preventive Medicine and the Seven Deadly Sins: Gluttony

by Laura Sweet, Deputy Chief of Enforcement
Medical Board of California

This is an updated version of the fifth of seven articles in the series "Preventive Medicine and the Seven Deadly Sins: Avoiding Discipline Against your Medical License," previously published in this newsletter and available at www.mbc.ca.gov/license/sins.html.

Gluttony n. Excess in eating or drinking

Ahh, gluttony. I think most of us can relate to the lethargy induced from a well-celebrated Thanksgiving Day feast. For some of us, it's more than a once-a-year affair. For some of us yet, the propensity to over-consume is an ongoing struggle. Personally, gluttony is my best-practiced sin. Just give me a quart of Baskin Robbins' *Pralines 'N Cream*, a spoon and a towel with which to wrap it so my hands don't get frostbitten, and I can eat the whole thing. The pitiful thing is, I don't even need an Alka Seltzer!

Of course, eating like a pig isn't against any law of which I am aware, as long as I don't consume, say, a person. So, then I am inclined to expand the definition of gluttony so there can be a worthwhile examination of an area of law where physicians and surgeons can find themselves in trouble.

The natural gluttony nexus would seem to be excess drinking or drug abuse, but even though that may be *technically* correct, I know the addictive disease process certainly does not arise from gluttony. Consequently, I must thank you in advance for your indulgence in allowing me to fulfill my seven deadly sin theme with this particular analogy!

During Fiscal Year 2007-08, 34 (of a total 314) cases resulting in discipline arose from an allegation of drug or alcohol use. These cases involved self-use of alcohol, self-use of drugs, or excessive prescribing of drugs to patients. These are always sad cases, no matter whether the physician or the patient is the one suffering from addiction.

I can clearly remember one of my first cases alleging a substance abuse issue, though this was not a controlled substance. A young anesthesiologist, suffering from a terminal illness, was found by a colleague hidden inside a broom closet having huffed fluid tape cleaner until he was barely conscious.

There are several laws relating to consumption of alcohol or drugs in the Medical Practice Act. Business and Professions

Code Section 2280 prohibits a licensee from practicing medicine while under the influence of any narcotic drug or alcohol to such an extent as to impair his or her ability to conduct the practice of medicine with safety to the public and his or her patients. Section 2239 prohibits excessive use of drugs or alcohol: "(a) The use or prescribing for or administering to himself or herself, of any controlled substance; or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous or injurious to the licensee, or to any other person or to the public, or to the extent that such use impairs the ability of the licensee to practice medicine safely or more than one misdemeanor or any felony involving the use, consumption, or self-administration of any of the substances referred to in this section, or any combination thereof, constitutes unprofessional conduct."

The prohibition against self-prescribing a controlled substance bears repeating. Many physicians do not realize they *may not self-prescribe any controlled substance*. This includes pharmaceutical samples.

The most common event that triggers a Medical Board investigation for a Business and Professions 2239 violation is a conviction for drunk driving. Whenever a physician and surgeon is convicted of a crime, the Medical Board is notified of it. If it's a first conviction for drunk driving, and absent any information the physician is suffering from a problem that could potentially impact patient care, we generally will close the case and maintain it for a period of five years. Upon notification of a *second* conviction, however, the investigation will be more extensive. Investigators will obtain copies of the police reports and court documents. Investigators will interview the physician and possibly other witnesses. The case can be then transmitted to the Office of the Attorney General for consideration for disciplinary action.

Excessive prescribing is another facet of gluttony, although the impetus for the physician is usually a different sin: greed. In the early 90's, we revoked the licenses of physicians who sold prescriptions for Dilaudid for distribution on the street. Today, Oxycontin is the analgesic du jour, and was the

(continued on page 8)

Seven Deadly Sins: Gluttony *(continued from page 7)*

nemesis of a physician whose license was recently revoked for selling enormous quantities to a motorcycle gang. Then there are the run-of-the-pill-mill cases: physicians who provide prescriptions for Vicodin, or whatever else the patient requests, without an appropriate prior examination and a medical indication. Los Angeles is particularly rife with drug cases and the occasional high-profile case involving excessive/inappropriate prescribing to celebrities. The tragic aspect of these, and many of the complaints we receive, is that often the physicians do not come to our attention until someone has overdosed.

Frequently, a complaint is initiated because Dr. X is prescribing huge amounts of Norco and Soma to the complainant's spouse. The complainant is worried – angry – frustrated because their loved one just got out of rehab. The complainant called Dr. X to implore him to stop writing prescriptions, especially the ones from which the loved one was just detoxified, and Dr. X will not stop. Other times, the complainant is the parent of a child who has overdosed. The parent finds their dead child among hundreds of bottles of pills. Sometimes the complainant is another law enforcement officer who pulls someone over and finds scores of pill bottles in their vehicle.

Overprescribing cases can be very complex to investigate. This is because investigators must determine whether or not the patient is suffering from a legitimate pain condition and is legitimately receiving large quantities of narcotics, or whether the patient is merely drug seeking or diverting drugs for sale on the street. Sometimes, to further complicate matters, a patient may be both.

The discernment process ordinarily begins with a review of a Controlled Substances Utilization Review (CURES) report for both the physician and the patient. The report is called a Patient Activity Report (PAR) and is used to analyze patterns of over-prescribing. The PAR form can be downloaded from the Board's Web site at www.mbc.ca.gov/licensee/patient_profile.html. What kinds of things pique our curiosity? The quantity of a particular drug is just one piece of information. There are circumstances where a huge amount of narcotics may be perfectly appropriate. So, we look to see how many doctors the patient is visiting. Is the patient "doctor shopping" and going to different pharmacies to avoid detection? Does the patient live a ridiculously long way from the physician's practice? None of these factors, in and of themselves, may be problematic. Our index of suspicion rises when we see a multitude of these patterns.

