

Action Report

Medical Board of California

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Medical Board of California Meeting Dates & Locations

2001

Feb. 1 - 3 Los Angeles
May 10 - 12 Sacramento
July 26 - 28 San Francisco
Nov. 1 - 3 San Diego

All meetings are open
to the public.

Legislative Update

The following legislation, which may impact physicians licensed in California, has been chaptered into law and took effect on January 1, 2001 (bills with an urgency clause take effect upon enactment). For additional information on all of these bills, please contact the Web site maintained by the Legislative Counsel of California at www.leginfo.ca.gov (click on "Bill Information").

General Medicine, Health Facilities, and Office Practices

AB 894 (Alquist, Chapter 46) Skilled Nursing Facilities: Antipsychotic Medication

This bill provides that if a physician prescribes, orders or increases an order for an antipsychotic medication, the physician must do the following: 1) obtain informed consent of the resident; 2) seek consent of the resident to notify interested family members, and if given, notify them within 48 hours of the order.

AB 1241 (Rod Pacheco, Chapter 916) Child Abuse Reporting

This bill amends the Child Abuse and Neglect Reporting Act and renames those licensees, including physicians and surgeons, who are required to report child abuse as "mandated reporters," making it clear in law that they are required to report. The bill further refines the definitions of child abuse and neglect.

AB 1797 (Bock, Chapter 64) Birth Certificate Filing from an Alternative Birth Center

This bill allows certain parties who are not physicians and are attending live births in a state-licensed alternative birth center to file a birth certificate.

AB 1819 (Shelley, Chapter 559) Elder Abuse Reporting

This bill expands the definition of mental suffering to include, among other things, deceptive acts made with malicious intent to agitate, confuse or frighten, as an additional reportable condition for physicians

to report elder abuse. The bill will require the Attorney General in conjunction with the Health and Human Services Agency to establish a statewide elder and dependent abuse awareness media campaign.

AB 2018 (Thomson, Chapter 1092) Triplicate Prescription Program

This bill allows a physician to request and receive, during a 30-day period, a sufficient supply of triplicate prescription forms to meet the needs of his or her patient population. It allows the physician or employee to type or hand write on the form, provided the physician signs the triplicate. A pharmacist will be allowed to notify the prescriber of an unintended error on the triplicate form, obtaining approval for correction, so the patient does not have to return to the physician's office for a corrected prescription form. A corrected copy will need to be sent or faxed from the physician to the pharmacist within seven days.

AB 2357 (Honda, Chapter 487) Victims of Domestic Violence Employment Leave Act

This bill prohibits employers from discriminating and retaliating against employees who are victims of domestic violence and must take time off from work for the purpose of: 1) seeking medical attention for injuries caused by domestic violence; 2) seeking legal assistance or remedies for domestic violence; 3) obtaining services from a domestic violence shelter, program or rape

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THE MISSION OF THE MEDICAL BOARD OF CALIFORNIA

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

President's Report

Alternative Medicine Committee

The Medical Board conducted the first meeting of its Alternative Medicine Committee last November. The creation of the Committee reflects the Board's recognition during the last few years of the growing and important debate among physicians, consumers, the Legislature, and society at large about the appropriate relationship of integrative, complementary, and alternative medicine (ICAM) to conventional medical practice and its regulation. In response to this, and after considerable discussion, I created the Committee at the July 29, 2000 Board meeting and subsequently appointed its members. The Committee has specifically been charged with providing a continuing forum for discussions about ICAM, proposing policy statements to the Board, and developing proposed legislation and a final Position Statement regarding alternative healthcare practices.

Besides these responsibilities, SB 2100 (Vasconcellos), recently signed into law by Governor Davis, charges the Medical Board with a number of duties this Committee and the Division of Medical Quality will discuss and follow up with recommendations. Specifically, SB 2100 requires the Board to "establish disciplinary policies and procedures to reflect emerging and innovative medical practices" which, as described elsewhere in the bill, refer to ICAM. The bill also charges the Board with assessing the need for: "specific standards for informed consent" and "standards for investigations to assure competent review in cases involving the practice of any type of alternative medicine, including but not limited to, the skills and training of investigators."

At its first meeting, the Committee defined this agenda and took public comment. Its next meeting will be February 1, 2001 in Los Angeles. As with every Board meeting, this meeting will take public comment. I strongly encourage interested physicians to attend and share your thoughts with the Committee; we want input from our licensees to be as disparate and comprehensive as possible. If you cannot attend this or upcoming Committee meetings (yet to be scheduled), please send your comments to the Committee Chair, Mitchell S. Karlan, M.D., 1426 Howe Ave., #54, Sacramento, CA 95825, fax: (916) 263-2387.



*Ira Lubell, M.D., M.P.H.
President of the Board*

New Board Members

I am pleased to welcome three new members to the Medical Board, all appointed by Governor Davis (see opposite page). We appreciate the Governor's actions, and look forward to the four additional appointments that will complete our Board's composition .

In the New Year ...

In 2001, the Board looks forward to receiving its full complement of members, and beginning to take on a host of rigorous, long-term tasks. In addition to its

considerable, ongoing workload, the Board will take on issues such as:

- √ Physician profiling—There has long been discussion about what information should be made available to the public by state licensing boards. The trend has been toward exposure of more, and more informative, physician data including practice specialties, hospital privileges, HMO panel enrollment and malpractice history.
- √ Telemedicine vs. Internet—With the increasing advances in technology, we are faced with the opportunity for telemedicine to provide enormous benefit to physicians and patients and for the abuse of the Internet to practice unregulated medicine across state lines. Medical boards around the country will be challenged to craft regulations which maximize the benefits of this new technology while minimizing its improper use.
- √ Postgraduate training—In the ever more complex practice of medicine, where the overwhelming majority of physicians complete three or more years of postgraduate training, is it appropriate that California still has a standard of requiring as little as one year of training to be licensed to independently practice the full range of medicine?
- √ Office-Based Surgery—The trend toward delivering more and more complex health care in physicians' offices will continue the need for the Medical Board to evaluate the appropriate regulations for such care. This responsibility grew out of 1995 legislation (SB 595, Speier) and has been of continuing interest to the

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Governor Davis Names Members to the Medical Board of California

The Medical Board of California is pleased to publish Governor Gray Davis' announcement of the appointment of three new members to the Board.

SACRAMENTO – Governor Gray Davis today (Dec. 6) announced the appointments of Bernard S. Alpert, M.D., as a member of the Medical Board of California's Division of Licensing, and Hazem H. Chehabi, M.D., and Ronald H. Wender, M.D., as members of the Medical Board of California's Division of Medical Quality.

Dr. Alpert, 52, of Marin County, has previously served on the Medical Board and was vice president of the Licensing Division. He is a plastic surgeon practicing in San Francisco. Dr. Alpert is an associate clinical professor of surgery for the Division of Plastic and Reconstructive Surgery at the University of California, San Francisco (UCSF). He also serves as a surgeon for UCSF affiliated hospitals and for the Department of Plastic Surgery at CPMC hospitals in San Francisco and Marin General Hospital in Greenbrae. Dr. Alpert has served as a member of the Managed Health Care Task Force where he supported the preservation of broad and appropriate availability and quality of medical care for



Bernard Alpert, M.D.

