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Action Report
Medical Board of California

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Special Feature:
Assistance with evaluating patients for smallpox, includes pull-out poster developed by the Centers for Disease Control and Prevention. See page 14.

Medical Board of California Meetings

2003

May 8, 9, 10
Sacramento

July 31, August 1, 2
San Francisco

November 6, 7, 8
San Diego

All meetings are open to the public.

Medical Board Launches Student Loan Repayment Program

The Medical Board is proud to announce a new student loan repayment program which became law on January 1, 2003. The California Physician Corps Loan Repayment Program was created by Assembly Bill 982, carried by Assembly Member Marco Firebaugh. The new law encourages recently licensed physicians to practice in underserved locations in California by authorizing a plan for repayment of up to $105,000 of their student loans in exchange for their service in a designated medically underserved area for a minimum of three years.

Articles in previous issues of the *Action Report* have addressed the Board's commitment to its charge of consumer protection and undertaking innovative and proactive steps to tackle significant issues. One key area is the development of a plan for improving access to healthcare for all Californians, regardless of economic status. The Board recognizes and is concerned about the lack of adequate healthcare of the underserved, the indigent, and the uninsured.

The population of California's medically uninsured is growing and has now reached, by some estimates, over seven million. In its recently developed Strategic Plan, the Board notes that various factors can limit access to critical medical

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Legislative Update

The following legislation affecting physicians licensed in California has been chaptered into law and took effect on January 1, 2003 (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").

Medical Board Programs

AB 269 (Correa, Chapter 107) This bill states that the highest priority of the Medical Board of California in performing its licensing, regulatory, and disciplinary functions is the protection of the public. This same language was enacted for the other boards, commissions and bureaus within the Department of Consumer Affairs.

AB 2385 (B. Campbell, Chapter 816) This bill requires the Board to keep a copy of a complaint it receives concerning the unprofessional conduct of a licensee for seven years or until the statute of limitations for filing a complaint against a negligent licensee has expired, whichever period is shorter, if the Board finds after an investigation that there is insufficient evidence to proceed with disciplinary action. This includes complaints where disciplinary action is not taken.

SB 1950 (Figueroa, Chapter 1085) This bill requires the following:

1) amends the law to exclude information disclosed per Business and Professions Code (B&P) section 803.1 from being maintained in a

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THE MISSION OF THE MEDICAL BOARD OF CALIFORNIA

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

President's Report

The President's Report of the July 2002 *Action Report* outlined an ambitious agenda on which the Board would embark in the coming year. This commitment comes from the Board's setting of higher standards and ethical values to serve consumers as well as the profession by providing a moral force and a professional endorsement of, and participation in, legislative efforts to provide all Californians with access to quality healthcare and with better public protection. This agenda has been embraced by the members of the Board and their hard work is beginning to yield dividends to California consumers and to physicians licensed to practice in our great state.

Gary Gitnick, M.D.
President of the Board

The lead article in this *Action Report* discusses AB 982 (Firebaugh), which addresses in a very practical manner the massive problem of the medically underserved in California. This state has up to 8 million uninsured people and in addition an unknown number of working poor with inadequate insurance and little or no access to healthcare, yet no one is talking about it and no one is doing very much about it. Eventually, I believe there will be a scandalous healthcare explosion in our state and rightly or wrongly the Medical Board will be in the midst of this conflagration. We must continue to move our legislative colleagues at least to address this healthcare crisis even if only to develop and plan for confronting it. The Board has begun implementation of SB 982, an educational loan repayment program in exchange for a commitment to practice in medically underserved areas, which was co-sponsored by the Board, the California Medical Association, the California Primary Care Association and the Latino Coalition for a Healthy California. It is a modest step which underscores that while we continue to look for answers to this complex problem, we must take the steps we can. I recognize that some would say that the Board's work in this area strays from our mission, and I would vehemently counter that we stray only if we inappropriately use our resources.

The Enforcement Committee has directed the reorganization of the Board's Central Complaint Unit in Sacramento into two sections—Quality of Care and Physician Conduct/Affiliated Healing Arts. This promotes the directive of SB 1950 (Figueroa) that the Board concentrate its limited resources first on those cases involving death or great bodily harm. The Committee also continues in its efforts to increase the number of expert reviewers available to the Board, as they are the backbone of an objective and fair Enforcement Program.

The Non-Conventional Medicine Committee has already begun holding meetings and is making headway in its effort to define a position which is clear to all concerning those alternative practices which are appropriate under the law as it exists, and those which will require legislative action to be practiced legally in California.

One of our more ambitious undertakings is the Public Education Committee which has established dialog with representatives from consumer groups, organized medicine, hospitals, malpractice insurance carriers, court clerks, the media and others to determine how the Medical Board can increase beneficial communication in an effort to provide consumers with useful information and the Medical Board with important information staff need to do their job of consumer protection.

The Recertification Committee already has developed a proposal for the recertification of off-shore medical schools, international medical schools, and may well yet challenge an approach to LCME-sanctioned U.S., Canadian, and Puerto Rican medical schools.

The Diversion Committee continues its quality review in an attempt to assure that the Board's premier effort to rehabilitate impaired physicians, while protecting the public, meets its goals in a cost-effective manner. Efforts are underway to efficiently implement recent legislation which will merge the monitoring of physicians with a diagnosis of mental illness into the program. This is being achieved without expansion of existing resources.

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New Member Appointed to Medical Board

Public Representative Joins Division of Medical Quality

Jose Fernandez was appointed on January 1, 2003 to the Board's Division of Medical Quality by Speaker of the State Assembly Herb J. Wesson, Jr.

Mr. Fernandez is the principal of the Centinela Valley Adult School, and is responsible for supervising two educational centers and 20 class sites in the Centinela Valley Union High School District.

In addition to being a professional educator, Mr. Fernandez has been a member of the Inglewood City Council since 1989.

He also is a member of the Independent Cities Association, the National League of Cities, the Inglewood Exchange Club, and the Inglewood Historical Society.

He possesses a teaching credential and a professional administrative credential.

Mr. Fernandez earned a bachelor of arts degree in political science from UCLA, and a masters degree in school administration from Pepperdine University.

Jose Fernandez

IMPORTANT REMINDER

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

Your Address of Record is Public

The Medical Board encourages all physicians to check their profile for accuracy and to advise the Board of any corrections.

Please note that your address of record is public and is posted on the Web site at www.medbd.ca.gov, per Business and Professions Code sections 803.1 and 2027.

Each physician's address of record, as well as other public information, is available to any person who inquires.

In addition to listing the address of record, all physician profiles include the license status, license number, issue and expiration dates, the medical school name and date of graduation, a brief notation of any enforcement-related action and any malpractice judgments or arbitration awards, if applicable.

A change-of-address form may be downloaded from the Medical Board's Web site (click on "Forms and Publications," and then "Physician and Surgeon Forms and Materials"), or physicians may simply print their name, license number, old address, new address and sign their name when submitting a change to their address of record.

If the address of record is a post office box, then a confidential street address must also be reported. Signed address changes may be submitted to the Board by fax at (916) 263-2944, or by regular mail at:

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

Physician profiles posted on the Web site are updated twice monthly.

TDD Numbers

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

Division of Licensing
(916) 263-2687

Central Complaint Unit
(916) 263-0935

New Legislation May Help Deter 'Doctor Shopping'

On August 31, 2002, Governor Davis signed Assembly Bill 2655 (Chapter 345, Statutes of 2002) which extends the Controlled Substance Utilization Review and Evaluation System (CURES) program for five years and makes a number of changes related to the CURES program.

The CURES program is the system used to electronically monitor the prescribing and dispensing of Schedule II controlled substances by all practitioners authorized to prescribe or dispense these controlled substances. This program was implemented as a pilot project in July 1997 to assist regulatory and law enforcement agencies in their efforts to control the diversion and resultant abuse of Schedule II controlled substances.

Beginning January 1, 2003, pharmacists and all licensed healthcare practitioners eligible to obtain triplicate prescription forms are able to make a written request for a CURES profile from the Department of Justice (DOJ) for their patients.

The profile prepared by DOJ will provide the pharmacist and the practitioner with a list of all Schedule II controlled substances that have been prescribed to this patient in the last three months, the name of the practitioner issuing the prescription and the pharmacy where the prescription was filled. The request must be made in writing by the pharmacist or practitioner and submitted to DOJ. (A copy of the form is on the following page for reproduction.)

This additional element to the CURES program is intended to help practitioners identify patients who may be trying to abuse Schedule II controlled substances by obtaining prescriptions from more than one practitioner and then having the prescriptions filled by different pharmacies. The profile will help the practitioner find out a particular patient's quantity and frequency of use of Schedule II prescription drugs. It will also assist the practitioner in determining if a patient has altered the quantity of drugs prescribed from the original order or if illegal orders have been made in the practitioner's name.

This legislation also permits the DOJ to send a CURES profile to a practitioner and pharmacist concerning patients whose CURES profiles indicate the possibility of prescription drug abuse. Once DOJ has identified the patients who appear to have an abuse problem, they will send a letter to all practitioners and pharmacies listed on the CURES profile for that patient.

The letter will inform the practitioner and pharmacy that the information being provided is confidential and is intended for the practitioner's assessment. The letter requests the practitioner to review his/her records for the patient in question to determine whether the person is their patient and whether the practitioner prescribed the drugs shown on the profile.

The practitioner should use his or her professional expertise to evaluate the patient's care and, if deemed necessary, assist patients who may be abusing controlled substances. The intention of this information is not to question a practitioner's conduct, but to make them aware of the patient's quantity and frequency of use of Schedule II prescription drugs. This letter is for the practitioner's information and will not require a response to DOJ.

Questions regarding this new law can be submitted to the DOJ, Triplicate Prescription Program, at (916) 227-4051.

Board Reaches Out to Medical Community, Public

As part of the Board's ongoing efforts to promote its services to California consumers and the healthcare community, the Board often participates in community and professional events where there is an opportunity to provide information about its programs.

The Board is available to assist communities by participating as a booth exhibitor and providing health-related material, offering tips on: the selection of a physician, using only licensed professionals, accepting prescription drugs only from licensed professionals, etc.

Free publications include information such as breast and prostate cancer diagnosis and treatment, a patient's guide to blood transfusions, and services to consumers from the Medical Board.