An investigator may then initiate surveillance, or undertake an undercover operation. If the undercover operation proves fruitful, then a search warrant may be considered. Prescribing without a legitimate medical purpose is both an administrative and criminal offense.

But, before you are incapacitated with concern that Board investigators may be lurking in your waiting rooms, please understand that the office waiting areas where search warrants are executed often look like a Grateful Dead reunion. By the time a warrant is sought, usually one or two operatives have visited the clinic on several occasions and received controlled substances for absolutely no legitimate medical reason.

MBC investigators know that most patients receiving narcotic medications are receiving them in a perfectly legitimate way. MBC investigators also have no interest in discouraging physicians from prescribing narcotic analgesics to patients suffering from a medical condition causing pain; that is why so much time is spent distinguishing the legitimate pain management practice from the pharmaceutical drug peddler. Investigators are mandated to receive specialized training in pain management cases, to make certain physicians who follow the intractable pain guidelines (see Business and Professions Code section 2241.5) are not disciplined for over-prescribing. Also unique to these cases is that once investigators obtain medical records, interview all of the relevant parties, and interview the physician, if it appears there may be a violation of law, the case must be reviewed by *two* experts: one whose specialty is pain management, and one whose specialty is that of the prescribing physician. That is important for you to know: we investigators do not decide whether the standard of care has been met. Your peers make that determination. Our job is to provide our peer reviewers with the best information possible from which to render an unbiased and thorough opinion.

The Medical Board's Web site (www.mbc.ca.gov) is an information-glutton's dream. While there, you can find guidelines and laws regarding pain management, prescribing, and ordering CURES reports (among many other subject matters). This is an excellent resource to familiarize yourself thoroughly with these, and other issues.

Well, in the spirit of gluttony, I have grossly exceeded my allocated space. Now I must scamper off to rescue my ice cream before it melts or heaven forbid, someone wants to share it!

Reminder: Screen pregnant women for hepatitis B and report cases to the health department

by Carol Sparks, R.N., M.P.H., Perinatal Hepatitis B Prevention Coordinator
California Department of Public Health

Transmission of hepatitis B from a woman to her infant at birth can have devastating consequences. Approximately 90 percent of infants who become infected develop chronic hepatitis B; 25 percent of persons who become infected as infants or young children will die prematurely from cirrhosis or liver cancer. Postexposure prophylaxis with hepatitis B immune globulin and hepatitis B vaccine administered within 12 hours of birth, followed by completion of the hepatitis B vaccine series, is 85-95 percent effective in preventing perinatal transmission of hepatitis B.

To ensure identification and treatment of at-risk infants, prenatal medical care providers in California are mandated to test their patients for hepatitis B surface antigen (HBsAg) and to report all HBsAg positive pregnant women to the local health department (California Health and Safety Code sections 125080 and 125085). Providers should report patients who are infected with hepatitis B with each pregnancy so that the health department can ensure that each infant receives postexposure prophylaxis.

When a health department identifies an HBV-infected pregnant woman, they educate her about hepatitis B prophylaxis for her infant, medical follow up for herself, and screening and vaccination for her close contacts. The health department also coordinates with the birth hospital and pediatric care provider to ensure that the infant receives the recommended prophylaxis and is tested to determine if prophylaxis was effective.

Most providers screen all their patients for hepatitis B during pregnancy, but few *report* infected pregnant women to the health department. Providers may assume they do not need to report hepatitis B cases because laboratories are also mandated to report. Unfortunately, laboratory reports do not indicate pregnancy status, so the health department has the laborious task of contacting providers to determine which cases are pregnant women. Provider reporting would greatly assist health department efforts to provide follow up for HBV-infected women and their infants.

Prenatal providers are also responsible for ensuring that birth hospitals receive accurate documentation of the HBsAg status of their patients. To avoid potential errors, the Advisory Committee for Immunization Practices (ACIP) recommends that providers send the hospital a copy of the woman's HBsAg lab report with her prenatal records. The ACIP also recommends repeating the HBsAg test at the time

of delivery if a woman had risk factors for acquiring hepatitis B during pregnancy (i.e., recent injection drug use, more than one sex partner in the past 6 months, an HBsAg-positive sex partner, or treatment for an STD).

The ACIP recommendations for perinatal hepatitis B prevention can be found at www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a1.htm?s_cid=rr5416a1_e. Contact your local health department to learn more about services for HBsAg positive pregnant women and their infants. Thank you for your efforts to prevent perinatal hepatitis B transmission.

What You Need to Know About Prostate Cancer

Business and Professions Code section 2248, also known as the Grant H. Kenyon Prostate Cancer Detection Act, concerns a physician's failure to provide information on diagnostic procedures relating to the prostate gland. If a physician, during a physical examination, examines a patient's prostate gland, the physician must provide information to the patient about the availability of appropriate diagnostic procedures, including the prostate antigen (PSA) test, if *any* of the following conditions are present:

1. The patient is over 50 years of age.
2. The patient manifests clinical symptoms.
3. The patient is at an increased risk of prostate cancer.
4. The provision of the information to the patient is medically necessary, in the opinion of the physician.

Please contact the Medical Board of California to request free copies of the booklet, *What You Need to Know About Prostate Cancer*. The booklet is available in English and Spanish in bundles of 25, up to four bundles, at no charge. It is also available online at www.mbc.ca.gov/publications/. Fax requests to (916) 263-2479.