Californians. He has also served as northern counselor for the California Society of Plastic Surgeons and was chair of the Legislative Committee for the American Society of Aesthetic Plastic Surgery, as well as chair of endowment appropriations for the American Society of Plastic Surgery. Dr. Alpert graduated cum laude and Proctor and Gamble Scholar from Amherst College and earned a bachelor of arts degree. He also has a doctorate of medicine from the State University of New York at Buffalo, having received several medical awards.

Dr. Chehabi, 42, of Laguna Beach, is President of the Newport Diagnostic Center and is an assistant clinical professor for the Department of Radiological Sciences at the University of California, Irvine. Prior to this, he was staff physician for the Department of Nuclear Medicine



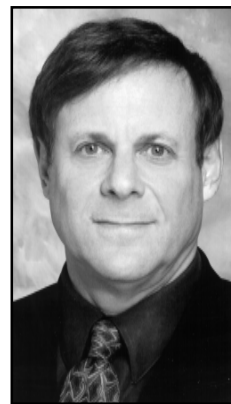
at Hoag Memorial Hospital Presbyterian. Dr. Chehabi serves on several professional societies including the Society of Nuclear Medicine, the American College of Nuclear Medicine, and the American College of Nuclear Physicians. He served as commissioner



Hazem Chehabi, M.D.

for the Board of Medical Quality Assurance from 1988 to 1992. Dr. Chehabi earned a doctorate of medicine from the University of Damascus School of Medicine.

Dr. Wender, 53, of Beverly Hills, is co-chair of the Department of Anesthesiology for the Cedars-Sinai Medical Center where he runs a teaching and research program in



Ronald Wender, M.D.

anesthesiology. He earned a medical doctorate from Tulane University School of Medicine in Louisiana.

The Medical Board of California assures the initial and continued competence of the health professions and occupations under its jurisdiction through licensure, investigation of complaints against its licensees, and discipline of those found guilty of violations of the law or regulations. Members do not receive a salary. These positions require Senate confirmation.

Legislative Update (Continued from page 1)

crisis center; 4) obtaining psychological counseling related to experiences of domestic violence; and, 5) participating in safety planning and take other actions to increase safety from future domestic violence, including temporary or permanent relocation. This bill also requires victims of domestic violence to provide certification as well as advance notice, whenever possible, to the employer.

AB 2423 (Firebaugh, Chapter 251) Clinical Laboratory Fees

This bill exempts wholly owned subsidiaries, parent companies and other specified subsidiary companies from the prohibition of charging fees to patients for clinical laboratory procedures.

AB 2899 (Committee on Health, Chapter 858) Order on Medical Record or Chart

This bill amends the Pharmacy Act to authorize the attending physician responsible for a patient's care, in a hospital or under emergency treatment at the time the drugs are given, to sign the order for prescribed drugs instead of the original prescribing physician.

SB 1875 (Speier, Chapter 816) Medication Related Errors in Health Facilities and Clinics

This bill requires that specified facilities, as a condition of licensure, implement a formal plan to eliminate or substantially reduce medication related errors in the facility. This must be done by January 1, 2005.

SB 2100 (Vasconcellos, Chapter 660) Alternative Medical Practices and Treatment

This bill sets forth legislative intent and adds an Article entitled "Alternative Practices and Treatment." The intent language asks for a review by the Medical Board and Osteopathic Medical Board into the emergence of holistic health and whether the boards should redesign their systems of operation to meet the health care needs of individuals seeking emerging modalities of health care. This bill requires the Medical Board, on or before July 1, 2002, to establish disciplinary policies and procedures to reflect emerging and innovative medical practices, solicit participation of interested parties, and consult with technical advisors as necessary. Specifically the Board is directed to assess standards for informed consent and investigations. The Osteopathic Medical Board of California is directed to undertake the same process. The University of California is requested to review cancer treatments and therapies for the purpose of assisting the Governor and Legislature in assuring that California consumers diagnosed with cancer have the best range of treatment and therapeutic choices.

Enforcement Program

AB 751 (Gallegos, Chapter 350) Dispensing Without a License.

This bill amends existing Pharmacy Board law so that anyone who knowingly and unlawfully dispenses or furnishes any material represented as a dangerous drug or device would be guilty of a misdemeanor.

AB 1792 (Villaraigosa, Chapter 524) Medical Record Review for Disabled Parking Permits

This bill gives the Department of Motor Vehicles the authority to request that MBC enforcement staff review medical records for those individuals subject to an audit of their disabled parking permit where there is a question of whether the individuals should be in possession of such a permit for their medical condition.

AB 2571 (Campbell, Chapter 269) Statute of Limitations Exemption

This bill provides for an exception to the current three year/ seven year statute of limitations allowing the Board to file an Accusation, without regard to year of the occurrence or year of discovery by the Board, against a licensee alleging unprofessional conduct based upon incompetence, gross negligence or repeated negligent acts if there is proof that the licensee intentionally concealed those acts from discovery.

AB 2804 (Papan, Chapter 195) Admissibility of Certain Evidence

This bill makes portions of statements, writings or gestures expressing sympathy made to a patient or his or her family inadmissible as evidence of admission of liability in a civil action.

AB 2888 (Committee on Consumer Protection, Chapter 568) DCA Omnibus

This bill makes it a crime to manufacture or buy a license that is fraudulent, forged or counterfeit, and adds language relative to licensing board authorities with respect to the license application.

SB 1600 (Burton, Chapter 427) Physical Therapists: Myography—Tissue Penetration

This bill reenacts the authorization for physical therapists to obtain certification to perform myography that includes tissue penetration. It adds a provision making it unlawful for the physical therapist to make diagnostic or prognostic interpretations of the data obtained from the tissue penetration. Violations of the specific act of making a

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diagnostic or prognostic interpretation would be a violation of the Medical Practice Act and subject to sanctions of that Act.

SB 1828 (Speier, Chapter 681) Internet Prescribing Penalties

This bill creates new penalties for physicians who use the Internet to prescribe drugs to patients when a good faith prior examination is not conducted.

SB 1988 (Speier, Chapter 867) Insurance Fraud

This bill primarily deals with automotive insurance fraud, but has three provisions relating to the Medical Board: 1) requires the Board to investigate any licensee against whom information or an indictment has been filed alleging insurance fraud, as specified; 2) requires the Board to revoke a physician's license for a period of 10 years upon a second conviction of insurance fraud, as specified; 3) provides that any licensee who knowingly practices medicine with a business organization not owned or operated by a physician unless it has obtained a waiver of this provision from the Department of Health Services (DHS) shall have that license permanently revoked. The DHS plans to immediately issue across-the-board waivers from this enforcement section for any professional corporation that meets the ownership/management requirements in the Corporations Code.

Licensing Program

AB 1820 (Wright, Chapter 440) Geriatric Medicine and Continuing Education

This bill requires that all applicants who apply after January 1, 2004 shall have completed course work in geriatric medicine in medical school or in postgraduate training. It requires Continuing Education (CE) providers to ensure attendance during the entire course. It requires general internists and family physicians, who have a patient population of which 25% or more are 65 or older, to complete at least 20% of all mandatory CE in the field of geriatric medicine or the care of older patients. It requires the Division of Licensing to encourage physicians to take a course in geriatric medicine as part of CE training. It requires the University of California to establish academic geriatric resource programs and encourage the development of expanded educational and community service programs in geriatric medicine at its medical schools. The Legislature has requested that the UC system report on its progress in implementing these programs. (See article in this issue on page 11.)