A representative of the Board also is available to provide a one-hour discussion session to physicians on various aspects of the Board's operations and enforcement process. Presentations are typically offered at healthcare facilities during grand rounds, or at a breakfast/lunch meeting. The facility's Medical Education Coordinator may approve one hour of CME credit for attendance.

In addition, Board staff provides outreach to all of the teaching hospitals in California, explaining the licensing process to applicants and offering assistance with the required paperwork.

For further information, please contact Erlinda Suarez at (916) 263-2466.

California Department of Justice
P.O. Box 160447, Sacramento, CA 95816
Telephone: (916) 227-4051
Fax: (916) 227-5079

Physician Request For Patient Controlled Substance Profile

Complete, accurate and legible information will ensure timely response to your request.

PHYSICIAN INFORMATION			
Physician DEA No.:		License No.:	
Physician Name (As it Appears on your CA DEA License)			
Physician Address			
	City:	State:	Zip Code:
Telephone No.:		Fax No.:	

PATIENT INFORMATION					
Last Name				First Name	
AKA (Also Known As)				Maiden Name	
Patient Address					
	City:			State:	Zip Code:
Telephone No.:					
Social Security No.:				Date of Birth	

ADDITIONAL COMMENTS OR INFORMATION

AUTHORIZATION

"I am a licensed health care practitioner eligible to obtain triplicate prescription forms. I request the history of controlled substances dispensed to the patient in my care identified above, based on data contained in the Controlled Substance Utilization Review and Evaluation System (CURES). I understand that any request for, or release of, a controlled substance history shall be made in accordance with Department of Justice guidelines, that the history shall be considered medical information subject to the provisions of the Confidentiality of Medical Information Act (Civil Code §§ 56 et seq.), and that I should allow ten business days for receipt of the requested history."

Please FAX your request to (916) 227-5079
Or mail to: California Department of Justice, P.O. Box 160447, Sacramento, CA 95816

Physician Signature _____ **Date**

For Department of Justice Use Only	Date Received	Time Received	Date Completed	Time Completed
	Initials	Comments		

Looking for an Opportunity to Make a Difference?

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

Eligibility criteria for DEC membership include:

1. California-licensed physicians with a current, unrestricted medical license in good standing and without any pending action by the Board; **or**

2. Persons with current, unrestricted licenses from the Boards of Behavioral Sciences or Psychology or current certification as an alcohol and drug counselor or specialist; **or**

3. Prior participants who at least two years previously successfully completed the program or another impaired professionals monitoring program and who have five years of uninterrupted recovery.

You can apply to be a DEC member by sending a letter of interest and a current CV to:

Physician's Diversion Program
Attention: Rhonda Baldo
1420 Howe Ave., Suite #14
Sacramento, CA 95825
fax: (916) 263-2607
e-mail: rbaldo@medbd.ca.gov

For further information please call the program directly at (916) 263-2600.

Student Loan Repayment Program

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services. While this is not a direct statutory responsibility of the Board, the Board acknowledges its obligation to influence the process, where possible. Alliances and partnerships can be formed with those who have similar objectives and the Board also has the ability to influence through incentives and licensing initiatives.

The legislation that created this program was cosponsored by the Medical Board, the California Medical Association, the California Primary Care Association, and the Latino Coalition for a Healthy California, and was supported by many additional organizations with which we worked.

In developing the concept for this program, the Board recognized the necessity of improving conditions which lead to healthcare disparities in the state, including those arising from cultural and linguistic barriers. At the same time, there is an acknowledged difficulty for many culturally or linguistically competent physicians to practice in underserved areas because of the heavy debt load that they carry from acquiring a medical education. In January, as a significant first step in this direction, the Board launched the loan repayment program.

In addition to earning a salary, physicians participating in the program will be eligible for loan repayments of up to $105,000 each, paid from specially established funds within the Medical Board.

The new law requires that most participants be selected from the specialty areas of family practice, internal medicine, pediatrics, and obstetrics/gynecology; however, up to 20 percent of the participants may be selected from other specialty areas. Those participants who receive an award will work in clinics located in medically underserved areas, offering healthcare to underserved and uninsured populations.

The program still is in its infancy, funded by $3 million set aside by the Medical Board. To promote continued success, the Medical Board also is seeking financial support in the form of matching funds from healthcare foundations around the country. There is good potential that this program – the first board-sponsored loan repayment program in the country – will continue for many years, offering financial incentives to physicians who are just getting started and providing improved healthcare to rural- and inner city-service areas.

We encourage you to visit our Web site at **www.medbd.ca.gov/mdloan.htm** to access information about the program and to download an application. The final filing date is April 11, 2003. To keep current with the Board's progress in implementing the loan repayment program, we welcome all interested physicians and clinics to register at this e-mail address: MDLoan@medbd.ca.gov; you will receive periodic updates at the e-mail address from which you contacted the Board.

(A similar program is being offered for dentists working in underserved areas; for more information, please contact the Dental Board of California at (916) 263-2300.)

Supervision of Physician Assistants

A change in the law has made it easier for a physician to work with a physician assistant (PA). Medical Board approval to supervise a PA is no longer necessary. While the supervisory approval requirement has changed, ***the duties and responsibilities of supervising a PA have not changed****.*

Supervisory Requirements

Listed below are some of the PA supervisory requirements:

- According to California law, all care provided to a patient by a physician assistant is the ultimate responsibility of the supervising physician.
- *Current law limits a physician to supervising no more than two physician assistants at any moment in time.* (Physicians who work in designated medically underserved areas may supervise up to four PAs. Please call the Physician Assistant Committee (PAC) at (916) 263-2670 for information concerning this program.)
- According to regulations, the physician must be in the same facility with the PA or be immediately available by electronic communications.
- Before authorizing a PA to perform any medical procedure, the physician is responsible for evaluating the PA's education, experience, knowledge, and ability to perform the procedure safely and competently. In addition, the physician should verify that a PA has a current California license issued by the PAC. (This information is available on the PAC Web site: www.physicianassistant.ca.gov)
- PAs may not own a medical practice. (Please see Section 13400 and following of the Corporations Code.)
- PAs may not hire their supervisors. PAs are dependent practitioners who act as agents on behalf of a supervising physician.

Physicians who plan to supervise PAs should carefully review Section 1399.545 of Title 16 of the California Code of Regulations for a complete listing of supervision requirements. This information also is available on the Physician Assistant Committee Web site.

There are four methods for providing the supervision required by Section 1399.545 of the Physician Assistant Regulations:

1. The physician sees the patients the same day that they are treated by the PA.
2. The physician reviews, signs and dates the medical record of every patient treated by the physician assistant within 30 days of the treatment.
3. The physician adopts written protocols which specifically guide the actions of the PA. The physician must select, review, sign and date at least 10 percent of the medical records of patients treated by the physician assistant according to those protocols within 30 days.
4. Or, in special circumstances, the physician provides supervision through additional methods which must be approved in advance by the PAC.

To fulfill the required supervisor obligation, the physician must use one or a combination of the four authorized supervision methods.

Delegation of Services Agreement

For the mutual benefit and protection of patients, physicians and their PAs, the PA regulations require the physician to delegate in writing, for each supervised physician assistant, those medical services which the PA may provide. That document is often referred to as a Delegation of Services Agreement (available on the PAC Web site). Medical tasks which are delegated by a supervising physician may only be those that are usual and customary to the physician's personal practice.

Drug Orders

Pharmacy Law (Business and Professions Code section 4000 et seq.) authorize licensed pharmacists to dispense drugs or devices based on a PA's "drug order." Current law also allows PAs to obtain their own DEA numbers for use when writing prescription drug orders for controlled medications.

Current law permits physician assistants to write and sign prescription drug orders when authorized to do so by their supervising physicians for Schedule II-IV education.

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Legislative Update

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physician's central complaint file at the Medical Board.

2) adds civil judgments, even if vacated by a settlement after entry of the judgment, to be included as information to be reported to the Board;

3) adds a new requirement that attorneys at the time of filing a civil complaint serve a copy of the complaint or demand upon the Medical Board, which shall be treated as a complaint;

4) adds the Medical Board to B&P Code section 803.1 disclosure of information and adds public disclosure of settlements for high- and low-risk specialties, board specialty, and postgraduate training;

5) adds a Health Care Professional Disaster Response Act to allow inactive licensees to apply for reinstatement in times of declared emergency;

6) increases the membership of the Board in its Division of Medical Quality by two public members appointed by the Governor;

7) extends the date of the Board/Act to become inoperative/"sunsetted" to July 1, 2005 and it is repealed January 1, 2006;

8) changes the numbers needed for a quorum of the Division of Medical Quality and Board;

9) specifies that B&P Code section 803.1 information shall be disclosed on the Board's Web site;

10) enhances penalties for the unlicensed practice of medicine;

11) allows the Division of Licensing to determine if physicians licensed out of state meeting specific criteria are eligible for licensure;

12) requires the Director of the Department of Consumer Affairs to appoint, prior to March 31, 2003, an enforcement program monitor who will evaluate, for two years, the Board's disciplinary system and report his or her findings to the Legislature, the Board, and the Department of Consumer Affairs;

13) requires that decisions which contain findings of fact that the licensee engaged in multiple acts of sexual contact as defined in B&P Code section 729 shall contain an order for revocation that cannot be stayed by the administrative law judge;

14) allows the Board's Diversion Program to order a competency examination;

15) requires the Board to adopt emergency regulations defining the standard of care and level of supervision for licensed midwives.

For more information on this bill, please refer to the October 2002 *Action Report*.

SB 2019 (Speier, Chapter 683) This bill authorizes a licensing agency to cite, fine, and deny the license application or renewal for a healthcare practitioner who is in default on any specified educational loan or service obligation. Proceeds from the fines would be deposited in a special account within the fund.

Access to Healthcare

AB 982 (Firebaugh, Chapter 1131) This bill appropriates $1 million for each of three years from the Board's contingent fund to implement a loan repayment program for physicians who commit to work for three years in a medically underserved area. More information on this program can be found in the article under "What's New" on the Board's Web site at www.medbd.ca.gov. (See related article, page 1.)

AB 1045 (Firebaugh, Chapter 1157) This bill authorizes a pilot program for 30 physicians licensed in Mexico to come to California and work in specified clinic settings. The program is to be developed by the sponsor of the legislation. A second part of the bill authorizes the development of a pilot program for unapproved post-graduate training positions for international medical school graduates who have passed the USMLE but have not obtained a slot in an approved program. The individuals would need to commit to working in an underserved area for three years after the one-year training. Implementation of this bill shall not proceed unless appropriate funding is secured.