Physician Alert: **Ryan Haight Online Pharmacy**

Consumer Protection Act of 2008

The Ryan Haight Online Pharmacy Consumer Protection Act of 2008 amends the Controlled Substance Act by adding several new provisions to prevent the illegal distribution of controlled substances by means of the Internet. The law was effective April 13, 2009 and regulations were published in the Federal Register on April 6, 2009. Important provisions of the Act and its implementing regulations include new definitions such as "online pharmacy" and "deliver, distribute, or dispense by means of the Internet"; a requirement of at least one in-person patient medical evaluation prior to issuance of a prescription; registration requirements for online pharmacies; Internet pharmacy Web site information disclosure requirements; and prescription reporting requirements for online pharmacies. As of April 13, 2009, pharmacies that dispense controlled substances by means of the Internet must obtain a modification of their DEA registration to operate as online pharmacies.

In addition to the requirement of at least one in-person patient medical evaluation, the law also requires a "valid prescription" for any controlled substance that will be dispensed by a pharmacy doing business via the Internet. Under both federal and California law, a valid prescription means a prescription that is issued for a legitimate medical purpose in the usual course of professional practice. The law also makes it clear that the in-person medical evaluation *in and of itself* does not demonstrate that the prescription was issued for a legitimate medical purpose. Practitioners who violate this requirement may be criminally prosecuted under Title 21, United States Code, section 841(h)(1).

All practitioners intending to practice via the Internet should refer to the entire Act contained in Title 21, Code of Federal Regulations, Parts 1300, 1301, 1304, 1306; or the Federal Register/Volume 74, Number 64/Monday April 6, 2009/ Rules and Regulations.

Fictitious Name Permit

(continued from page 6)

These are overseen by city or county governments. Having a city/county-level permit or registration does not exempt a physician from the requirement for an FNP. For information about what business requirements your city or county has and how to apply, please contact the appropriate city or county officials.

It should be noted that practicing medicine under a fictitious name without an FNP may subject a licensee to citation and fine, or other administrative action, and may cause other significant headaches. A recent ruling (*Richard Garcia vs. Kenneson Farms, Inc. and State Compensation Insurance Fund*, case number FRE0196745; ADJ2268134, April 16, 2009) by a workers' compensation administrative law judge found that the State Compensation Insurance Fund did not have to pay for over \$2 million in services rendered by a physician who had not been practicing under his name and did not have an FNP at the time such services were performed. The physician was in violation of Business and Professions Code sections 2285 and 2415, and Title 16, California Code of Regulations section 1350.2(c).

For information about how to apply for an FNP, please call the Board's licensing staff at (916) 263-2382, or go to www.mbc.ca.gov/licensee/fictitious_name.html.

Special note to physicians and other practitioners concerning National Provider Identifiers (NPIs)

If you voluntarily surrender your license or retire and will no longer be furnishing health care in this or any other state, please remember to deactivate your NPI in the National Plan and Provider Enumeration System (NPPES). Deactivating your NPI will help ensure that your NPI is not used fraudulently by others. If you do not know how to deactivate your NPI, you may contact the NPI Enumerator at (800) 465-3203 for assistance.

Upcoming Changes Affect Patients on the Women, Infants, and Children (WIC) Supplemental Food Program

by Barbara Longo, Program Policy Branch Chief
WIC Program Division of the California Department of Public Health

Beginning October 2009, WIC will add new items to the list of authorized foods the program provides to participants and implement new medical documentation requirements to better coordinate care between WIC and the patient's physician. This article provides information that affects the practice of physicians who care for infants, children and pregnant, breastfeeding or postpartum women.

New WIC Foods

The U.S. Department of Agriculture (USDA) has revised regulations governing WIC foods to align with American Academy of Pediatrics feeding guidelines, and the U.S. Dietary Guidelines for Americans — the first comprehensive revision of WIC foods since 1980. These changes, effective October 1, 2009, will add new food items, including fruits, vegetables, whole grains and soy products to the current list of nutritious foods, such as milk, eggs, cheese, juice, beans, peanut butter, and infant formula.

Especially positive for infants are greater incentives for breastfeeding; replacing half the infant formula with baby food fruits and vegetables for infants over six months old; elimination of juice for infants altogether; and limiting milk to low-fat varieties for women and children two years and older. Tofu and soy beverage will also be options; however, WIC will require documentation from the physician to provide soy products to children.

Another well supported change allows medically fragile patients, such as those with failure to thrive or severe allergies, to receive all appropriate food options when referred to WIC with a prescription by a physician.

For more information about the expanded healthy choices for WIC families, see the California WIC Web site, New WIC Food Packages at www.wicworks.ca.gov.

New WIC Referral Form

The California WIC Program has worked with health care representatives to update the WIC Pediatric Referral Form to include all information needed to comply with the new prescription requirements and for routine referrals to WIC. You may use the referral form starting now for any of your patients that you feel would benefit from WIC services. The new WIC referral form will be required for all WIC referrals beginning October 1, 2009. To download WIC referral forms, visit the California WIC Web site at www.wicworks.ca.gov, select Health Professionals, and then Referral Forms.

If you have any questions regarding WIC or the new requirements related to special dietary requests, please contact Barbara Longo, Program Policy Branch Chief, at barbara.longo@cdph.ca.gov or (916) 928-8870.

Medical Board member elected to Federation of State Medical Boards position

Medical Board Member Mary Lynn Moran, M.D., of Woodside, was elected at a recent meeting of the Federation of State Medical Boards to serve a two-year term on its nominating committee. This committee recommends a slate of candidates for the Federation's elected positions each year.

Medical Board Member Hedy Chang, of Morgan Hill, was elected to a three-year term on the Federation's Board of Directors in 2008.