SB 929 (Polanco, Chapter 676) Expanded Scope of Practice for Optometrists and Assistants

This bill expands the scope of practice for optometrists by including in their practice: prevention, diagnosis, treatment, management and rehabilitation of disorders and dysfunctions of the visual system; use of additional topical pharmaceutical agents; and certification to treat primary open angle glaucoma. It also increases CE requirements for certificate holders. It expands the scope of practice for a technician in the ophthalmologist's or optometrist's office and sets forth additional duties that may be performed by this "assistant."

SB 1479 (Figueroa, Chapter 303) Midwifery Practices Act

This bill increases the requirements for informed consent that a licensed midwife must provide to a client. This informed consent form must be signed by both the midwife and client and a copy placed in the medical record. This bill also allows midwives to register the birth.

SB 1554 (Committee on Business and Professions, Chapter 836) Healing Arts: Omnibus

This bill allows a foreign graduate up to three years to obtain a license while in postgraduate training; defines the Board's diversion program manager; strikes an obsolete reference regarding who makes the appointment of a diversion evaluation committee member; strikes the requirement for certain specified meetings to be public; requires the manager to report to the Division of Medical Quality on a regular basis; changes "actions" of the committee to "recommendations;" and makes other minor technical amendments.

Managed Care Reform

AB 2903 (Committee on Health, Chapter 857) Omnibus: Telephone Medical Advice

This bill would limit the application of existing registration requirements to business entities that employ, or contract or subcontract with, the full-time equivalent of five or more persons functioning as health care professionals whose primary function is to provide telephone medical advice. This bill would revise various registration provisions and would authorize the director of the Department of Consumer Affairs (DCA) to exempt from fees certain telephone advice services that serve charity or medically indigent patients.

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Legislative Update (Continued from page 5)

SB 168 (Speier, Chapter 845) Physician Financial Risk

This bill would: 1) prohibit a risk-based contract between a health care service plan and a physician or physician group that is issued, amended, delivered, or renewed in this state on or after January 1, 2001, from including a provision that requires a physician or a physician group to assume financial risk for the acquisition costs of required immunizations for children as a condition of accepting the risk-based contract; 2) provide that a physician or physician group shall not be required to assume financial risk for immunizations that are not part of the current contract; 3) require plans to reimburse physicians or physician groups for immunizations that are not part of the current contract at not less than a specified amount, until the contract is renegotiated; 4) prohibit a health care service plan from including the acquisition costs associated with required immunizations for children in the capitation rate of a physician who is individually capitated.

SB 1177 (Perata, Chapter 825) Prompt Pay by Health Care Service Plans

This bill prohibits a health care service plan from engaging in unfair payment patterns in its reimbursement of providers. It would allow the Director of the Department of Managed Health Care (DMHC) to sanction plans found in violation of these provisions. It requires a plan to ensure its dispute resolution mechanism is available to non-contracting providers and to report providers engaging in unfair billing patterns. The Department is directed to convene appropriate state agencies to make recommendations to the Legislature and Governor by July 1, 2001 for the purposes of developing systems of responding to unfair billing patterns.

SB 2136 (Dunn, Chapter 856) Multiple Audits

This bill requires the Advisory Committee on Managed Care, in the Department of Managed Health Care, after having sought comment from interested parties, to recommend to the Director standards for a uniform medical quality audit system, which would be required to include a single periodic medical quality audit. It would require the recommendations to include a list of those private sector accreditation organizations that have standards comparable to the recommended system, and the capability and expertise to accredit, audit, or credential providers. It would authorize the Director to approve private sector accreditation organizations as qualified organizations to perform single periodic medical quality audits. It would require the Director to adopt regulations on a uniform medical quality audit system on or before January 1, 2002.

Public Health

AB 1836 (Bates, Chapter 1068) Coroner's Reports

This bill requires disclosure of medical information by a provider of health care, a health care service plan or contractor in the course of an investigation by a coroner. This bill also requires specified actions by the coroner.

AB 2185 (Gallegos, Chapter 325) Newborn Eye Pathology Screening Protocol Study

This bill sets forth legislative intent language and establishes the Newborn Eye Pathology Screening Task Force to advise the DHS on the development of a protocol for this type of screening. The DHS is required to adopt the protocol developed by the American Academy of Pediatrics by June 30, 2002, and if that protocol is not developed, the DHS is to establish its own protocol by January 1, 2003.

AB 2318 (Lowenthal, Chapter 326) Lindane: Prohibition

This bill prohibits any product used for the treatment of lice or scabies in humans that contains lindane from being used or sold in the state after January 1, 2002.

AB 2427 (Kuehl, Chapter 803) Genetic Diseases: Genetic Screening

This bill requires the DHS to establish a program for the development and evaluation of genetic disease testing and to charge a fee for the developmental screening. A report is due to the Legislature by January 1, 2002 regarding program progress.

SB 648 (Ortiz, Chapter 835) Venereal Disease: Chlamydia

This bill revises the definition of venereal disease to include chlamydia. It authorizes a physician to prescribe, dispense, furnish or otherwise provide prescription antibiotic drugs to the partners of a patient diagnosed with chlamydia without performing a good faith prior exam of the partners. (See article in this issue on page 10.)

Other

AB 505 (Wright, Chapter 1059) Administrative Procedures

This bill shall be known as the Small Business Regulatory Reform Act of 2000. It revises various provisions with respect to the adoption, amendment, or repeal of regulations, including, the following: (a) requiring a unique identification numbering system for each regulatory action

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Legislative Update (Continued from page 6)

for identification and tracking purposes; (b) requiring specified information to be posted on a Web site; (c) authorizing an extension of the time period for public comment in specified circumstances; (d) revising the notification procedures for proposed adoption, amendment, or repeal of a regulation; (e) imposing additional requirements to make the regulatory process more user friendly and improve communications between the parties in the regulatory process. It also would establish a Governor's Small Business Reform Task Force to hold hearings, conduct a study of specified problems of small business, and report its findings and recommendations to the Governor and the Legislature on or before May 1, 2002.

AB 1822 (Wayne, Chapter 1060) Administrative Procedure Act

This bill: (1) provides for the use of electronic communication in the delivery and publication of notices and rule-making documents, and requires that an agency post specified information regarding regulations on its Web site; (2) authorizes state agencies to consult with interested persons before initiating regulatory action; (3) requires oral testimony to be allowed at public hearings on proposed regulations, subject to reasonable limitations; (4) specifies that the period for review of a proposal to make an emergency regulation permanent is 30 working days; and various other provisions.

AB 2394 (Firebaugh, Chapter 802) Cultural and Linguistic Competency

This bill establishes a Task Force on Culturally and Linguistically Competent Physicians and Dentists and a subcommittee to evaluate a pilot program for physicians and dentists from foreign countries to practice in California. The Task Force is to be chaired jointly by the directors of the Department of Consumer Affairs and the Department of Health Services. The Executive Director of the Medical Board is a member of this task force along with three other specified members and at least 10 others, as defined in the bill, appointed by the Task Force chairs. The duties include developing recommendations for continuing education programs that include language proficiency standards, identifying key cultural elements necessary to meet cultural competency, assessing the need for voluntary certification standards, holding hearings and meetings to obtain input from ethnic minority groups, and reporting its findings to the Legislature within two years

after creation of the Task Force (by January 1, 2003). The subcommittee is established to examine the feasibility of establishing a pilot program that would allow Mexican and Caribbean physicians and dentists to practice in nonprofit community health centers in California's medically underserved areas. This subcommittee, chaired by the director of DHS, has at least seven members including the Executive Director of the Medical Board. This subcommittee must report its findings to the Task Force by March 1, 2001, and the Task Force must forward that report and any additional comments to the Legislature by April 1, 2001. The Medical and Dental Boards are required to pay for the administrative costs of this bill.