AB 2404 (Reyes, Chapter 111) This bill prohibits the Department of Health Services, after the initial licensure, from requiring that each site where a mobile healthcare unit operates be additionally licensed unless the mobile healthcare unit will be operating outside of the proposed areas specified in the initial application for licensure.

AB 2872 (Thomson, Chapter 1136) This bill requires the Board to consult with medical schools, the Office of Statewide Health Planning, executive directors and medical directors of nonprofit community health centers, hospital administrators, and medical directors with experience hiring graduates of the Fifth Pathway

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Legislative Update

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Program or foreign medical school graduates to study methods to reactivate the Fifth Pathway Program in medical schools located in California. The report is due to the Legislature by July 1, 2003.

General Medicine, Health Facilities, and Office Practices

AB 255 (Zettel, Chapter 54) This bill amends the Elder Abuse and Dependent Adult Civil Protection Act to redefine "mandated reporter" to include, in addition to physicians, a clergy member and certain other care custodians. This bill adds abduction to conduct that must be reported and defines "imminent danger " to mean substantial probability that there is immediate risk of death or serious physical harm to the person through action or inaction.

AB 1833 (Nakano, Chapter 430) This bill revises payment procedures of claims against a Local Emergency Medical Services Fund. It requires each administering agency of a fund to make all reasonable efforts to notify physicians, who have provided in the past or are likely to provide in the future emergency services in the county, as to the availability of the fund and how a physician could go about submitting a claim to the fund.

AB 1860 (Migden, Chapter 382) This bill requires physicians or other healthcare providers to provide a female victim of sexual assault with the option of postcoital contraception and requires the dispensing of the postcoital contraception at the request of the victim.

AB 2020 (Correa, Chapter 814) This bill requires a prescriber to provide a patient with a copy of his or her contact lens prescription. It has specific requirements on expiration dates of prescriptions, and willful violation of the provisions in legislation are unprofessional conduct. It mandates that a seller located outside of California must register with the Medical Board to dispense contact lenses to an address within California and provide a toll-free number, fax or e-mail for consumers to contact.

AB 2423 (Cardenas, Chapter 342) This bill allows healthcare providers to test for communicable diseases (in addition to HIV) if the provider is exposed to the blood of the patient while administering services. This bill broadens the definition of "available sample" of blood to include samples obtained prior to the patient's release from a healthcare facility, either before or after the exposure incident.

AB 2459 (Diaz, Chapter 531) This bill requires the Medical Board to make available to all physicians written material on prostate cancer prepared by the Department of Health Services (DHS). It requires DHS and the Medical Board to post this pamphlet on their Web sites. It also requires the Web addresses for DHS and the Medical Board to be added to the notices currently posted in offices where prostate cancer screening and treatment are now performed.

AB 2655 (Matthews, Chapter 345) This bill extends the life of the Controlled Substance Utilization Review & Evaluation System (CURES) program through July 1, 2008. This bill allows a physician or pharmacist to make a written request to the Department of Justice for the history of controlled substances dispensed to an individual under his or her care. (See related article, page 4.)

AB 2831 (Simitian, Chapter 128) This bill prohibits conveying test results using electronic means if there is a malignancy revealed in the test results.

Managed Care Reform

AB 1282 (Cardoza, Chapter 549) This bill requires the Department of Managed Healthcare to adopt regulations which require health plans in counties with a population of 500,000 or less to hold a public meeting 30 days prior to withdrawing from the specified county or a portion of the county.

AB 2420 (Richman, Chapter 798) This bill prohibits a healthcare service plan contract from requiring a healthcare provider to assume or be at any financial risk for specified medications. This bill allows a healthcare provider to assume financial risk for those same specified medications when negotiating a contract with a health plan.

AB 2551 (Nation, Chapter 276) This bill would, for the purposes of continuing treatment of a transferring enrollee, provide that a healthcare service plan and insurer may require a nonparticipating mental health provider to enter into a standard mental health provider contract upon the transfer of the new enrollee who has been receiving services for acute, serious, or chronic conditions. This bill prevents the healthcare service plans from listing nonparticipating mental health providers on their list of providers to all plan participants.

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Legislative Update

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Public Health

SB 843 (Perata, Chapter 763) This bill allows a city or county public health department to certify tuberculin skin test technicians to administer skin tests. This bill also requires the Department of Corrections (CDC) to notify assigned parole agents, or regional parole administrators, when a person released on parole has known or suspected active tuberculosis disease and when a parolee ceases treatment for tuberculosis.

Miscellaneous Legislation

AB 1872 (Canciamilla, Chapter 717) This bill permits a coroner or medical examiner to file a single verified petition with respect to mass fatality incidents and establishes an expedited process for obtaining death certificates for victims in the event of a mass fatality incident.

AB 2191 (Migden, Chapter 853) This bill would extend the Confidentiality of Medical Information Act (CMIA) to include pharmaceutical companies and require that they be held to the same confidentiality standards as doctors, health insurers and pharmacists. This bill prevents pharmaceutical companies from requiring patients to authorize the disclosure of their medical records as a condition of receiving health services.

AB 2194 (Jackson, Chapter 384) This bill requires all residency programs in obstetrics and gynecology to comply with the program requirements for residency education in obstetrics and gynecology of the Accreditation Council for Graduate Medical Education (ACGME), and that in addition to education and training in in-patient care, the program be geared toward the development of competence in the provision of ambulatory primary healthcare for women, including, but not limited to, training in the performance of abortion services.

AB 2196 (Lowenthal, Chapter 87) This bill specifies that a podiatrist may use the terms: “doctor of podiatric medicine,” “doctor of podiatry,” and “podiatric doctor” or the initials “D.P.M.,” and the person would not be in violation of the Medical Practice Act.

AB 2328 (Wayne, Chapter 477) This bill authorizes certain persons to give consent for a person to be subjected to a medical experiment if that person is unable to give that consent. This bill applies only to medical experiments that relate to life-threatening diseases, cognitive impairment, and lack of capacity as specified in the bill.

SB 577 (Burton, Chapter 820) This bill provides that a person who discloses to a client that he or she is not a licensed physician and complies with specific requirements regarding the practice of medicine shall not be in violation of medical licensing laws.

SB 801 (Speier, Chapter 15) This bill requires that a hospital or surgical clinic must include in its formal plan an evaluation, an assessment and a method to eliminate or substantially reduce preventable medication-related errors. This bill requires the Department of Health Services to monitor the implementation of each plan beginning January 1, 2005.

SB 1230 (Alpert, Chapter 821) This bill repeals the sunset date on the prohibition of cloning a human being and purchasing or selling an ovum, zygote, embryo, or fetus for the purposes of cloning a human being. This bill requires the Department of Health Services to establish an advisory committee, of which three persons must be bioethicists, to advise the Legislature and Governor on human cloning and other related issues.

SB 1301 (Kuehl, Chapter 385) This bill establishes the Reproductive Privacy Act which provides that every person has the right to privacy in reproductive decisions which include the right to choose or refuse birth control and the right to bear a child. This act further states that every woman has the fundamental right to have an abortion before the viability of the fetus. A person who performs a nonsurgical or a surgical abortion is practicing medicine.

SB 1324 (Ortiz, Chapter 256) This bill establishes one hospital-based training center for the training of medical personnel on how to perform medical evidentiary examination for victims of child abuse or neglect, sexual assault, domestic violence, elder abuse, and abuse or assault perpetrated against disabled persons. This training shall be made available to medical personnel, law enforcement, and the courts throughout the state. No provision of this law shall be construed as to change the scope of practice of any healthcare provider.

SB 1379 (O’Connell, Chapter 485) This bill authorizes speech-language pathologists who meet specified criteria to use a rigid or flexible endoscope in an acute care setting under the authorization of an otolaryngologist

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Legislative Update

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certified by the American Board of Otolaryngology. The facility shall have protocols for emergency medical backup procedures which require a physician or other appropriate personnel to be readily available.

SB 1447 (Chesbro, Chapter 543) This bill repeals the limits of methadone and levoalphacetymethadol (LAAM) that a physician treating a person for addiction may prescribe or furnish to that person during each day of treatment. It establishes the criteria for determining the uniform statewide reimbursement rate for narcotic replacement therapy dosing and ancillary services.

SB 1558 (Figueroa, Chapter 263) This bill authorizes a certified nurse-midwife, a nurse practitioner, and a physician assistant to sign for the request and receipt of complimentary drug and dangerous devices samples that have been identified in the standard procedure, protocol or practice agreement approved by a physician. No provision of this bill is intended to expand the scope of practice of a certified nurse-midwife, a nurse practitioner, or a physician assistant.

SB 1695 (Escutia, Chapter 678) This bill establishes training and certification programs to permit an Emergency Medical Technician-I to administer naloxone hydrochloride, the antidote to heroin overdose, by means other than intravenous injection if he or she has completed training and passed a specified test. This bill requires the Emergency Medical Services Authority to develop guidelines relating to the county certification programs. This bill requires the State Department of Alcohol and Drug Programs to place certain information relating to drug overdose deaths and trends on its Web site.

SB 1884 (Speier, Chapter 1005) This bill prohibits the sale of dietary supplements containing ephedrine group alkaloids or steroid hormone precursors unless the product label contains the content of the product and a warning label concerning the use of the product. It prohibits the sale of a product containing ephedrine group alkaloids or steroid hormone precursors to any person under 18 years of age.

SB 1907 (Murray, Chapter 309) This bill exempts from the prohibition of financial interest a personal services arrangement between a licensee or an immediate family member of the licensee and the recipient of the referral, if: 1) the arrangement is in writing; 2) the arrangement specifies all services to be provided by the licensee; 3) the term of the arrangement is for at least one year; 4) the compensation to be paid over the term of the arrangement is set in advance, does not exceed fair market value, and is not determined in a manner that takes into account the volume or value of any referrals or other business generated between the parties.

Supervision of Physician Assistants

(continued from page 7)

A PA may only administer, provide, or transmit a drug order for Schedule II through Schedule V controlled substances with the advance approval by a supervising physician for a specific patient.