The Federation is a national, non-profit organization representing the 70 medical boards of the United States and its territories. Its mission is to continuously improve the quality, safety and integrity of health care through developing and promoting high standards for physician licensure and practice.

Administrative Actions: February 1, 2009–April 30, 2009

Physicians and Surgeons

ADAMS, JAN (A51004)

Los Angeles, CA

Stipulated Decision. Multiple convictions for alcohol-related offenses. Surrender of license. April 8, 2009

AGUAS, JESUS MORALES, M.D. (A34280)

Glendale, CA

Stipulated Decision. Failed to maintain adequate and accurate medical records in the care a treatment of 6 patients. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, completing a clinical training program, a medical record keeping course, and an ethics course. February 2, 2009

AMES, BRUCE ANTHONY, JR. (A97046)

Medford, OR

Disciplined by Oregon for engaging in a series of sexual relationships with patients and co-workers, and failing to disclose adverse actions taken against him. Revoked. February 20, 2009

ATTIA, FADIA RAFLA, M.D. (A45954)

Corona, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, and failure to maintain adequate and accurate medical records in the care and treatment of 1 patient. Physician must take a medical record keeping course and a physician/patient communication course. Public Reprimand. February 12, 2009

ATTYGALLA, MALLIKA P., M.D. (AFE36990)

Los Angeles, CA

Stipulated Decision. During a clinical assessment program, respondent was found to be deficient in clinical knowledge, reasoning and judgment. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, prior to resuming practice, must complete a clinical training program. Upon resumption of practice, must obtain a practice monitor and not engage in the solo practice of medicine. March 27, 2009

AZIZ, NADER E., M.D. (G83778)

Lake Barrington, IL

Stipulated Decision. Disciplined by Illinois for kissing a patient on the forehead and making a comment the patient found offensive following an examination. Public Reprimand. February 2, 2009

Copies of public documents from 2000 to the present are available at www.mbc.ca.gov. Click on "Enforcement Public Documents," or for copies of all public documents call the Medical Board's Central File Room at 916.263.2525.

Explanation of Disciplinary Language and Actions

"Effective date of decision" — Example: "March 17, 2009" 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 pending" — The disciplinary decision is being challenged through the court system, i.e., Superior Court, Court of Appeal, or State Supreme Court. The discipline is currently in effect.

"Probationary License" — A conditional license issued to an applicant on

probationary terms and conditions. This is done when good cause exists for denial of the license application.

"Public Letter of Reprimand" — A lesser form of discipline that can be negotiated for minor violations, usually 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, five years probation on terms and conditions, including 60 days suspension" — "Stayed" means the revocation is postponed. Professional practice may continue so long as the

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

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

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

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

BALDWIN, KENNETH LESLIE, M.D. (G34268)

San Luis Obispo, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, and incompetence in the care and treatment of 1 patient. Physician must complete a medical record keeping course and an educational course. Public Reprimand. February 20, 2009

BALT, STEVEN LEO, M.D. (A87849)

San Rafael, CA

Stipulated Decision. Convicted of driving under the influence of alcohol or drugs and multiple misdemeanor petty thefts, committed dishonest acts and has a condition affecting his ability to practice medicine safely. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol, submitting to biological fluid testing, and no solo practice of medicine. April 23, 2009

BASS, BERNARD NORMAN, M.D. (G28057)

North Hollywood, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, violating drug statutes, excessive prescribing, and failure to maintain adequate and accurate medical records in the care and treatment of 7 patients. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, 90 days actual suspension; surrendering his Drug Enforcement Administration permit; abstaining from the use of controlled substances; completing an educational course, a clinical training program, a prescribing practices course, a medical record keeping course and an ethics course; obtaining a practice and billing monitor; and no solo practice of medicine. February 20, 2009

BLIKIAN, ANAHIT H., M.D. (A39608)

Los Angeles, CA

Stipulated Decision. No admissions but charged with gross negligence in the care and treatment of 3 patients, repeated negligence in the care and treatment of 4 patients, and incompetence and failure to maintain adequate and accurate medical records for all 4 patients. Revoked, stayed, placed on 4 years probation with terms and conditions including, but not limited to, completing an educational course, a medical record keeping course, and a physician enhancement program. April 23, 2009

BOOTH, GEOFFREY ALLAN, M.D. (A74560)

Santa Monica, CA

Stipulated Decision. No admissions but charged with unprofessional conduct for the self-use of drugs, obtaining controlled substances by fraud or deceit, and committing dishonest and corrupt acts. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, cannot order, prescribe, dispense, or administer any Schedule II or III controlled substances or drugs; abstain

from the use of controlled substances and alcohol; submit to biological fluid testing; obtain a practice monitor; complete 20 hours of continuing medical education in addition to that required for license renewal; and cannot practice medicine until completion of a clinical training program.

March 30, 2009

BUI, TAM DUY, M.D. (A40047)

San Francisco, CA

Stipulated Decision. Committed gross negligence, repeated negligence, and failed to maintain adequate and accurate medical records in the care and treatment of 2 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program and a medical record keeping course; and no solo practice of medicine. March 23, 2009

BUSSELL, LETANTIA BERNADETTE, M.D. (G30563)

Mountain View, CA

Stipulated Decision. No admissions but charged with being convicted of criminal offenses involving conspiracy, making false statements and false oaths, concealing assets in bankruptcy, and attempting to evade paying taxes. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 45 days actual suspension and completing an ethics course. April 17, 2009

**Join the
Medical Board of California
in going green**

As part of our ongoing efforts to preserve natural resources, the Medical Board offers its quarterly newsletter online at www.mbc.ca.gov. Just click on *Join the MBC Subscribers' List* under Quick Links in the left margin of our home page, fill in the appropriate fields, and you will be alerted when each newsletter is available online.