AB 2611 (Gallegos, Chapter 828) Emergency Services

This bill directs the Senate Office of Research to conduct a study of the hospital emergency room on-call coverage issue and convene a working group of affected stakeholders to report its findings and recommendations to the Legislature by January 1, 2002.

SB 129 (Peace, Chapter 984) Office of Privacy Protection

This bill adds a new Office of Privacy Protection within the DCA to protect the privacy of individuals' personal information by identifying consumer problems and facilitating development of fair information practices. This bill requires each state department or agency to designate a position with the responsibility for privacy protection within the department or agency and requires the DCA to report annually to the Legislature beginning January 2003.

SB 1046 (Murray, Chapter 697) Occupational Therapy: Licensure

This bill adds a new regulatory board, the California Board of Occupational Therapy, within the DCA, repealing the current provisions of law relating to occupational therapists or assistants. This board will license occupational therapists and certify occupational therapy assistants. The board will be operational on January 1, 2003.

SB 1364 (Johnston, Chapter 941) Genetic Test Disclosure and Counseling

This bill adds licensure of master level genetic counselors and doctoral level clinical geneticists. It requires that counseling services for hereditary disorders shall be provided by a physician or other appropriately trained licensed health care professional.

California AIDS Drug Assistance Program Available to Help Defray Treatment Costs

By Celia Banda-Brown
California Department of Health Services, Office of AIDS

What is the California AIDS Drug Assistance Program (ADAP)?

ADAP is a federal and state funded program of last resort that pays for HIV/AIDS-related prescription drugs for persons who could otherwise not afford them. The ADAP formulary currently provides 145 HIV-related drugs. ADAP is now one of the largest programs of its kind in the country and serves more than 20,000 clients annually. The California ADAP is administered by the Department of Health Services, Office of AIDS (DHS/OA). ADAP prescription services are delivered through a statewide contract with Professional Management Development Corporation (PMDC), a pharmacy benefits management service provider. PMDC maintains a network of more than 2,900 participating ADAP pharmacies statewide, including major chains and mail-order pharmacy services. ADAP client enrollment services are provided at the local level, through participating local health departments and HIV/AIDS community based organizations.

The formulary supports patient access to the medications necessary to treat in accordance with the federal Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents. Drugs available include analgesics, antibiotics, psychotropics, anti-diarrheals, gastrointestinal medications, diabetes medications, hypolipidemics, treatments for herpes, tuberculosis, hepatitis C, Kaposi's sarcoma, and mycobacterium avium complex, and vaccines.

Eligibility

Individuals are eligible for ADAP if they:

- are HIV infected;
- have an annual federal adjusted gross income below \$50,000;
- are not covered by/eligible for Medi-Cal or other third-party payer, or are underinsured;

- are residents of California;
- are 18 years of age or older;
- have a valid prescription from a California licensed physician.

Persons with an annual federal adjusted gross income below 400 percent of federal poverty receive the drugs at no cost. A co-payment is required for anyone whose annual federal adjusted gross income is between 400 percent of poverty (currently \$33,400) and \$50,000.

Enrollment

There are 225 enrollment sites statewide where your patients can apply for services. For the nearest client enrollment site contact PMDC at (888) 311-PMDC or www.pmdc.org.

Applicants will be asked to provide documentation to prove their eligibility status, including, but not limited to, their most recent federal income tax form, photo identification, rental agreement/utility bill in their name (state residency requirement), a letter of diagnosis or HIV test result from their physician, and a valid prescription. If an applicant does

not have complete documentation at the time of original application, he/she will be given a 30-day grace period (interim eligibility) in which to provide the missing information. For persons who lack proof of certain eligibility criteria, e.g., persons who are homeless, alternative documentation may be considered at the time of application.

Once the ADAP application is transmitted from an authorized enrollment site to PMDC (electronically or fax), a client may have his/her ADAP eligibility activated in as little as two hours, and almost always within 24 hours. Eligibility is subsequently determined on an annual basis. Clients may have their prescriptions filled at any of the 2,900 participating pharmacies in the state.

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Persons with an annual federal adjusted gross income below 400 percent of federal poverty receive the drugs at no cost.

AIDS Drug Assistance Program (continued from page 8)

Clients will be dispensed a maximum of a 30-day supply of medication, and there are no limits on the number of drugs on the formulary a client may receive. Some ADAP formulary drugs have specified diagnosis and prescribing criteria and will require a prior authorization before dispensing. For detailed information on restricted drugs and the prior authorization requirements, you may contact PMDC or access their Web site.

HIV/AIDS Diagnostic and Consultation Resources

HIV Diagnostic Assay Program

DHS/OA also offers individuals who meet ADAP financial eligibility criteria access to two types of HIV diagnostic assays, Viral Load Testing and Resistance Testing (genotypic and phenotypic). If you or your patient need information on how to access this State program, you may contact your local health department's HIV/AIDS program or you may call DHS/OA at (916) 322-5561.

DHS/OA has also contracted with Pacific AIDS Education Training Center to provide consultation services to clinicians regarding the interpretation of resistance test results and/or clinical problems involving antiretroviral drug resistance. These services are accessible to California clinicians via the HIV Warmline at (800) 933-3413 or www.itsa.ucsf.edu/warmline.

Resistance testing has become an accepted medical procedure for the care of HIV positive individuals. The International AIDS Society-U.S.A. recommends HIV drug-resistance testing in a number of patient-care situations. The guidelines were published in the *Journal of the American Medical Association (JAMA)*, May 10, 2000. This document is available at the JAMA HIV page, www.ama-assn.org/special/hiv. The U.S. Department of Health and Human Services guidelines also recommends drug resistance testing as an integral part of effective treatment. Updated information specific to HIV resistance can be found at www.HIVresistance.com.

Should you have further questions regarding ADAP, please feel free to contact Celia Banda-Brown, Health Program Specialist with the DHS Office of AIDS at (916) 327-6780.

ADAP is now one of the largest programs of its kind in the country and serves more than 20,000 clients annually.

Selected HIV/AIDS Resources

PMDC: (888) 311-PMDC (7632) or www.pmdc.org — For information on the most current list of *ADAP formulary drugs*, the nearest client enrollment site or the location of a participating ADAP pharmacy, you or your patients may call or access the Web site. Information on this site is provided in English, Spanish, and Tagalog.

HIV Warmline: (800) 933-3413 or www.itsa.ucsf.edu/warmline (general information).

Questions about HIV care are answered by a physician, clinical pharmacist or nurse practitioner (UCSF, Department of Family and Community Medicine at San Francisco General Hospital) who will provide consultation, drug information, HIV prevention information and infection control recommendations. Services are available during the day, Monday through Friday.

HIV/AIDS Clinical Management

Drug-Drug Interaction Tool: www.medscape.com — This clinical calculator is an interactive tool that provides two functions: 1) check a regimen for drug-drug interaction; and 2) generate a daily dosing schedule for a regimen. Once you log on to the site, use the search button to find the "HIV/AIDS Clinical Management Drug-Drug Interaction Tool" (Charles Flexner, M.D., Stephen C. Piscitelli, Pharm.D., March 2000).