To ensure that a PA's actions involving the prescribing, administration or dispensing of drugs is in strict accordance with the directions of the physician, every time a PA administers or dispenses a drug or transmits a drug order, the physician supervisor must sign and date the patient's medical record or drug chart within seven days.

For more information, to request publications or to verify physician assistant licensing information, contact:

Physician Assistant Committee
1424 Howe Avenue, Suite 35
Sacramento, CA 95825-3237

Telephone: (916) 263-2670
(800) 555-8038
Fax: (916) 263-2671
Web site: www.physicianassistant.ca.gov

This determination does not constitute a declaratory decision under the comprehensive provisions of Government Code sections 11465.10-11465.70.

Mandated Reporting by Physicians of Pregnant Minors with Adult Partners

The question has come before Medical Board staff about when physicians must make a report to local law enforcement authorities pursuant to child abuse reporting requirements, when they know or reasonably suspect that a minor who is their patient has been impregnated by an adult.

This complex issue has generated some controversy due to the intersection of patient confidentiality and mandatory reporting requirements. In response, the Board consulted with the Attorney General's Office to determine how various laws regarding mandated reporting and patient privacy work together. After researching both statutory and case law, the AG's Office provided to the Board their analysis of the law.

The Child Abuse and Neglect Reporting Act (Penal Code section 11166(a)) requires "mandated reporters," including physicians, to make a child abuse report whenever the physician "has knowledge of or observes a child whom (he or she) reasonably suspects had been the victim of child abuse or neglect...."

Such abuse includes sexual assault or exploitation, which includes statutory rape and lewd or lascivious acts upon a child. Under this law, a sexual assault has occurred if:

- The female minor is under the age of 16 years, and the man impregnating her is over the age of 21 years.
- The female minor is under the age of 14.
- The female minor is 14 or 15 years old, and the man impregnating her is at least 10 years older than she.

A physician would only be required to report pursuant to the Child Abuse and Neglect Reporting Act when the physician possesses additional information which, in addition to the pregnancy, provides the physician with the knowledge that a reportable violation has occurred. For example, if the physician knows not only that the 15-year-old patient is pregnant, but that she was impregnated by a man 21 years old or older, then the physician would be required to report the pregnancy.

Physicians should be aware of their responsibilities to report to local authorities, including any police department, sheriffs department, county probation department if designated by the county to receive mandated reports, or the county welfare department immediately or as soon as practically possible by telephone and by a follow up written report within 36 hours of receiving the information.

President's Report (continued from page 2)

At our Board meeting last November, an issue was raised that involves the problem of "questionable practices," wherein a physician has erred leading to patient harm, we as colleagues in the medical community know about it, yet no one has filed a complaint with the Medical Board. Must we wait for a complaint to come forward, or should we inform the Medical Board, investigate and sanction poor practices if we know or believe they exist? If we become more proactive, some will say we have overstepped our regulatory authority; if we do nothing, are we guilty of poor oversight? I believe we must not concern ourselves with the criticism that is sure to follow if we act "with cause but without a complaint," because to do what is ethically correct better serves our role of protectors of the public. We must not condone bad practices by failing to address them. Again, this commitment comes from our recognition that in performing our regulatory duties, the Board must be aggressive and it must be self-critical. In the last few months, the Board has deliberated a great deal and has been very innovative as a result of this self-criticism.

This is but a snapshot of how the current Medical Board of California has "rolled up its sleeves" to responsibly address its mission. Now we must assure that these positive efforts are continued within a framework of a lasting system of continual improvement of the operations of the Medical Board. This challenge has become more difficult in light of recent budget cuts and the hiring freeze stemming from the state's fiscal deficit. The Medical Board and its staff are dedicated to maintaining a high level of patient protection, at the same time recognizing that resource limitations will require it to prioritize its work in a manner that results in achievement of the most pressing issues.

The next issue of the *Action Report* will share more of the details of our progress in moving the Board to meet the coming challenges of improving the protection of our healthcare consumers and the services that are available to our licensees. I pledge to work with this Board to take the high road and to continue to act out of social conscience and out of a societal agenda. Our time on this Board is brief, and I intend to take full advantage of our valued opportunity to make the most of our public protection role.

FDA's MedWatch: A Partnership to Improve Safety

The Internet is jammed with resources for healthcare professionals, but a particularly important resource is the FDA's MedWatch Web site, www.fda.gov/medwatch, which serves as a gateway for medical product safety information such as safety alerts, public health advisories, recalls, withdrawals, and important labeling changes. Click on "What's New" to see safety information added in the past two weeks.

Also available online, under the category of "Safety Information," are searchable databases that contain information on adverse events reported in conjunction with the use of dietary supplements and medical devices.

MedWatch allows healthcare professionals and consumers to report serious problems that they suspect are associated with the drugs and medical devices they prescribe, dispense, or use. Reporting can be done online, by phone, or by submitting the MedWatch 3500 form by mail or fax. Select "How to Report" for more details.

"It's free, it's easy to subscribe, it's private and confidential," says Norman Marks, M.D., Medical Director. "We don't share names. All one has to do is go to **www.fda.gov/medwatch** and there on the home page they will see the box that says 'join the MedWatch e-list.' Just click on it, fill in the blanks, and that's it.

> ***"Our commitment at the FDA and our MedWatch program is to provide health professionals with timely safety information, ideally at the point of care."***
>
> Norman Marks, M.D.
> Medical Director

"Our commitment at the FDA and our MedWatch program is to provide health professionals with timely safety information, ideally at the point of care. That's our part of the deal," says Marks. "Their part, we hope, would be to appreciate the value of the safety alerts and recognize that their spontaneous, voluntary reporting of serious adverse events is what lets us generate that medical product safety information."

"It's common knowledge," says Marks, "that certain rare but serious adverse events won't have been identified during the pre-marketing phase of drug and device development. While these pre-approval studies are evaluated rigorously, there may not have been a sufficient number of patients in the study, or perhaps the study did not cover a long enough time period to identify the rare harm or injury. At any rate, in the real world, new adverse events will emerge over time.

Each adverse event or product quality problem for a drug goes into a computerized database called the Adverse Event Reporting System (AERS). The post-marketing drug-risk assessment staff of safety evaluators and epidemiologists use that data to develop a more formal investigation, a science-based process where the outcome, whether it follows an evaluation of several weeks to several months, may lead to FDA action that results in recommendations for safer use of that product."

Once a modified use strategy and labeling change have been agreed upon by the FDA and the manufacturer, MedWatch immediately provides that information to physicians in the form of MedWatch Alerts.

"These alerts are important information that the health professional would want to know now rather than waiting for the PDR to come out a year later, or waiting for a letter to show up on their desk. We want all health professionals to know that they can get that important safety information now just by signing up for our e-list," says Marks.

Over 15,000 individual practitioners have signed up for the MedWatch Alerts' e-mail distribution list. In addition, MedWatch has 190 partner organizations such as the Texas State Medical Society and the American Academy of Family Physicians.

The partners distribute the MedWatch Alerts to their members by posting the information on their Web sites, sending it through their own distribution lists, or putting the information in their newsletters or bulletins. The MedWatch Alerts also are posted on the MedWatch Web site.

Marks says, "MedWatch is hoping to tailor the Alerts soon so that each branch of medicine can choose which category of safety alert they would like to receive and which they would not. Right now, everyone on the list gets all Alerts."

Another innovation for the near future will be to put the MedWatch information into a format compatible with hand-held computer devices.

Assistance With Evaluating Patients for Smallpox

With heightened concern about the release of smallpox virus, clinicians evaluating febrile rash illness need a means to exclude smallpox quickly and accurately.

The probability of an actual case of smallpox is low, but prompt recognition is critical since a single case of smallpox requires an immediate and coordinated public health and medical response to contain the outbreak and prevent further infection of susceptible individuals.

Rapidly differentiating the rash of smallpox from many other common illnesses that present with a vesicular or pustular rash is also important to avoid public anxiety and unnecessary disruption of health services.

In this issue of the *Action Report*, we have enclosed a poster developed by the Centers for Disease Control and Prevention (CDC) with an algorithm for the diagnosis and referral of suspected smallpox.

The purpose of this information is to assist physicians in evaluating patients with vesicular or pustular rashes for consideration of smallpox. The algorithm is helpful in assessing whether the patient is at **low**, **moderate** or **high** risk of having smallpox. The primary goal is to identify a case of smallpox as early as possible and minimize laboratory testing for smallpox in low-risk clinical situations.

When evaluating a suspicious rash illness:

1) Isolate the patient using standard contact and respiratory precautions.
2) For patients classified as low-risk, proceed with laboratory testing for confirmation, or exclusion, of varicella or other likely causes of the rash illness.

Based on the enclosed algorithm, if you see an individual who is classified as being at moderate or high risk of having smallpox:

3) Obtain urgent consultation with a colleague specializing in infectious disease or dermatology. (Your local health department may also have access to consultants.)
4) Report the suspected case immediately to **your local health department**. *A list of contact numbers for local health departments in California is provided on the back of the algorithm poster.*
5) Your local health department will help determine optimal testing and the most appropriate laboratory.
6) Reclassify the patient per the CDC algorithm.

IF THE PATIENT IS CLASSIFIED AS HIGH-RISK,

7) Always wear a properly fitted N95 (or higher rated) respirator, gloves, and gown when evaluating a patient classified as high risk for smallpox. Even if recently vaccinated, use respiratory precautions since diagnosis is not confirmed.
8) Take digital photos, if possible, for use in consultation with distant consultants.
9) If the health department concurs that the case is at high risk of having smallpox, it will contact California Department of Health Services (CDHS) and CDC, which will assist in testing for smallpox.
10) Treat the patient as clinically indicated without delay for diagnostic confirmation.

The most common illness likely to be confused with smallpox is varicella (chickenpox). Other illnesses and conditions to consider in the differential diagnosis are shown on the poster and include disseminated herpes and drug or allergic reactions. Initial laboratory testing should focus on diagnostic tests for varicella-zoster virus, which can be done at local laboratories on fluid from lesions.

Testing for vaccinia can be done at certain local public health laboratories throughout the State as well as the State's Viral Disease Laboratory. Confirmatory tests for smallpox are currently done only at the CDC, but will be available at the State's laboratory. These cannot be ordered without discussion with the state DHS and the CDC. A disseminated reaction to smallpox vaccine can resemble smallpox.