If you choose to read or download the Board's newsletter online, please send an email to janet.neves@mbc.ca.gov with the subject line: **REMOVE FROM NEWSLETTER_MAILING**, and your name will be removed from the hard copy mailing list. Each quarter, you will receive a subscriber's list alert via email that will include a direct link to our current newsletter.

Thank you for joining the MBC in going green!

CAMP, GREGORY BURNHAM (C34329)
Wilmington, NC

Disciplined by Ohio for being impaired in his ability to practice medicine due to the habitual or excessive use or abuse of alcohol. Revoked. April 16, 2009

CASEY, KIRK CHRISTOPHER, M.D. (G61633)
Chico, CA

Stipulated Decision. Committed unprofessional conduct by violating drug statutes and the self-use of controlled substances. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, cannot order, prescribe, dispense, or administer any controlled substances except for drugs listed in Schedules III, IV and V; abstain from the use of controlled substances and alcohol; submit to biological fluid testing; complete an educational course and an ethics course; obtain a practice monitor; no solo practice of medicine; and maintain a record of controlled substances ordered, prescribed, dispensed, administered, or possessed and any recommendation or approval for marijuana. February 5, 2009

CHAN, BRYAN EDWIN, M.D. (A54240)
Rancho Palos Verdes, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, and failure to maintain adequate and accurate medical records in the care and treatment of 1 patient. Physician must complete a clinical training program, an educational course, a medical record keeping course, and an ethics course. Public Reprimand. March 16, 2009

CHANG, SOO-ILL, M.D. (A31127)
Fresno, CA

Stipulated Decision. No admissions but charged with gross negligence and incompetence in the care and treatment of 1 patient. Physician must complete a clinical training program. Public Reprimand. March 27, 2009

CHENG, LISA TAO, M.D. (A99448)
Emeryville, CA

Disciplined by Colorado for failing to recognize that a patient's pain symptoms may have indicated internal bleeding, failing to order appropriate diagnostic film studies, and discharging the patient prematurely without allowing adequate time for observation. Public Letter of Reprimand. April 16, 2009

CORBIN, FREDERIC H., M.D. (G41325)
Brea, CA

Stipulated Decision. Convicted for introducing adulterated devices, namely French-made, silicone gel-filled breast implants, into interstate commerce. Revoked, stayed, placed on 1 year probation with terms and conditions including, but not limited to, completing an ethics course. February 20, 2009

DERBES, LINDA KAUFMAN (G81106)
Honolulu, HI

Disciplined by North Carolina for diverting prescriptions for her own personal use and committed unprofessional conduct by failing to comply with an agreement to complete a Board-ordered prescribing practices course and failing to provide the Board with a current address of record. Revoked. February 23, 2009

DHANDA, ANAND, M.D. (C50297)
Pasadena, MD

Stipulated Decision. Disciplined by Maryland for removing the wrong kidney of a patient. Physician completed a course in patient safety and risk management. Public Reprimand. March 9, 2009

DILEO, GERARD MICHAEL, M.D. (C42843)
Bradenton, FL

Stipulated Decision. Disciplined by Louisiana for concerns regarding his methods for prescribing pain medications to patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program, prescribing practices course and medical record keeping course; obtaining a practice monitor; and maintaining a record of controlled substances ordered, prescribed, dispensed, administered, or possessed and any recommendation or approval for marijuana. March 9, 2009

DUGGAL, ARUN, M.D. (A42295)
Modesto, CA

Stipulated Decision. No admissions but charged with gross negligence and dishonest acts in the care and treatment of 1 patient. Physician completed a clinical training program, medical record keeping course, and an ethics course. Public Reprimand. April 3, 2009

Medical Board's Subscribers' List

Are you interested in the Medical Board's latest actions?

If yes, please join the Medical Board of California's Subscribers' List to obtain e-mail updates of the MBC Newsletter; meeting agendas, notices, and minutes; regulations; license suspensions, restrictions, accusations, revocations, and surrenders for physicians.

If you wish to subscribe to this list, please go to www.mbc.ca.gov/subscribers.htm and follow the instructions for subscribing.

EWING, DOUGLASS EUGENE (G20110)

Santa Ana, CA

Stipulated Decision. Convicted of Medi-Cal fraud by billing for services not medically necessary. Surrender of license. April 2, 2009

GIANCHANDANI, SANJAY SUNDER, M.D. (G74989)

Laguna Niguel, CA

Stipulated Decision. Committed unprofessional conduct by violating drug statutes and the self-use of controlled substances. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, abstaining from the use of controlled substances; submitting to biological fluid testing; and completing a prescribing practices course and an ethics course. March 27, 2009

GOINGS, CONCHITA YATAR, M.D. (A41071)

Cerritos, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, prescribing without an appropriate prior examination and medical indication, excessive prescribing, prescribing to an addict, and failure to maintain adequate and accurate medical records in the care and treatment of 6 patients. Convicted of unlawfully prescribing controlled substances, and prescribing or administering prescription drugs to an addict or habitual user. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, 90 days actual suspension; cannot order, prescribe, dispense, administer, or possess any controlled substances except for drugs listed in Schedule V; complete a clinical training program, a professional boundaries program, an educational course, a prescribing practices course, a medical record keeping course, and an ethics course; obtain a practice monitor; provide 40 hours of free, non-medical community service; and maintain a record of controlled substances ordered, prescribed, dispensed, administered, or possessed and any recommendation or approval for marijuana. March 23, 2009

HAMPTON, WILLIAM WILSON (A41730)