HIV/AIDS Treatment Guidelines: www.hivatis.org — The U.S. Health and Human Services Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents were updated in January. The Guidelines are updated frequently as new clinical data are made available.

John Hopkins AIDS Service: www.hopkin-AIDS.edu — Provides information on medical education, managed care, epidemiology, prevention and treatment, and an interactive, question and answer forum designed for clinicians to utilize the expertise of HIV specialists of the John Hopkins AIDS Service.

Additional Option Available to Combat Chlamydia Epidemic

By Gail Bolan, M.D.

Chief, Sexually Transmitted Disease (STD) Control Branch
California Department of Health Services

SB 648 (Ortiz, Chapter 835) amended current law and allows physicians to prescribe and nurse-practitioners, physician assistants and certified nurse-midwives to dispense antibiotic therapy for the sex partners of individuals infected with genital chlamydia trachomatis, even if they have not been able to perform an exam of the patient's partner(s). This law provides another option to combat a serious public health epidemic.

More than 85,000 cases of chlamydia were reported in California in 1999. However, because the majority of infections are asymptomatic and go unreported it is estimated that 600,000 Californians may become infected each year with rates of 5 to 10% among adolescent girls.

Chlamydia is a leading cause of pelvic inflammatory disease, ectopic pregnancy and preventable infertility. Patients with chlamydia are also at increased risk of sexual transmission of HIV. Partner treatment is critical since repeat infections in women, the majority of which are caused by partners going untreated, are much more likely to cause serious complications. Research has demonstrated that providing medication to male partners of infected women patients has reduced the rates of reinfection among female patients.

This option for the delivery of therapy for chlamydia should not be the first-line method of providing services to partners of individuals diagnosed with chlamydia. But this therapy delivery system can serve as a useful alternative when the partner is unlikely to seek care, is recalcitrant, or cannot easily get an evaluation or diagnosis in the community.

In California, physicians are still required by law to:

- 1) investigate the source of infection, as well as any sexual or other intimate contact that the patient made while in the communicable stage of the disease, and
- 2) make an effort, through the cooperation of the patient, to bring these cases in for examination and treatment (Title 17, California Code of Regulations §2636).

All sexual contacts within the past 60 days from the onset of symptoms or diagnostic test need to be treated.

The medication recommended for patient-delivered therapy is single dose azithromycin pills (1 gram orally once). While somewhat more expensive than the azithromycin sachet formulation, pills are easier to deliver and facilitate compliance. Patients may be provided with the number of doses necessary to treat each of their exposed partners.

Providers should encourage the patient to deliver both the medication and accompanying educational information to the partner.

This method of therapy has been supported by STD experts since the risk of re-infection and severe complications to the female patient is greater than the risk of one dose of azithromycin to the male partner. For female partners, providers should make an extra effort to refer them for timely clinical evaluation since women may already have Pelvic Inflammatory Disease and need additional treatment.

Providers should address three key counseling messages when prescribing patient-delivered therapy:

- Patients should abstain from sex for at least seven days after treatment and until seven days after all partners have been treated.
- Partners should seek a complete STD evaluation whenever possible.
- Partners who have allergies to erythromycin, azithromycin or other similar macrolides, have kidney failure, heart disease, or any other serious health problems, should not take the medication and should see a provider.

For complete guidelines, information regarding materials for patients and their partners, the text of revisions to the Health and Safety Code, and telephone numbers for local health departments for information on local chlamydia control efforts, please visit the California Chlamydia Action Coalition's Web site at www.ucsf.edu/castd or call the California Department of Health Services' STD Control Branch at (510) 540-2657. Please report adverse reactions by calling (866) 556-3730 (toll-free).

New CE Requirements in Geriatric Medicine

AB 1820 (Wright, Chapter 440) establishes the “Geriatric Medical Training Act of 2000.” Sponsored by the Congress of California Seniors, it had the support of many senior advocacy groups, physician and dentist educators, pharmacy and nursing groups. Of primary interest to the medical community, this bill requires sufficient course work and training in the field of geriatrics for medical students and physicians to ensure that every general internist and family physician has the requisite knowledge and skills to competently treat California’s elderly population by 2010. For California licensees, continuing medical education requirements were amended to require:

- All general internists and family physicians who have a patient population of which over 25 percent are 65 years of age or older shall complete at least 20 percent of all mandatory continuing education hours in a course in the field of geriatric medicine or the care of older patients.

- All physicians and surgeons are encouraged to take a course in geriatric medicine, including geriatric pharmacology, as part of their continuing education.

Regulations are being developed and future CME audit candidates may be required to document their compliance with these educational requirements.

For those entering the profession, the new law requires that applicants for physician and surgeon licensure must pass a national licensing exam in biomedical sciences and clinical sciences, including geriatric medicine. Additionally, it requires that future applicants for California physician licensure will have their basic medical and postgraduate education reviewed to assure compliance with the requirement that an applicant who applies for physician and surgeon licensure after January 1, 2004 must have completed course work in geriatric medicine in medical school or in postgraduate training.

Attention: Important News for IMGs and Their Mentors

Effective January 1, 2001, Business and Professions Code section 2066 allows international medical school graduates (IMGs) to complete three years of postgraduate training without a license.

At the end of the three-year period, a license must be obtained or all clinical service in California facilities must cease.

This change in law was crafted to provide a similar grace period for both US/Canadian graduates and IMGs.

President’s Report (Continued from page 2)

Medical Board as the practice of office-based surgery increases.

Finally, I’d like to share an observation of an issue that has been of recent interest, but for which I have no immediate answer. While not found within the Medical Board’s statutory responsibility, it is of concern to me as a physician that the medical profession has lost some its “luster” because of the crisis in funding, managed care, and bureaucratic practices. The number of candidates for places in medical schools has decreased and graduates have huge financial debts. It is incumbent on the physician community to help restore the attractiveness so the brightest and most talented young people continue to seek out medical careers. By maintaining the excellence for which our profession has been known, we will best serve the future of that profession and the patients who rely on its service.

Medical Board of California Meeting Dates & Locations

2001

Feb. 1 - 3	Los Angeles
May 10 - 12	Sacramento
July 26 - 28	San Francisco
Nov. 1 - 3	San Diego



***All meetings are open
to the public.***

Invitation to Physicians to Consider a Preventive Medicine Residency Program

By Nathalie Bera, M.D., M.P.H., Co-Program Manager

Preventive Medicine Residency Program, California Department of Health Services

Preventive medicine is one of 24 medical specialties recognized by the American Board of Medical Specialties. It has experienced increasing popularity in the last decade as the importance of population-based medicine and community health interventions have become recognized. Unfortunately many residents and physicians are unaware of the specialty. Additionally, many preventive medicine residency programs accept applications only after the physician has completed internship or a full clinical residency, so the application process may be separate from the standard electronic residency application process.