Since vaccination of healthcare workers will commence soon and there are already clinical trials in progress, always ask a patient with a smallpox-like rash if they have received smallpox vaccination or had close contact with a vaccine recipient in the past few weeks. Patients with a rash resulting from smallpox vaccine should still be isolated and cared for with contact precautions.

It is important that providers and hospitals consult with local health departments regarding suspicious cases. The California Department of Health Services' Division of Communicable Disease Control provides 24/7 consultation for local health departments.

Extensive additional information for health professionals on smallpox is available at the CDC Web site at: www.bt.cdc.gov/agent/smallpox/index.asp.

Immunization Branch
Division of Communicable Disease Control
California Department of Health Services

Special Feature: Assistance With Evaluating Patients for Smallpox

The printed version of this *Action Report* includes a four-page section on evaluating patients for smallpox (pages 15-18) with a pull-out poster developed by the Centers for Disease Control and Prevention (CDC).

As an enhanced feature for online readers of the *Action Report*, we are instead listing Web links to the most up-to-date CDC information, including the poster.

To access the CDC Public Health Emergency Preparedness and Response Web site for information on smallpox and other bioterrorism threats, go to www.bt.cdc.gov.

Click on the "Smallpox" link or go to www.bt.cdc.gov/agent/smallpox/index.asp for facts, resources, plans and guidelines.

Go to the "Diagnosis/Evaluation" page at www.bt.cdc.gov/agent/smallpox/diagnosis/index.asp for information including:

- a smallpox overview,
- a fact sheet with illustrated symptoms chart,
- an evaluation protocol, and
- a worksheet and the poster "Evaluating Patients for Smallpox"

Additionally, a phone list of local health departments is provided below.

California Conference of Local Health Officers General Phone Numbers for Local Health Departments

July 14, 2002

The following numbers should be answered by a live person during working hours who can refer calls to the appropriate individual:

		After Hours
Alameda	510-267-8000	925-422-7595
Alpine	530-694-2146	530-694-2146
Amador	209-223-6407	209-223-6407, 209-223-6500 (Sheriff)
Berkeley	510-981-5300	510-981-5911 (Berkeley PD, health officer)
Butte	530-538-7581	530-533-6038
Calaveras	209-754-6460	209-754-5600 (Sheriff)
Colusa	530-458-0380	530-458-0200 (OES)
Contra Costa	925-313-6712	925-646-2441
Del Norte	707-464-3191 or 707-464-7227	707-464-3191
El Dorado	530-621-6100	530-295-4188
Fresno	559-445-0666	559-488-3111
Glenn	530-934-6588	530-934-6431 (Sheriff)
Humboldt	707-445-6200	707-445-7251 (Sheriff)
Imperial	760-482-4438	760-339-6312 (Sheriff)
Inyo	760-873-7868	760-878-0383 (Sheriff)
Kern	661-868-0502	661-861-3110
Kings	559-584-1402 (ask for Nurse of the Day)	559-584-9276 (County dispatch)
Lake	707-263-8929	707-263-1090
Lassen	530-251-8183	530-251-8183

(Continued on following page)

California Conference of Local Health Officers
General Phone Numbers for Local Health Departments (continued)

		After Hours
Long Beach	562-570-4499	562-435-6711
Los Angeles	213-240-8117 or 800-427-8700	213-974-1234
Madera	559-675-7893 or 800-427-6897	559-675-7769 (Sheriff)
Marin	415-499-3696	415-499-7237 (38 or 35) request Hlth Ofcr
Mariposa	209-966-3689	209-966-3615 (Sheriff)
Mendocino	707-472-2600	707-463-4086 (Dispatch)
Merced	209-381-1200	209-381-1020
Modoc	530-233-6311	530-233-4416 (Sheriff)
Mono	760-932-7485	877-721-9180
Monterey	831-755-4500	831-755-5100
Napa	707-253-4231	707-253-4451 (Napa dispatch)
Nevada	530-265-1450	530-265-7880 (Sheriff)
Orange	714-834-8180	714-628-7008 (Sheriff)
Pasadena	626-744-6043	626-744-6000
Placer	530-889-7141	530-889-7141
Plumas	530-283-6330	530-283-6300 (Sheriff)
Riverside	909-782-2974	909-782-2974
Sacramento	916-875-5881	916-875-5000
San Benito	831-637-5367	831-636-4100
San Bernardino	909-387-6280 or 800-782-4264	909-356-3805 (Communications Ctr)
San Diego	619-515-6555	858-565-5255 (Station M)
San Francisco	415-554-2500	415-809-7839 (pager), 415-809-7837
San Joaquin	209-468-3411	209-468-6000
San Luis Obispo	805-781-5500	805-781-4800 (ask for Hlth Ofcr page)
San Mateo	650-573-2346	650-363-4981 (ask for Hlth Ofcr or EMS)
Santa Barbara	805-681-5102	805-564-2590
Santa Clara	408-885-4214	408-299-2501
Santa Cruz	831-454-4000	831-471-1183
Shasta	530-225-5591	530-225-3767
Sierra	530-993-6701	530-993-6701
Siskiyou	530-841-4040 (at start of msg, press “0”)	530-841-2900
Solano	707-553-5555	707-553-5555 (all hours)
Sonoma	707-565-4567	707-565-2121 (Sheriff)
Stanislaus	209-558-5670	209-664-6032
Sutter	530-822-7215	530-822-7307
Tehama	530-527-6824	530-527-8491
Trinity	530-623-8209	530-623-8127 (Dispatch)
Tulare	559-737-4660 (press “0”)	559-733-6441
Tuolumne	209-533-7401	209-533-5815 (Sheriff)
Ventura	805-677-5200	805-656-9432
Vernon	323-583-8811	323-583-4821 (Dispatch)
Yolo	530-666-8645	530-666-8920
Yuba	530-741-6366	530-749-7909 (Sheriff)
Washoe, NV	775-328-2400	775-328-2447

California Department of Health Services

We need your assistance!

Physician Knowledge Assessment on Lyme and Other Tick-Borne Diseases

Please respond by March 15, 2003

- Do you believe that a person can become infected with the Lyme disease agent (*Borrelia burgdorferi*) in the California county where you practice?
  ❑ yes ❑ no
- While practicing in California, have you ever diagnosed a case of Lyme disease? ❑ yes ❑ no
- Have you observed in any of your patients the erythema migrans rash that may occur in the early stage of Lyme disease? ❑ yes ❑ no
- Has a patient ever presented to you for removal of an attached tick?
  ❑ yes ❑ no
- If you removed a tick from a patient, would you recommend that it be sent to a diagnostic laboratory for analysis of the agent that causes Lyme disease? ❑ yes ❑ no
- Do you provide recommendations to your patients regarding means of preventing tick bites? ❑ yes ❑ no
- Are you aware that Lyme disease and other tick-borne diseases are reportable in California? ❑ yes ❑ no
- Have you ever reported a case of Lyme disease to your county health department? ❑ yes ❑ no
- If you have diagnosed a case of Lyme disease in California, how many have you diagnosed in the last five years?
  ❑ 1-2 ❑ 3-5 ❑ 6-25 ❑ >25
- How many tick-bite victims do you see a year?
  ❑ 0 ❑ 1-2 ❑ 3-5 ❑ 6-25 ❑ >25
- To which of the following tick-borne diseases do you believe your patients are potentially locally exposed ?

❑ Lyme disease ❑ ehrlichiosis ❑ babesiosis ❑ Colorado tick fever

❑ tick-borne encephalitis ❑ Rocky Mountain spotted fever ❑ relapsing fever

❑ other_____

- In what county do you practice? _____
- Indicate your speciality:

❑ dermatology ❑ emergency medicine ❑ family practice ❑ OB/Gyn
❑ infectious disease ❑ internal medicine ❑ pediatrics ❑ neurology
❑ rheumatology ❑ public health ❑ surgery/surgery speciality
❑ other_____

Do you have any further comments on Lyme or other tick-borne diseases in California or comments on this survey?

_____

_____

For completing this questionnaire, we would be pleased to send you patient brochures on Lyme disease in California. Please provide your contact information if you would like us to send you brochures.

_____

_____

_____

If you would like information on tick-borne disease prevention in California, please visit: http://www.dhs.ca.gov/ps/dcdc/disb/disbindex.htm. Call 916/324-3738 if you have questions or comments regarding tick-borne diseases.

Thank you for your time!

Please mail completed form to:

Department of Health Services
Division of Communicable Disease Control
Vector-Borne Disease Section
601 N. 7th St. MS 486 P.O. Box 942732
Sacramento, CA 94234-7320

Or fax to: (916) 445-5947

The California Department of Health Services requests your response, based on your professional experience, to the questionnaire below regarding Lyme and other tick-borne diseases.

Healthcare Providers' Role in Syphilis Control

Gail Bolan, M.D., Chief, STD Control Branch

California has recently seen a dramatic increase in infectious syphilis cases among gay, bisexual, and other men who have sex with men (MSM). Syphilis is a serious systemic infection and poses a significant threat to our HIV prevention efforts. Infection with syphilis may increase the risk of HIV transmission from two to five times, depending on a variety of factors, including the presence, number, and size of ulcers.

In addition to facilitating HIV transmission, syphilis in itself may cause serious complications in HIV-infected individuals, most commonly neurologic in nature, including vision and hearing loss and strokes. In HIV-infected individuals, syphilis may also increase HIV viral load and accelerate CD4 loss.

Syphilis in California*

The number of infectious syphilis cases reached an all-time low in California in 1999, with 569 cases reported, but has rapidly increased in the last several years. As of December 31, 2002, more than 1,500 cases of infectious syphilis have been reported, an increase of nearly twice as many as reported the previous year and three times as many as reported in 1999. More than 80 percent of these cases were among MSM. Two-thirds of the MSM diagnosed with syphilis in 2002 were also HIV-infected. Further, only 10 percent of the infectious syphilis cases were diagnosed in a sexually transmitted diseases (STD) clinic. Most of these cases were diagnosed in HIV care settings and in private practice.

Why Are Syphilis Cases Increasing?