Fullerton, CA

Committed dishonest acts by his conviction for 1 count of health care fraud. Revoked. April 20, 2009

HOLLAND, SUNDY RAE (C52693)

Lynwood, WA

Disciplined by Washington for failing to appear at a pre-hearing conference to respond to charges of unprofessional conduct. Revoked. March 23, 2009

HOUTEN, LORNE, M.D. (A39450)

Woodland Hills, CA

Stipulated Decision. No admissions but charged with gross negligence in the care and treatment of 2 patients; repeated negligence in the care and treatment of 10 patients; and failure to maintain adequate and accurate medical records

relating to 10 patients. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, completing an educational course and a medical record keeping course; obtaining a practice and billing monitor; and prohibited from performing surgery until successful completion of a clinical training program. April 17, 2009

HUGHES, DEREK PATRICK (A61410)

Yuba City, CA

Stipulated Decision. Failed to comply with the terms and conditions of his Board-ordered probation by consuming drugs and alcohol. Surrender of license. March 24, 2009

IIDA, BOB MITSURU, M.D. (A44831)

Sutter Creek, CA

Stipulated Decision. No admissions but charged with repeated negligence, incompetence, and failure to maintain adequate and accurate medical records in the care and treatment of 6 patients. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing a clinical training program and a medical record keeping course, and obtaining a practice monitor. February 23, 2009

JENKINS, ELIZABETH ANN, M.D. (A95751)

Woodland Hills, CA

Stipulated Decision. No admissions but charged with being disciplined by Massachusetts for engaging in conduct that undermines the public confidence in the integrity of the medical profession. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing an ethics course and obtaining a billing monitor. March 23, 2009

JERRARD, NICHOLAS JOSEPH (A68407)

San Diego, CA

Self-use of controlled substances. Revoked. April 23, 2009

Check Your Physician Profile on the Medical Board's Web Site

Your address of record is public,
www.mbc.ca.gov

Click on "Licensees" tab and "Check My Profile."

Signed address changes may be submitted to the Board by fax at 916.263.2944, or by regular mail to:

Medical Board of California
Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

JONES, CHARLES FERDINAND II, M.D. (A46217)

Los Angeles, CA

Physician failed to appear and submit to a Board-ordered examination. Suspended until a determination has been made on whether the physician is competent to practice medicine safely. March 5, 2009

JONES, NOLAN (A30400)

Los Angeles, CA

Committed acts of gross negligence, dishonesty, and failed to maintain adequate and accurate medical records in the care and treatment of 2 patients. Revoked. April 20, 2009

KERN, SEYMOUR (G26212)

Carlsbad, CA

Committed acts of gross negligence, dishonesty, and incompetence while providing expert medical testimony under oath. Revoked. April 27, 2009

KHALID, SHAHPER (A49816)

Riverside, CA

Violated the terms and conditions of her Board-ordered probation by committing acts of repeated negligence and failing to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked. March 13, 2009

KING, DAVID HOWE (G81262)

Darien, IL

Disciplined by Illinois for failing to timely diagnose a patient's Cauda Equina Syndrome. Revoked. February 20, 2009

KORZELIUS, JOHN MICHAEL, M.D. (G49388)

Concord, CA

Stipulated Decision. No admissions but charged with repeated negligence, incompetence, and failure to maintain

adequate and accurate medical records in the care and treatment of 2 patients; aiding and abetting the unlicensed practice of medicine; and practicing medicine without a fictitious name permit. Physician completed a medical record keeping course and an ethics course. Public Reprimand. February 25, 2009

KUNHARDT, GEORGE RANDOLPH, M.D. (C40625)

Sebec, ME

Disciplined by Colorado for failing to report an arrest for domestic violence on a license reinstatement application and renewal questionnaire, and for not providing a current address of record. Public Letter of Reprimand. March 19, 2009

LAKE, GERALD EUGENE, M.D. (G20748)

San Diego, CA

Convicted of driving under the influence of alcohol and used alcohol in a manner dangerous to himself or others. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstain from the use of alcohol and controlled substances, and submit to biological fluid testing. April 6, 2009

LAW, CHARLES EDWARD JR., M.D. (G20667)

Los Angeles, CA

Stipulated Decision. Committed acts of repeated negligence in the care and treatment of 3 patients and failed to maintain adequate and accurate medical records relating to the provision of services to patients. Revoked, stayed, placed on 4 years probation with terms and conditions including, but not limited to, completing a clinical training program, a prescribing practices course, and a medical record keeping course; and obtaining a practice monitor. March 26, 2009

Misdemeanor Convictions – MUST BE REPORTED

Physicians are required per California Business and Professions Code section 802.1 to report to the Board if they have been charged or convicted of a felony. Legislation was passed in 2005 to amend this statute to include the requirement that physicians also must report *any* misdemeanor conviction. As is required for reporting felony convictions, the law specifies that the report be made to the Board in writing within 30 days. Failure to file a report may result in a fine not to exceed \$5,000.

Since July 1, 2008, the Board has issued 52 citations and fines to physicians for not reporting misdemeanor convictions. The inclusion of this article, for a second time, is to alert and remind physicians of this mandate, and the importance of reporting to the Board in a timely manner.

A form has been created to facilitate reporting convictions to the Medical Board. The form is on the Board's Web site at www.mbc.ca.gov, under Forms, Mandatory Reporting Forms, and is entitled, "Physician Reporting-Criminal Actions."