The California Department of Health Services' (DHS) Preventive Medicine Residency Program (PMRP) was founded in 1980 to meet the need for Preventive Medicine/Public Health physician leaders in all counties of California. It has been fully accredited by the Accreditation Council on Graduate Medical Education (ACGME) since its founding, and this year the program received full five-year re-accreditation. The mission of the DHS' PMRP is to develop public health physicians

who can provide strong leadership and program management in California public health agencies. Physicians must have a California medical license to be eligible to apply, and mid-career physicians are very welcome to apply. One- or two-year (PGY3 only, or PGY2 and PGY3) residency training positions are available. Academic/PGY2 physicians obtain their M.P.H. degree. Practicum/PGY3 residents may be placed in DHS offices in Sacramento or Berkeley, or in local health departments throughout California.

For more information and an application form, physicians are invited to visit the DHS' PMRP Web site at: www.dhs.ca.gov/ps/cdic/cdcb/pds/PMRP/index.htm. Completed applications for the 2002-2003 residency year are due November 1, 2001. Interested physicians also may contact the DHS' PMRP Program Coordinators, Mr. D.L. Gunter (916-327-6968, dgunter@dhs.ca.gov) or Ms. Christie Helmers (916-322-1522, chelmers@dhs.ca.gov), or the program's Co-Program Manager Nathalie Bera, M.D., M.P.H. (916-327-7765, natpmmd@itsa.ucsf.edu).



Attention Non-M.D.s

To reduce unnecessary costs, we are updating our interested-parties mailing list. If you are NOT an M.D., and you wish to continue receiving the *Action Report*, you MUST fax or mail this notice to us. Please type information or print legibly. If we do not hear from you by February 16, you will be removed from our mailing list. Thank you.

Fax: (916) 263-2210

Attention: Janet Neves

Address:

**Medical Board of California
Information Systems Branch
1426 Howe Ave., Ste. 52
Sacramento, CA 95825**

Yes! Please keep me on the *Action Report* mailing list.

Name _____

Address _____

ADMINISTRATIVE ACTIONS: Aug. 1, 2000 to Oct. 31, 2000

Physicians and Surgeons

AGEE, LAWRENCE CARTER, M.D. (G59995) Auburn, CA

B&P Code §§820, 821. Failed to comply with an Order Granting Petition to Compel Mental and Physical Examination. Suspended. October 11, 2000

AZAR-FARR, SHAABAN, M.D. (A32840) Mission Hills, CA

B&P Code §2266. Stipulated Decision. Failed to document in a patient's medical record the reasons for prescribing medications and using diagnostic tests. Public Letter of Reprimand. September 6, 2000

BALL, CRAIG JAMES, M.D. (G38467) Palm Desert, CA

B&P Code §2234. Stipulated Decision. Committed acts of unprofessional conduct while performing parotidectomies on 2 patients. Public Letter of Reprimand. October 17, 2000

BLANC, ALAN HOWARD, M.D. (G18808) Los Angeles, CA

B&P Code §2234(b)(c). Committed an act of gross negligence by improperly physically removing a patient from his office and committed acts of repeated negligence by recommending the patient obtain astrology readings. Revoked, stayed, 3 years

probation with terms and conditions. October 18, 2000

BOOKER, JOSEPH, JR., M.D. (G28572) Jackson, MS

B&P Code §§141(a), 2234(e), 2236(a), 2305. Disciplined by Mississippi for filing a false income tax return. Revoked. October 12, 2000

BORODKIN, ROBERT, M.D. (A18302) Rolling Hills Estates, CA

B&P Code §2234(b). Stipulated Decision. Prescribed sedatives and depressants to an out-of-state psychiatric patient without personal consultation. Public Letter of Reprimand. August 18, 2000

CARLISH, RONALD ARTHUR, M.D. (G15424) Los Angeles, CA

B&P Code §§2264, 2285, 2400. Stipulated Decision. Submitted inaccurate information using a Medi-Cal provider number which caused Medi-Cal to issue improper provider numbers to mobile laboratories and practiced medicine under a fictitious name without having a Fictitious Name Permit. Public Letter of Reprimand. August 10, 2000

Explanation of Disciplinary Language and Actions

“Effective date of Decision”—Example: “October 10, 2000” 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 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).

CARTY, THEOPHILE L., M.D. (G29652) Los Angeles, CA
B&P Code §§2234(e), 2236(a). Stipulated Decision. Criminal conviction for failing to file income tax returns. Revoked, stayed, 5 years probation with terms and conditions including 60 days actual suspension. September 25, 2000

CHRETIEN, PAUL MICHAEL, M.D. (A41649) Sacramento, CA

B&P Code §2266. Stipulated Decision. Failed to prepare timely pediatric neurological consultation reports for 4 patients. Revoked, stayed, 3 years probation with terms and conditions. September 6, 2000

CLARKE, STEVE RUSSELL, M.D. (G62802) San Luis Obispo, CA

B&P Code §2234. Stipulated Decision. Failed to order adequate and timely tests, document a baseline or monitor blood tests before prescribing medications to a minor patient. Public Letter of Reprimand. September 30, 2000

CUNDIFF, DAVID KEITH, M.D. (G35122) Long Beach, CA

B&P Code §2234(b)(d). Committed acts of gross negligence and incompetence in the care and treatment of 1 patient which led to the patient's death. Revoked. September 11, 2000. Judicial review being pursued.

DALTON, DEL B., M.D. (A43378) Laguna Niguel, CA

B&P Code §§651(a), 726, 2234(b)(c)(e)(f), 17500. Committed acts of sexual misconduct with 5 female patients and falsely advertised board certification. Revoked. August 4, 2000. Judicial review being pursued.

DAVIS, ROGER ALAN, M.D. (C32856) Tucson, AZ

B&P Code §§141(a), 2234(b), 2305. Disciplined by Arizona based on gross negligence in the care and treatment of 1 patient which led to the patient's death. Revoked. August 21, 2000

FLORES, JORGE N., M.D. (A33705) Huntington Park, CA

B&P Code §§2238, 2242, 2266. Stipulated Decision. Prescribed medications for family members without performing good faith prior examinations or maintaining medical records. Public Letter of Reprimand. October 19, 2000

FORT, GRADY REYNOLDS, M.D. (G27353) Redding, CA

B&P Code §§726, 2234, 2234(b)(c)(e), 2239(a), 2242, 2266. Engaged in a sexual relationship and provided alcohol and marijuana to a pregnant patient in addition to prescribing Xanax without prior examination, without notifying or consulting with the patient's obstetrician and without documenting the prescription in the medical record, and self-use of alcohol. Revoked, stayed, 7 years probation with terms and conditions including 30 days actual suspension. September 28, 2000

GALLAHER, KATHLEEN EMILIE, M.D. (A40219) Orange, CA

B&P Code §2234. Stipulated Decision. Failed to properly diagnose acute pulmonary emboli secondary to deep leg vein thrombosis. Public Letter of Reprimand. September 25, 2000

GATUS, LEANDRO GULAPA, M.D. (A45231) Tarzana, CA

B&P Code §2236(a). Stipulated Decision. Criminal conviction for driving with a blood alcohol level greater than .08 percent. Revoked, stayed, 2 years probation with terms and conditions. August 11, 2000

GINNS, DAVID A., M.D. (C27130) Fountain Valley, CA

B&P Code §2234(b)(d). Stipulated Decision. Failed to properly diagnose and treat a patient with significant myocardial ischemia. Public Reprimand. August 11, 2000

GOLDSMITH, STANLEY, M.D. (G20538) Hayward, CA

B&P Code §2234. Stipulated Decision. Made disrespectful, rude, demeaning and/or insensitive comments to 2 patients. Public Reprimand. October 23, 2000