Multiple reasons may account for the upsurge in syphilis cases, including increases in unprotected sex. Some have suggested that rates of unprotected sex are increasing because of HIV-positive individuals who are seeking other HIV-positive partners (or, conversely, HIV-negative men who are seeking other HIV-negative partners), and thus may not pose a significant challenge to HIV prevention efforts. However, data indicate that much of the increased risk is taking place among serodiscordant partners and men with large numbers of partners. One recent San Francisco study showed that 16 percent of MSM surveyed reported unprotected anal sex with two or more male partners of an unknown HIV status within the previous six months; this percentage is four times higher than the level found in 1998. Further, MSM diagnosed with primary or secondary syphilis in 2002 reported an average of 13 sexual partners during the three to six months prior to their syphilis diagnosis.

What Can Providers Do?

The California Department of Health Services' Office of AIDS and STD Control Branch, in collaboration with local health departments, are increasing outreach to MSM to educate them about the increased risk of HIV infection associated with syphilis. The fact that many of these men are HIV-infected and in medical care provides us with a unique opportunity for reaching them. We need medical providers' assistance in conducting risk assessments, counseling, screening, diagnosis, treatment, and partner management.

Risk Assessment

Clinicians should routinely inquire about the following behaviors to better assess their patient's risk:

- the gender and number of their patient's sexual partners,
- whether their patient is in a sexually monogamous relationship,
- whether their patient is having sex with a partner of unknown or different HIV status.

This can be done in a brief amount of time and yield information that may facilitate more effective testing and treatment decisions and guide client-centered, risk-reduction counseling or other behavioral interventions. Studies have shown that while patients are often reluctant to initiate discussion of sexual matters themselves, many feel greater confidence in providers who ask about sexual health issues.

A sample script for discussing risk behavior with patients is as follows:

"We have talked a lot about your physical health but it is equally important to talk about your sexual health. I'm going to ask you a series of questions about your sexual behavior. I ask these of all my patients to help me make the best decisions about any possible tests we may need to run, and how to take better care of you. Everything we discuss will remain strictly confidential."

Important questions to ask include:

Have you been sexually active since I last saw you?

Do you have sex with men, women, or both?

How many sexual partners have you had since our last visit?

(Continued on page 21)

Syphilis Control

(continued from page 20)

Do you know the HIV status of your partner(s)?

In the past year, have you had oral, vaginal or anal sex?

For each of these activities, did you use condoms (never, sometimes, most of the time, or always)?

In the past year, have you had any STDs?

In the past year, have you used any recreational drugs?

The key to asking these questions is to recognize that while you may have opinions about different risk behaviors, your primary goal is to elicit as much information as possible. Therefore, practice asking these questions in a neutral and non-judgmental tone, as if you were asking someone to describe the last book he or she had read.

Screening

Because the signs and symptoms of syphilis, especially painless chancres in the rectum or vagina, or nonspecific rashes, often go unrecognized by many patients, screening for syphilis is recommended using a non-treponemal test (Rapid Plasma Reagin [RPR] or Venereal Disease Research Laboratory [VDRL]).

The frequency of screening depends on risk. Sexually active MSM who are not in a monogamous relationship should be screened every six months. Further, because syphilis can be transmitted through oral sex, even men who practice oral sex exclusively should be screened.

Individuals who are at higher risk should be routinely tested every three months. These include:

- MSM who have sex in conjunction with methamphetamine use or use of other drugs;
- MSM with many partners, especially those who frequent commercial sex venues or the internet.

Diagnosis of Primary and Secondary Syphilis

The clinical appearance of a syphilis ulcer may be variable so the appearance of the lesion alone is not sufficient for diagnosis. Therefore, all patients who present with a new onset genital (or oral) lesion need to be evaluated for primary syphilis. In these individuals, an RPR or VDRL should be obtained, although these antibody tests may not yet be positive in about 25 percent of patients at the primary stage. In the RPR/VDRL-negative individual, the test should be repeated 2 to 4 weeks later.

If suspicion for syphilis is high (e.g. a lesion in a high-risk individual; or a classic syphilitic chancre-painless, clean-based, indurated ulcer), patients should be empirically treated at the time of the visit, before laboratory results are available.

All patients with any kind of new rash or wart-like lesion need to be evaluated for secondary syphilis by obtaining an RPR or VDRL. In California, a number of cases of secondary syphilis have been misdiagnosed as other dermatologic conditions, or attributed to reactions to anti-retroviral medications. At this stage of syphilis, the RPR and VDRL should be positive as long as the prozone phenomenon (a false-negative result that can occur with very high antibody titers) has been ruled out.

Treatment

Recommended treatment for primary, secondary, and early latent syphilis of less than one year's duration is Benzathine penicillin G 2.4 million units IM. Penicillin is the drug of choice; data to support alternatives to penicillin are limited, and, if used, close follow-up is critical. Alternative regimens listed in the 2002 Centers for Disease Control and Prevention STD Treatment Guidelines include doxycycline 100 mg po BID for 14 days; tetracycline 500 mg po QID for 14 days; ceftriaxone 1 gm IM qd for 8 to 10 days; and azithromycin 2 gm po once. It should be noted that the efficacy of ceftriaxone and azithromycin in treating syphilis in HIV-infected patients has not been well studied. Additionally, for HIV-infected patients identified with syphilis of unknown duration, in whom a lumbar puncture is recommended to guide appropriate management, treatment should not be delayed while attempting to schedule a lumbar puncture, especially if the patient is at high risk for recent acquisition or has an RPR or VDRL titer of greater than 1:8.

For all patients, close follow-up is essential to ensure adequate treatment (four-fold decrease in RPR or VDRL titer in comparison with the titer obtained on the day of treatment), to detect treatment failures, and to identify re-infection (four-fold increase in titer). Clinical evaluation to ensure rapid resolution of signs and symptoms should be done at 1 week and 2 to 4 weeks after treatment; and serologic follow-up at 3, 6, 9, 12, and 24 months to ensure adequate response to treatment.

Patients should be advised that resolution of signs or symptoms does not imply successful treatment and that serologic follow-up is always necessary. Also, if an alternative regimen is used, patients need to be aware that the risk of treatment failure may be higher and serologic

(Continued on page 22)

Syphilis Control

(continued from page 21)

follow-up is even more critical than if a penicillin G regimen were used. If a provider is unable to treat a suspected case of syphilis within 10 days, for whatever reason, the provider must, by California law, report the case as a "treatment lapse" to the local health department (California Code of Regulations, Title 17 §2636[j]).

Partner Management

Partner treatment is a critically important component of patient management and syphilis control efforts because it provides an opportunity to break the cycle of transmission by preventing re-infection of the patient, preventing further infection to other individuals, and reducing the overall burden of disease in the community. Moreover, it provides an opportunity to educate partners about STDs/HIV and how to prevent them.

The primary goal of partner management is to identify and treat as many partners as possible in a voluntary, confidential and non-judgmental manner. Most partners are unaware of their exposure to infectious syphilis and the need for treatment. By California law, providers must assist their patients in bringing partners in for treatment (California Code of Regulations, Title 17, §2636[h]).

Because partner management is an effective tool to control syphilis, health department disease intervention staff will attempt to contact and counsel all infectious syphilis cases reported in California. Providers should inform patients whom they treat for syphilis that the health department may contact them to ensure adequate follow-up and partner management. Remind them that this will be done with complete respect for their and their partners' confidentiality.

If a patient reports that he/she was informed, either by a partner or the health department, that he/she has been exposed to syphilis, providers should examine the patient for signs or symptoms of infectious syphilis, obtain a serologic test for syphilis (RPR or VDRL) and treat for incubating syphilis using one of the recommended treatment regimens listed above for infectious syphilis.

All patients with an exposure within the past 3 months should be treated independent of the serologic result because the RPR/VDRL may be falsely negative at this stage of syphilis. The only situation in which treating a contact at the time of the visit is not indicated is when the patient is certain that his/her exposure was more than 3 months earlier, and is likely to return for the test result.

Client-Centered Risk Reduction Counseling

Given the difficulty of identifying all partners of patients diagnosed with syphilis, a concerted effort should be made to conduct client-centered risk reduction counseling with patients to reduce future risk of syphilis and other STDs. Client-centered risk reduction counseling is another effective tool to prevent transmission of HIV and other STDs and needs to be integrated into HIV care settings. HIV-infected individuals with other STDs, including syphilis, may be the patients in greatest need of behavioral interventions and HIV case management. For more information, please contact the California STD/HIV Prevention Training Center at www.stdhivtraining.org.

Reporting

Finally, all cases of suspected or confirmed syphilis should be reported within one working day by phone or fax to the local health jurisdiction where the patient resides (California Code of Regulations, Title 17, §2500[j]). In addition, patients should be informed at the time of syphilis testing that if their test result is positive, the provider must, by California law, confidentially report the patient to the local health department and that the health department may contact them to ensure adequate management.

Resources

Your local health department STD Controller and AIDS Director are available to assist you with syphilis case management and making referrals for additional HIV and STD prevention services, including partner treatment, counseling, and other services.

Additional case consultation, as well as information on trainings in STD clinical management and prevention, including risk assessment and client-centered risk reduction counseling, and STD diagnosis and treatment is available from the California STD/HIV Prevention Training Center, at (510) 883-6600, as well as at www.stdhivtraining.org.

Complete treatment guidelines for all STDs are available at www.cdc.gov/STD/treatment/.

For a two-page summary of the California 2002 Treatment Guideline (suitable for posting in clinic settings), see www.stdhivtraining.org/pdf/Txguidln2002.pdf.

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*Up-to-date STD statistics for California may be found at www.dhs.ca.gov/ps/dcdc/STD/stdindex.htm.

ADMINISTRATIVE ACTIONS: Aug. 1, 2002 to Nov. 30, 2002

PHYSICIANS AND SURGEONS

ADAMS, JAMES MELVIN, M.D. (A80150)
Los Angeles, CA
B&P Code §§480(a)(1)(3), 2239(a). Stipulated Decision. Convicted for possession of alcohol, a controlled substance, drug paraphernalia and for retail theft, and convicted later for careless and reckless driving. Probationary license issued, 5 years probation with terms and conditions. August 6, 2002

AENGST, FRED E., M.D. (C26434) Santa Ana, CA
B&P Code §2234(c). Stipulated Decision. Committed repeated negligent acts in the care and treatment of a patient by diagnosing a saddle nose deformity where none existed; failing to seek appropriate consultation with another physician after performing the same surgical procedure on the patient 6 times; creating an ear deformity that required additional surgery; repeated injections of cortisone into a place of compromised blood flow; and failing to apply well-documented biological concepts of wound healing. Revoked, stayed, 5 years probation with terms and conditions. August 12, 2002

AKHTAR, MUHAMMAD SALEEM, M.D. (A41586)
Beaumont, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, and failure to maintain adequate records in the care and treatment of 3 patients for asthmatic conditions. Revoked, stayed, 5 years probation with terms and conditions.
August 1, 2002

ALBRIGHT, EUGENE WILLIAM, JR., M.D. (C40864)
Riverside, CA
B&P Code §2234. Stipulated Decision. Committed gross negligence for his failure to supervise his physician assistant. Revoked, stayed, 5 years probation with terms and conditions. October 7, 2002

AMIR-JAHED, ABASALI KOOROSH, M.D. (A41879)
Beverly Hills, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, insurance fraud, false statements in documents, alteration of medical records, employing runners, cappers or steerers, and

Explanation of Disciplinary Language and Actions

"Effective date of decision" — Example: "Sept. 9, 2002" at the bottom of the summary means the date the disciplinary decision goes into operation.