LEE, JOON SANG, M.D. (A36592)

Houston, TX

Stipulated Decision. Disciplined by Texas for making MRI interpretations that were not supported by the MRI results. Physician must complete an educational course. Public Reprimand. March 30, 2009

LORENZANA, VONA WRIGHT, M.D. (G71680)

LaFayette, CA

Committed acts of gross negligence and repeated negligence in the care and treatment of 1 patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program, an educational course, and a medical record keeping course. March 16, 2009

LOVELACE, STEWART W., M.D. (C30263)

Manhattan Beach, CA

Committed unprofessional conduct by failing to comply with the Board's request for medical records. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, payment to the Board of a civil penalty of \$10,000. February 25, 2009

LUNG, ROY CHI WING (A53998)

Fountain Valley, CA

Committed acts of repeated negligence in the care and treatment of 2 patients, and dishonesty by stealing property from a hospital, and engaging in the practice of medicine while his license was suspended. Revoked. March 30, 2009

MADRID, WILLIAM L., M.D. (A48312)

Lakewood, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, and failure to maintain adequate and accurate medical records in the care and treatment of 1 patient. Physician must complete a clinical training program and a medical record keeping course. Public Reprimand. March 16, 2009

MANUSOV, ERON GRANT, M.D. (G87762)

Foxfire Village, NC

Stipulated Decision. Disciplined by North Carolina for engaging in an unprofessional relationship with the wife of a patient. Public Reprimand. March 25, 2009

MCCALL, BRUCE BURTON (G79333)

San Francisco, CA

Stipulated Decision. Physician has a condition affecting his ability to practice medicine safely. Surrender of license. February 5, 2009

MCCLAIN, TRACIE J. (A68968)

Van Nuys, CA

Committed unprofessional conduct by the self-use of controlled substances. Revoked. April 2, 2009

MCCMAHON, DENNIS MICHAEL (A88141)

Mountain View, CA

Stipulated Decision. No admissions but charged with unprofessional conduct after being convicted for driving under the influence of alcohol or drugs; using controlled substances; violating drug statutes; fraudulent prescribing; and dishonest and corrupt acts. Surrender of license. March 5, 2009

MORGAN, CHARLES DIGNAM (G27598)

Oshkosh, WI

Disciplined by Wisconsin for engaging in sexual contact with a patient. Revoked. April 8, 2009

NOVELL, LAURA ANN, M.D. (A88754)

Mountain View, HI

Stipulated Decision. Disciplined by North Carolina for concerns regarding the interpretation of a cervical spine X-ray. Public Reprimand. February 13, 2009

ONG-VELOSO, ANGELO, JR., M.D. (A62439)

Lake Havasu City, AZ

Disciplined by Arizona for committing unprofessional conduct in the care and treatment of a patient who was hospitalized with a right foot abscess and prior synodal episodes. Public Letter of Reprimand. April 28, 2009

PERRY, ALLAN W., M.D. (G4336)

Glendale, CA

Stipulated Decision. No admissions but charged with gross negligence and repeated negligence in the care and treatment of 1 patient; and convicted of conspiracy to commit offense or to defraud the United States, and fraud and false statements. Revoked, stayed, placed on 4 years probation with terms and conditions including, but not limited to, completing an educational course and an ethics course; obtaining a practice monitor; and prohibited from performing surgical procedures under general anesthesia as the primary physician. February 26, 2009

PHILLIPS, MARYANNE DE FOREST, M.D. (A63753)

Las Vegas, NV

Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, incompetence, violation of drug statutes, prescribing to an addict, excessive prescribing, prescribing without performing an appropriate prior exam and medical indication, and failing to maintain adequate and accurate medical records in the care and treatment of 2 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a prescribing practices course, a medical record keeping course, and an ethics course; and cannot practice pain management until after completing a clinical training program. April 6, 2009

PLATT, MICHAEL EDWARD, M.D. (G23729)

Rancho Mirage, CA

Stipulated Decision. No admissions but charged with gross

negligence, repeated negligence, incompetence, prescribing without an appropriate prior exam, and failing to maintain adequate and accurate medical records in the care and treatment of 3 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program, a prescribing practices course, and a medical record keeping course; and obtaining a practice monitor. March 9, 2009

RANESES, JOVENCIO L. (C37687)
San Diego, CA

Committed unprofessional conduct by failing to comply with a Board order to take a competency examination. Revoked. February 26, 2009

RICHARDSON, FRED DOUGLAS, M.D. (C42974)
North Highlands, CA

Stipulated Decision. Committed gross negligence, repeated negligence, sexual misconduct, and failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, 30 days actual suspension; completing a professional boundaries program and an ethics course; obtaining a practice monitor; and having a third-party chaperone present when treating female patients. March 27, 2009

ROQUE, ANDREW A., M.D. (A19578)
Monterey Park, CA

Disciplined by North Dakota for failing to comply with continuing medical education requirements; unprofessional conduct and false representations for submitting a renewal application to the California Board indicating he had satisfied continuing medical education requirements, when he had not. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing an ethics course. February 6, 2009

ROSIO, TIMOTHY JOHN, M.D. (G46069)
Cameron Park, CA

Stipulated Decision. Convicted for introduction of a misbranded drug, Botulinum Toxin type A, into interstate commerce. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing an ethics course and providing 120 hours of free, non-medical community service. April 10, 2009

SCHEID, PETER JOHN ELLIOT, M.D. (A70698)
Orange, CA

Stipulated Decision. Convicted of driving under the influence of alcohol and driving with a blood alcohol level of .08 percent or more with a prior conviction; and used alcohol in a manner dangerous to self or others. Revoked, stayed, placed on 4 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and drugs; and submitting to biological fluid testing. March 25, 2009