GOVE, JON DUANE, M.D. (C36329) Grants Pass, OR

B&P Code §141(a). Stipulated Decision. Entered into a Voluntary Limitation with Oregon which prohibits reading cerebral magnetic resonance imaging and computed tomography of the temporal bone. Public Letter of Reprimand. October 31, 2000

GREEN, RICHARD GORDON, M.D. (G23694)
Huntington, NY

B&P Code §§141(a), 2234(c), 2266, 2305.
Disciplined by New York due to negligence on more than one occasion and failure to maintain records.
Revoked. September 6, 2000

GUSTAVSON, ANDREW ROGER, M.D. (A72956)
Torrance, CA

B&P Code §2234. Stipulated Decision. Knowingly made false statements on a license application and supporting documents. Probationary license granted, 5 years probation with terms and conditions. August 31, 2000

HAMILTON, CYNTHIA JEAN, M.D. (A46559) American Canyon, CA

B&P Code §§2234(b)(c)(d), 2266. Committed acts of gross negligence, repeated negligence and incompetence in the care and treatment of 2 patients and failed to maintain adequate and timely treatment notes in 10 patients' medical records.
Revoked. October 10, 2000

JEKOT, WALTER F., M.D. (G14957) Los Angeles, CA

B&P Code §§2234(a), 2238. Stipulated Decision. Criminal conviction for defrauding the United States government by obtaining black market steroids.
Revoked, stayed, 5 years probation with terms and conditions. August 18, 2000

LAM, JACINTO, M.D. (A39722) Los Angeles, CA

B&P Code §2234(c). Stipulated Decision. Failed to perform a pelvic examination prior to hospitalization and failed to obtain a pre-operative cardiac consultation. Public Letter of Reprimand.
August 31, 2000

LEON, SAMUEL O., M.D. (A73337) Hanford, CA

B&P Code §§480(a)(1)(2)(3), 480(c), 2239(a), 2236(a), 2234(e). Stipulated Decision. Criminal conviction for driving under the influence of alcohol and/or drugs. License issued, revoked, stayed, 3 years probation with terms and conditions.
October 20, 2000

LICEAGA, ALVARO O., M.D. (G59013) Whittier, CA

B&P Code §2266. Stipulated Decision. Failed to adequately document significant events relating to the development of hypotension and efforts to

resuscitate 1 patient. Suspension, stayed, 35 months probation with terms and conditions.
August 21, 2000

LIMBACH, CHARLES FRANKLIN, M.D. (G76437)
Seaside, CA

B&P Code §2234. Stipulated Decision. Conducted inappropriate physical examinations of 2 female patients including but not limited to failing to offer a drape or gown. Public Letter of Reprimand.
September 12, 2000

MAGNUS, VERNON JOHN, M.D. (G22438) Lodi, CA

B&P Code §§2238, 2242, 2264, 2285, 2415.
Rendered medical services while being employed by an unlicensed person, aided the unlicensed practice of medicine by a chiropractor, and transferred controlled substances to an unregistered location. Revoked. October 11, 2000

MASTERS, STEVEN JOHN, M.D. (G54519)
San Francisco, CA

B&P Code §2234. Stipulated Decision. Committed acts of unprofessional conduct in the care and treatment of 1 patient. Public Letter of Reprimand.
October 3, 2000

MAYNARD, PATRICIA, M.D. (A36267) Inglewood, CA

B&P Code §§141(a), 2236(a), 2305. Disciplined by Georgia based on conviction for Medicaid fraud and tax evasion. Revoked. September 8, 2000

MEALER, TERRY ALLEN, M.D. (G75344) Modesto, CA

B&P Code §§2234, 2234(e). Stipulated Decision. Misrepresented undergraduate degree when applying for a general surgery residency. Public Letter of Reprimand. September 13, 2000

METZGER, ALLAN LAWRENCE, M.D. (G22607) Los Angeles, CA

B&P Code §2234. Stipulated Decision. Fraudulently wrote a prescription for a patient using another person's name. Public Letter of Reprimand.
September 20, 2000

NEZHADIAN, FARIBORZ, M.D. (A50614) San Diego, CA

B&P Code §§2234(a), 2238, 2264, 4170(a)(6), 4170(a)(7). Allowed registered nurses to dispense Phen-Fen prescribed by subject and failed to advise patients prescriptions could be filled by a pharmacy. Public Reprimand. October 19, 2000

**OCONNOR, WILLIAM THOMAS, JR., M.D. (G48496)
Vacaville, CA**

B&P Code §2234. Stipulated Decision. Committed acts of unprofessional conduct by engaging in an impermissible dual relationship whereby a commercial surrogacy contract was entered into with a patient. Public Reprimand. October 23, 2000

ODONNELL, EUGENE P., M.D. (C27965) Whittier, CA

B&P Code §2266. Stipulated Decision. Failed to maintain adequate medical records for 2 patients who were hospitalized for a variety of chronic conditions. Public Letter of Reprimand. September 22, 2000

PINHAS, SIMON J., M.D. (G36334) Beverly Hills, CA

B&P Code §2234(b)(e). Performed surgery on a patient who was unable to give informed consent due to a mental and physical condition and billed

Medicare for an ophthalmic exam and field studies which were not performed. Revoked. August 21, 2000. Judicial review being pursued.

**PIRNIA, ABDOLVAHAB STEVEN, M.D. (C37962)
Temecula, CA**

B&P Code §§726, 2234, 2234(b)(c)(e), 2271, 2306. Committed acts of gross and repeated negligence in the care and treatment of several patients, engaged in inappropriate sexual behavior with 2 patients, inappropriately advertised board certification, and made false statements on an Ohio State Medical Board renewal application. Revoked. August 18, 2000

**QUEVEDO, FEDERICO GODOFREDO, M.D. (A23416)
Burbank, CA**

B&P Code §§2234(e), 2236(a). Criminal conviction for failing to file personal income tax returns. Revoked, stayed, 30 months probation with terms and conditions. September 28, 2000

**RASMUSSEN, CHRISTOPHER JAMES, M.D. (G63075)
Santa Cruz, CA**

B&P Code §§141(a), 2238, 2239, 2305, 4081. Stipulated Decision. Disciplined by Wisconsin for ordering and self-administering controlled substances and failing to maintain records of acquisition and disposition of those drugs. Revoked, stayed, 5 years probation with terms and conditions. October 23, 2000

ROBINSON, KENNETH ELLIS, M.D. (G50240) Chicago, IL

B&P Code §§141(a), 2239(a), 2305. Disciplined by Georgia based on signs of impairment, such as erratic behavior and shaking, and diagnosis of cocaine abuse. Revoked. August 11, 2000

RUDIS, BERNARD P., M.D. (C27178) Visalia, CA

B&P Code §2234(c). Stipulated Decision. Failed to properly treat migraine headaches, prescribed an increasing quantity of narcotic analgesics, and failed to record adequate histories and physicals for 2 patients. Public Reprimand. September 19, 2000

**SHEAN, CHARLES LAMAR, JR., M.D. (AFE19554)
Vista, CA**

B&P Code §§2236(a), 2239(a). Stipulated Decision. Two criminal convictions for driving while under the influence of alcohol or drugs. Revoked, stayed, 5 years probation with terms and conditions.

**Help Your Colleague
By Making A Confidential Referral**

If you are concerned about a fellow physician who you think is abusing alcohol or other drugs or is mentally ill, you can get assistance by asking the Medical Board's Diversion Program to intervene.