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

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

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

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

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

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

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

"Revoked, stayed, 5 years probation on terms and conditions, including 60 days suspension" — "Stayed" means the revocation is postponed, put off. Professional practice may continue so long as the licensee complies with specified probationary terms and conditions, which, in this example, includes 60 days actual suspension from practice. Violation of probation may result in the revocation that was postponed.

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

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

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

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

dishonesty or corruption for performing cosmetic surgeries on patients but billing them as medically necessary procedures, and for failing to adequately document the surgeries. Revoked, stayed, 10 years probation with terms and conditions.
September 9, 2002

ANDREWS, JAMES LEONARD, M.D. (G31942)
San Jose, CA
B&P Code §2234(b)(c)(e). Committed gross negligence, repeated negligent acts and dishonest or corrupt acts for administering less than the recommended dose of flu vaccine, using outdated vaccine, improperly transporting vaccine, failing to obtain adequate informed consent, charging for less than the full dose of vaccine and diluting influenza vaccines. Revoked, stayed, 5 years probation with terms and conditions. August 12, 2002

ARANIBAR-ZERPA, ALBERTO, M.D. (A42486)
Beverly Hills, CA
B&P Code §§725, 2234(b)(c). Committed acts of gross negligence, repeated negligent acts, excessive prescribing and treatment in the diagnoses, care and treatment of 5 children with seizures when he prescribed anti-convulsants without medical justification. Revoked, stayed, 5 years probation with terms and conditions. October 11, 2002

BARULICH, MATTHEW JOSEPH, M.D. (A40451)
Carson City, NV
B&P Code §141(a). Stipulated Decision. Disciplined by Nevada for malpractice; performed surgery for a biopsy to document the presence of endometriosis and caused injury to the bowel, which required further surgery and hospitalization of the patient. The choice of the biopsy site was associated with greater risk to the patient for a bowel injury. Public Letter of Reprimand. October 2, 2002

BAUMZWEIGER-BAUER, WILLIAM E., M.D. (G19134) Tarzana, CA
B&P Code §822. Stipulated Decision. Unable to practice medicine safely due to mental illness or physical illness affecting competency. Suspended indefinitely from practicing medicine until the Division receives competent evidence of the absence or control of mental or physical illness affecting competency. September 6, 2002

BERKOWITZ, MARVIN, M.D. (A28734)
Beverly Hills, CA
B&P Code §2234(b). Stipulated Decision. Committed acts of gross negligence for failing to monitor the blood pressure of an elderly patient in a convalescent hospital and not noting the diagnostic test results for a second patient in a timely manner. Revoked, stayed, 3 years probation with terms and conditions.
September 12, 2002

BOSLEY, CHARLES M., M.D. (C28055)
Los Angeles, CA
B&P Code §§2234(b), 2266. Stipulated Decision. Committed acts of gross negligence for failing to maintain adequate and accurate medical records in the care and treatment of 1 patient from 1991 through 1998. Public Letter of Reprimand. August 12, 2002

BRINDLE, FRED ANDREW, M.D. (G42843)
Sandusky, OH
B&P Code §§141(a), 2305. Disciplined by Ohio for chemical dependency and a mental disorder. Revoked. October 4, 2002

BROWN, SHIRLEY ELIZABETH, M.D. (C41571)
Sausalito, CA
B&P Code §§141(a), 2305. Disciplined by Maryland for the failure to cooperate with an investigation by the Maryland Medical Board. Revoked.
November 21, 2002

BUENDIA, MANOLITO SOSA, M.D. (A53451)
Valencia, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, and excessive diagnostic testing in the care and treatment of 2 patients. Revoked, stayed, 7 years probation with terms and conditions including 45 days actual suspension. October 31, 2002

CHAFFEE, MAHMOUD DEAN, M.D. (A33185)
Cardiff, CA
B&P Code §2234(a)(b)(c)(d)(e)(f). Committed acts of gross negligence, repeated negligent acts, incompetence, dishonesty or corruption in the care and treatment of 5 patients. Revoked.
September 6, 2002

CHANG, JOSEPH FU-BIN, M.D. (A40834)
Bakersfield, CA
B&P Code §2234(a). Stipulated Decision. Unprofessional conduct in the care and treatment of 1 patient undergoing scrotal surgery. Public Reprimand.
August 8, 2002

CHILDS, ALLEN, M.D. (G15608) Austin, TX
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Texas for excessive prescribing and insufficient record-keeping. Public Reprimand.
September 27, 2002

CHIU, JOHN CHIH, M.D. (C31784)
Newbury Park, CA
B&P Code §652. Stipulated Decision. Unlawful referral of patients to other medical facilities in which physician had financial interest without disclosure. Public Reprimand. August 16, 2002

CHOA, AGNES LEE, M.D. (A37974) Alhambra, CA
B&P Code §§802(1), 810, 2262, 2234(e), 2236(a), 2266. Stipulated Decision. Failed to report a felony conviction of mail fraud and aided and abetted mail fraud to the Board, engaged in general unprofessional conduct, conspired to violate the Medical Practice Act, committed acts of dishonesty or corruption, committed insurance fraud, created false medical records and failed to maintain accurate medical records. Revoked, stayed, 7 years probation with terms and conditions including 60 days actual suspension. November 21, 2002

CIRESI, KEVIN FRANCIS, M.D. (G60858)
San Ramon, CA
B&P Code §2234. Stipulated Decision. Committed unprofessional conduct by engaging in an inappropriate social relationship with a patient; improperly prescribing a sleeping medication and keeping incomplete medical records of appointments with that patient. Public Letter of Reprimand. November 4, 2002

CORTEZ, MICHAEL JOSEPH, M.D. (G69679)
Alhambra, CA
B&P Code §2234(b)(c). Committed gross negligence and repeated negligent acts in the care and treatment of 1 patient. Revoked, stayed, probation to be served concurrently with current probation period with additional terms and conditions. October 21, 2002

DADA, FESTUS BAMIDELE, M.D. (A40801)
Corona, CA
B&P Code §§2234(b)(c), 2261, 2266. Committed gross negligence and repeated negligent acts in the care and treatment of 1 patient, made and signed false documents/records directly related to the practice of medicine, and failed to maintain adequate and accurate records in the care and treatment of 3 patients. Revoked, stayed, 5 years probation with terms and conditions. September 30, 2002. Judicial review being pursued.

DAHLGREN, MARK DENNIS, M.D. (G52923)
San Francisco, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with mental and/or physical illness affecting his ability to safely practice medicine. Revoked, stayed, 5 years probation with terms and conditions. August 19, 2002

DANIELS, SALMON PAUL, M.D. (G43879)
Los Angeles, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with repeated negligent acts, excessive diagnostic testing and failure to maintain adequate and accurate medical records in the care and treatment of 4 patients. Revoked, stayed, 35 months probation with terms and conditions. August 19, 2002

DEL REAL, FRANK, M.D. (G58375) Fresno, CA
B&P Code §§2234(b), 2239. Stipulated Decision. Committed gross negligence in his practice by maintaining a dual relationship with a female patient and for self-use of dangerous drugs which impaired his ability to practice medicine safely. Revoked. October 3, 2002

DIDIO, VINCENT CATALDO, M.D. (A28881)
Thousand Oaks, CA
B&P Code §§2234(b)(c), 2266. Committed acts of gross negligence and repeated negligent acts for failure to refer a patient for mammography and failure to maintain adequate medical records for that patient. Revoked, stayed, 2 years probation with terms and conditions. October 18, 2002

DREIBELBIS, ROBERT E., M.D. (A21071)
Tustin, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, excessive prescribing or treatment, violation of drug statutes, and failure to maintain adequate records in the care and treatment of a patient. Public Reprimand. October 10, 2002

EVENSON, JEFFERY MARVIN, M.D. (G65142)
Bullhead City, AZ
B&P Code §141(a). Disciplined by Arizona for prescribing questionable amounts of controlled substances to approximately 29 patients. Public Letter of Reprimand. November 26, 2002

FAGOORA, HARJEET KAUR, M.D. (A36999)
Fresno, CA
B&P Code §2234. Stipulated Decision. Unprofessional conduct for failing to have adequate office procedures in place to track laboratory results, causing a delayed diagnosis in the care and treatment of 1 patient. Public Reprimand. October 21, 2002

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.