SHERMAN, STEPHEN H., M.D. (G15834)
Arcadia, CA

Stipulated Decision. Disciplined by the U.S. Army Medical Department for allegations of an inappropriate read of a CT scan and practicing outside the standard of care. Physician must complete an educational course. Public Reprimand. March 26, 2009

SINGER, JOEL BARNETT, M.D. (G65205)
Westport, CT

Stipulated Decision. Disciplined by Connecticut for failing to maintain adequate medical records for 1 patient. Public Reprimand. February 6, 2009

SMITH, JEFFREY SCOTT (G76071)
Midland, TX

Stipulated Decision. Disciplined by Texas for failing to practice medicine in an acceptable manner in the care and treatment of several patients. Surrender of license. April 9, 2009

SOBECK, GREGG ROBERT, M.D. (A68256)
Sherman Oaks, CA

Stipulated Decision. Committed acts of repeated negligence and failed to maintain adequate and accurate medical records in the care and treatment of 2 patients. Physician must complete a clinical training program and a medical record keeping course. Public Reprimand. April 6, 2009

TREVINO, RICARDO J., M.D. (C29426)
San Jose, CA

Committed unprofessional conduct and incompetence by performing rhinoplasty without the patient's consent during an open reduction of a nasal fracture procedure. Public Letter of Reprimand. April 24, 2009

VANGALA, VENKAT REDDY, M.D. (A40666)
Victorville, CA

Stipulated Decision. No admissions but charged with gross negligence and repeated negligence in the care and treatment of 1 patient. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing an educational course and obtaining a practice monitor. April 27, 2009

WALLRATH, RICHARD, M.D. (CFE34437)
Bakersfield, CA

Stipulated Decision. No admissions but charged with gross negligence in the care and treatment of 2 patients, repeated negligence in the care and treatment of 4 patients, and failed to maintain adequate and accurate medical records regarding 1 of the patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing an educational course and a medical record keeping course, obtaining a practice monitor, and no solo practice of medicine. Prior to practicing, the physician must complete a clinical training program. March 27, 2009

WASSERMAN, MATTHEW WILLIAM, M.D. (A86109)
Katy, TX

Stipulated Decision. Disciplined by Texas for engaging in flirtatious telephone conversations with a patient, failing to practice medicine in an acceptable professional manner, and failing to keep adequate records. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a professional boundaries course, a medical record keeping course, and an ethics course; and having a third-party chaperone present when treating female patients. April 27, 2009

WATSON, LOUIS HERMAN (G32156)
Claremont, CA

Committed acts of repeated negligence in the care and treatment of 2 patients, and unprofessional conduct by failing to comply with the terms and conditions of his Board-ordered probation. Revoked. March 9, 2009. Judicial review pending.

WEBB, DAVID MORROW, M.D. (C50637)
Placerville, CA

Stipulated Decision. Used drugs and alcohol in a manner that was dangerous to himself and others and convicted of driving under the influence of alcohol or drugs. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and drugs, submitting to biological fluid testing, and no solo practice of medicine. March 30, 2009

YEAGER, KIMBERLY KAY, M.D. (G55659)
La Jolla, CA

Stipulated Decision. Committed unprofessional conduct by being convicted for driving under the influence of alcohol and trespassing. Physician must complete an ethics course. Public Reprimand. March 20, 2009

YEE, GEORGE WENDEL, M.D. (G51573)
Salinas, CA

Stipulated Decision. Committed unprofessional conduct by not sufficiently reviewing 1 patient's diagnostic information so as to timely recognize and appropriately treat cardiac tamponade. Physician completed a clinical training program. Public Reprimand. March 27, 2009

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Physician Assistants

CAHOON, VALERIE L. (PA15679)
San Carlos, CA

Stipulated Decision. No admissions but was disciplined in Wyoming for reporting to work under the influence of alcohol. Surrender of license. April 16, 2009

COURSON, DANIEL DAVID (PA15531)
Carlsbad, CA

Stipulated Decision. Committed acts of dishonesty or corruption by being convicted of 16 counts of robbery and 4 counts of second degree robbery. Has a condition affecting his ability to practice medicine safely. Surrender of license. April 16, 2009

DAY, SANDRA JEAN, P.A. (PA17878)
Yuba City, CA

Stipulated Decision. Committed unprofessional conduct by obtaining or attempting to obtain a controlled substance and by the self-use of drugs. Revoked, stayed, placed on 7 years probation with terms and conditions. March 30, 2009

MENDEZ, CARLOS (PA10562)
Covina, CA

Committed unprofessional conduct by misusing alcohol and drugs and having a condition that affects his ability to practice medicine safely. Revoked. April 16, 2009

MOORE, VICTORIA J., P.A. (PA20217)
Fairfield, CA

Stipulated Decision. Failed to disclose a conviction of shoplifting on the application for licensure. Probationary license issued, placed on 1 year probation with terms and conditions. February 3, 2009

SERRANO, MARCO, P.A. (PA20238)
Colton, CA

Stipulated Decision. Convicted of reckless driving related to alcohol. Probationary license issued, placed on 1 year probation with terms and conditions. March 5, 2009

SOSA, GREGORIO, P.A. (PA20319)
Los Angeles, CA

Stipulated Decision. Failed to disclose a conviction for driving under the influence of alcohol or drugs on the application for licensure. Probationary license issued, placed on 3 years probation with terms and conditions. April 30, 2009

STACY, DAVID THOMAS (PA16421)
Oakland, CA

Stipulated Decision. Committed acts of gross negligence, incompetence, and failed to obtain patient-specific authorization from a supervising physician to administer morphine to a patient. Surrender of license. March 26, 2009

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July 23 — 24, 2009: Sacramento
October 29 — 30, 2009: San Diego

All meetings are open to the public.

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