The intervention will be made by staff trained in chemical dependency counseling or by physicians who are recovering from alcohol and drug addiction. As part of the intervention, the physician will be encouraged to seek treatment and be given the option of entering the Diversion Program. Participation in Diversion does not affect the physician's license.

Physicians are not required by law to report a colleague to the Medical Board. However, the Physicians Code of Ethics requires physicians to report a peer who is impaired or has a behavioral problem that may adversely affect his or her patients or practice of medicine to a hospital well-being committee or hospital administrator, or to an external impaired physicians program such as the Diversion Program.

Your referral may save a physician's life and can help ensure that the public is being protected. All calls are confidential. Call (916) 263-2600.

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

STRAND, LYLE JAMES, M.D. (G13688) Los Altos, CA

B&P Code §2285. Stipulated Decision. Practiced medicine under a fictitious name without having validly obtained a fictitious name permit. Public Reprimand. October 12, 2000

SZIEBERT, LESLIE A., M.D. (A42721) Yakima, WA

B&P Code §§141(a), 726, 2305. Disciplined by Washington based on sexual relations with a patient. Revoked. August 14, 2000

TEHRANI, KEVIN, M.D. (G79037) Los Angeles, CA

B&P Code §§810, 2261. Stipulated Decision. Aided in the creation of a false medical record and the submission of a fraudulent insurance claim. Revoked, stayed, 5 years probation with terms and conditions. August 28, 2000

TOURLOTTE, BRADLEY DONALD, M.D. (G76763) Riverbank, CA

B&P Code §§2234, 2234(b)(c), 2238, 2239(a), 2266. Stipulated Decision. Self-use and unlawful possession of controlled substances, and committed acts of gross and repeated negligence in the care and treatment of 1 patient. Revoked, stayed, 5 years probation with terms and conditions. August 21, 2000

TRAN, HUNG M., M.D. (A44895) Anaheim, CA

B&P Code §2234(c). Stipulated Decision. Failed to ensure proper ventilation and oxygenation of a patient prior to transportation to the recovery room, failed to identify the magnitude of the patient's cardiac problem, if any, and failed to obtain a pre-operative cardiac consultation. Public Letter of Reprimand. September 13, 2000

TRIGLETH, MICHAEL B., M.D. (G58141) Visalia, CA

B&P Code §2354. Stipulated Decision. Failed to successfully complete the Board's Diversion Program. Revoked, stayed, 5 years probation with terms and conditions. September 8, 2000

VALEROS, QUIRINO BELLO, M.D. (A37269) Mesa, AZ

B&P Code §141(a). Stipulated Decision. Disciplined by Arizona for failure to adequately assess the symptoms of cardiac ischemia. Public Reprimand. September 29, 2000

WARWICK, SCOTT WILLIAM, M.D. (G76469) Watertown, SD

B&P Code §§141(a), 2239(a). Stipulated Decision. Disciplined by South Dakota based on evidence of chemical dependency. Revoked, stayed, 5 years probation with terms and conditions. August 7, 2000

WITHERS, GREGORY JOHN, M.D. (G27800) Arcadia, CA

B&P Code §2266. Stipulated Decision. Failed to maintain adequate medical records regarding 1 patient. Public Reprimand. October 12, 2000

ZILKA, EZECKIEL, M.D. (A42725) Westwood, CA

B&P Code §§725, 810, 2234(b)(c)(e), 2261, 2262, 2264, 2266. Failed to perform pre-operative physicals and obtain blood/urine tests prior to performing surgery, performed surgery without medical indication, failed to ensure consent forms were properly completed and explained to 2 patients, failed to maintain adequate records, altered medical records, submitted a false insurance claim, and aided the unlicensed practice of medicine. Revoked. October 30, 2000

Doctors of Podiatric Medicine

BEATY, JAMES TODD, D.P.M. (E4302) Beverly Hills, CA

B&P Code §§480(a)(1)(3), 2236(a), 2238, 2239. Stipulated Decision. Criminal convictions for possession of a controlled substance and public intoxication. License granted, 18 months probation with terms and conditions. October 25, 2000

SCIARONI, MATTHEW, D.P.M. (E3408) Fresno, CA

B&P Code §2234(c). Stipulated Decision. Poor patient communication and inadequate charting concerning a single patient visit. Revoked, stayed, 5 years probation with terms and conditions. September 11, 2000

Physician Assistants

APARICIO, DANIEL A., P.A. (PA11991) South El Monte, CA

B&P Code §§2236(a), 2237, 3527. Criminal conviction for possession of a controlled substance. Revoked. October 25, 2000

BEHREND, GAYLE ANN, P.A. (PA13443) Laguna Niguel, CA

B&P Code §§2234(a)(e), 2236(a), 2238, 2239. Stipulated Decision. Criminal convictions for obtaining drugs and alcohol by theft and fraud and driving under the influence of alcohol or drugs. Revoked, stayed, 5 years probation with terms and conditions including 2 years actual suspension. October 10, 2000

HANDLY, MICHAEL JOHN, P.A. (PA11461) Oakdale, CA

B&P Code §§2234(e), 2238, 2239(a), 2354, 3527(a). Stipulated Decision. Obtained by fraud or deceit and for personal use multiple prescriptions for a controlled substance, and failed to comply with the Board's Diversion Program. Revoked, stayed, 5 years probation with terms and conditions including at least 60 days actual suspension. October 10, 2000

REECE, LYDIA M., P.A. (PA10192) Palmdale, CA

B&P Code §§2054, 2234, 2234(e), 3527(a). Stipulated Decision. Failed to comply with a Citation and Order of Abatement, misrepresentation as a physician, signed supervising physician's name to patient medical records, and failed to maintain written transport and back-up procedures. Revoked, stayed, 1 year probation with terms and conditions. September 25, 2000

Surrender of License While Charges Pending

Physicians and Surgeons

ALLEVI, JOSEPH THOMAS, M.D. (C43143)

August 29, 2000

BRAEMER, NICHOLAS G., M.D. (A21927)

August 1, 2000

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.

CHECANI, GREGG CHARLES, M.D. (A49952)

August 8, 2000

DAZZA, STEPHEN JAMES, M.D. (GFE53336)

October 13, 2000

DODD, WARREN DUANE, M.D. (G51872)

September 18, 2000

ISENBERG, JEFFREY SCOTT, M.D. (A52769)

October 31, 2000

LIEBMAN, WILLIAM M., M.D. (G12827)

August 15, 2000

MATTSON, PAUL MELVIN, M.D. (GFE18759)

October 18, 2000

MILSTEIN, JOSEPH G., M.D. (CFE20854)

October 31, 2000

NICHOLSON, THOMAS A., M.D. (GFE2842)

October 20, 2000

RUSHTON, STEWART, JR., M.D. (G24555)

October 27, 2000

TUCKER, JAMES EDWARD, M.D. (G35623)

September 18, 2000

VALENTINE, GREGORY W., M.D. (G57944)

October 20, 2000

WOOLDRIDGE, DOUGLAS WAYNE, M.D. (G47485)

August 17, 2000

Podiatrist

TURNER-JOHNSON, JANE, D.P.M. (E3406)

August 25, 2000

Physician Assistant

MURRAY, THEODORE ROSS, P.A. (PA14147)

October 2, 2000



**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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