FIELDS, PETER ALAN, M.D. (A80579)
Los Angeles, CA
B&P Code §§141(a), 2305. Denied a residency training permit in Pennsylvania for failure to disclose unsuccessful training experiences. Licensure denied, stayed, 2-year probationary license issued with terms and conditions. September 18, 2002

FIGUEROA, MANUEL IGNACIO, M.D. (A21870)
Los Angeles, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, prescribing to an addict, failure to maintain adequate records, excessive prescribing and incompetence in the care and treatment of 1 patient. Public Reprimand. November 21, 2002

GILLESPIE, LARRIAN MARIE, M.D. (G31664)
Beverly Hills, CA
B&P Code §2234(b)(c). Stipulated Decision. Committed acts of negligence and repeated negligent acts in care and treatment of 10 patients for cystitis. Revoked, stayed, 7 years probation with terms and conditions, including suspension until specific conditions of probation are met. November 11, 2002

GOLDFINE, BRIAN DAVID, M.D. (A50067)
Palm Desert, CA
B&P Code §2234. Failed to comply with terms and conditions of Board-ordered probation. Revoked. September 26, 2002

GRAVES, THOMAS RUCKER, M.D. (C35817)
Bradenton, FL
B&P Code §§141(a), 2305**.** Disciplined by Florida for prescribing inappropriately large amounts of Dilaudid to a patient, causing the patient to become addicted, and failing to maintain records for the patient. Revoked. September 19, 2002

GRIER, RAYMOND EDWARD, M.D. (A32041)
Moreno Valley, CA
B&P Code §2292. Stipulated Decision. Failed to pass an oral competency examination pursuant to an order issued by the Board. Revoked, stayed, 7 years probation with terms and conditions including 60 days actual suspension. Physician must pass an oral clinical exam and successfully complete a training program prior to resuming practice. September 12, 2002

GROGAN, PATRICIA JO, M.D. (G61194)
Keene, NH
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by North Carolina for engaging in numerous boundary violations including interacting socially with 2 patients, disclosing personal information about herself, disclosing confidential information about a patient without the patient's knowledge or consent, soliciting advice about personal problems, and accepting money from a patient. Public Reprimand. August 26, 2002

HURVITZ, JAMES SANDOR, M.D. (G28478)
Los Angeles, CA
B&P Code §2266. Stipulated Decision. Failed to keep adequate medical records in the care and treatment of 2 patients. Revoked, stayed, 5 years probation with terms and conditions including 15 days actual suspension. October 17, 2002

Drug or Alcohol Problem?

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.

Physicians are not required by law to report a colleague to the Medical Board. However, according to the American Medical Association Code of Ethics, physicians have an ethical obligation 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

(916) 263-2600

www.medbd.ca.gov

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

IVERSON, DONALD JAMES, M.D. (G60800)
Eureka, CA
B&P Code §§2234, 2238, 2239(a). Stipulated Decision. Committed acts of unprofessional conduct and used controlled substances, testing positive for and admitting to marijuana use. Public Letter of Reprimand. September 19, 2002

JAHNG, KENNETH GEUN, M.D. (G42534)
Moreno Valley, CA
B&P Code §2234(c). Committed repeated negligent acts in the prenatal care and treatment of 1 patient. 30 days suspension, stayed, 1 year probation with terms and conditions. November 1, 2002

JAMALUDDIN, UMAIMA SHABBIR, M.D. (A29392)
Bakersfield, CA
B&P Code §2234(c). Committed acts of repeated negligence in the care and treatment of a patient by failing to obtain and review outside medical records preoperatively; failing to call in a general surgeon when she converted a procedure to a laparotomy; and failing to recognize signs and symptoms of a serious postoperative complication. Revoked, stayed, 3 years probation with terms and conditions. October 21, 2002. Judicial review being pursued.

JONES, LAYBON, JR., M.D. (G39826)
Vallejo, CA
B&P Code §2234. Stipulated Decision. Committed acts of unprofessional conduct by modifying the protocol for TPA administration in 8 cases without proper medical support and documentation. Public Letter of Reprimand. September 23, 2002

KAPPELER, THOMAS ROBERT, M.D. (C34424)
Los Angeles, CA
B&P Code §§490, 2234, 2236(a), 2239(a). Convicted in 1991 and 1996 for driving while having 0.08% or higher blood alcohol, and convicted in 1996 for driving under the influence of alcohol or drugs. Revoked, stayed, 5 years probation with terms and conditions. July 1, 2002. Judicial review being pursued.

KATZEN, MELVYN J., M.D. (GFE11744)
Punta Gorda, FL
B&P Code §§141(a), 2305. Disciplined by Florida for failing to correctly interpret a patient's chest x-ray and failing to note a mass in the upper lobe of the patient's lung. Public Letter of Reprimand. November 19, 2002

KIM, JOSEPH KENDALL, M.D. (A80442)
Long Beach, CA
B&P Code §480(a)(1)(2)(3)(c). Stipulated Decision. Failed to disclose a misdemeanor conviction for petty theft on an application for licensure with the Medical Board of California. Probationary license issued, 3 years probation with terms and conditions. September 5, 2002

LARKIN, DAVID, M.D. (C40016)
Los Alamitos, CA
B&P Code §2234. Stipulated Decision. No admissions but charged gross negligence, repeated negligent acts, dishonesty, excessive treatment or prescribing, incompetence, and failure to maintain adequate and accurate medical records in the care and treatment of 8 patients. Revoked, stayed, 10 years probation with terms and conditions including 90 days actual suspension. October 4, 2002

LAURON, FELIX RAMIRO, M.D. (A35809)
Apple Valley, CA
B&P Code §822. Unable to practice safely due to physical illness affecting competency. Suspended indefinitely from practicing medicine until the Division receives competent evidence of the absence of his physical disabilities and any other condition that impairs his ability to practice safely. November 15, 2002

LEE, RICHARD, M.D. (G14329) Whittier, CA
B&P Code §2242(1)(a). Stipulated Decision. Inappropriately prescribed medicine over the Internet without first conducting a good faith examination and documenting a medical indication. Revoked, stayed, 5 years probation with terms and conditions. September 25, 2002

LEHMANN, LANCE JOSEPH, M.D. (G75590)
Miami Beach, FL
B&P Code §141(a). Stipulated Decision. Disciplined by Florida for inappropriately injecting neurotoxic contrast material into a patient, inappropriately administering a drug which was contraindicated for this use, and failing to keep legible medical records. Public Reprimand. November 15, 2002

LEWY, ROBERT IRA, M.D. (G30070) Houston, TX
B&P Code §§141(a), 2234. Stipulated Decision. Disciplined by Oklahoma for unprofessional conduct in attempting to obtain a medical license by a misrepresentation of facts. Public Letter of Reprimand. August 13, 2002

LIEBERMAN, FRED L., M.D. (G8711)
Los Angeles, CA
B&P Code §§725, 2234(b)(c). Committed acts of gross negligence, repeated negligence, excessive prescribing, and incompetence in the care and treatment of 5 patients. Revoked. June 13, 2002

LIEBOWITZ, STANLEY, M.D. (G20903)
New York, NY
B&P Code §141(a). Stipulated Decision. Disciplined by New York for gross negligence in abandoning or neglecting a patient in need of immediate professional care. Public Reprimand. August 12, 2002

LIM, PAUL KUAN HUI, M.D. (A31154)
Carmichael, CA
B&P Code §2234(b)(c). Gross negligence and repeated negligent acts for failing to perform diagnostic testing in the care and treatment of 6 patients. Revoked, stayed, 5 years probation with terms and conditions. September 27, 2002

LOWERY, GARY LYNN, M.D. (G50591) Phoenix, AZ
B&P Code §141(a). Stipulated Decision. Disciplined by Florida for negligence in placing a fusion at the C6/7 level instead of the C5/6 level on a patient during surgery, and for failing to recognize the error for 6 months. Public Reprimand. November 15, 2002

MELTZER, BARNET GARY, M.D. (G19625)
Del Mar, CA
B&P Code §2234(b). Stipulated Decision. Committed acts of gross negligence by engaging in a sexual relationship with a patient. Revoked, stayed, 7 years probation with terms and conditions.
September 19, 2002

NEIDLINGER, NIKOLE ADRIANE, M.D. (A80387)
Oakland, CA
B&P Code §480(a)(1)(2)(3)(c). Stipulated Decision. Failed to disclose a misdemeanor conviction for a traffic/motor vehicle offense resulting from an arrest for driving under the influence of alcohol on an application for licensure with the Medical Board of California. Probationary license issued, 3 years probation with terms and conditions.
September 3, 2002

NOMICOS, NICHOLAS EUGENE, M.D. (A49055)
Coldwater, MI
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Michigan for failure to take adequate steps to evaluate, diagnose and treat an emergency room patient who subsequently died. Public Reprimand. October 7, 2002

NORDLINGER, CHARLES D., M.D. (C26673)
Burlingame, CA
B&P Code §4022. Stipulated Decision. Failed to comply with terms and conditions of Board-ordered probation. Existing probation modified to include 2 additional years of probation with additional terms and conditions. November 1, 2002

NORMAN, DIANNA LEE, M.D. (G44226)
San Diego, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with prescribing without a medical examination, gross negligence and incompetence in providing patients who placed orders over an Internet site with scheduled drugs in the absence of a good faith prior examination and medication indication; prescribing weight loss drugs to patients who were not obese; prescribing medications in combination which are specifically not to be used together; and prescribing medications which were contraindicated to medication a patient was already taking. Revoked, stayed, 5 years probation with terms and conditions including 60 days actual suspension.
October 23, 2002

PISANO, CRESCENZO, M.D. (G42081)
San Pedro, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, incompetence and repeated negligent acts in the care and treatment of 1 patient. Revoked, stayed, 3 years probation with terms and conditions. August 30, 2002

PETERS, KATHERINE ANN, M.D. (G67313)
Escondido, CA
B&P Code §§822, 2239(a). Stipulated Decision. Suspended from practice until the Division determines that it has received competent evidence of the absence or control of her use and administration of controlled substances/dangerous drugs and/or alcohol, and mental/physical illness impairing her ability to practice medicine safely.
October 28, 2002

PHATTIYAKUL, PRICHA, M.D. (A37784)
Dunkirk, MD
B&P Code §§141(a), 2305. Disciplined by Maryland for providing false information on a license renewal, inappropriate prescribing, engaging in a sexual relationship with a patient, failing to document treatment, failing to make appropriate referrals, and failing to recognize drug dependence. Revoked.
September 9, 2002

PRATLEY, BRENT M., M.D. (C30241)
Orem, UT
B&P Code §141(a). Stipulated Decision. Disciplined by Utah for writing prescriptions for controlled substances to a minor without permission of the minor's parents. Public Reprimand. August 23, 2002

RAMSEY, GARY GRIFFIN, M.D. (G72257)
Saipan, MP
B&P Code §2234(b)(c)(d). Stipulated Decision. Committed acts of gross negligence, repeated negligent acts and incompetence in the care and treatment of 2 patients. Revoked, stayed, 5 years probation with terms and conditions.
October 28, 2002

RICKARD, VERNON DAVID WALLA, M.D. (G26114)
Sonora, CA
B&P Code §§726, 2234(b). Committed acts of sexual abuse, sexual misconduct and sexual relations with a patient, and gross negligence in the care and treatment of 2 patients. Revoked. September 11, 2002. Judicial review being pursued.

RIVERA, LUIS EDUARDO, M.D. (A37834)
Santa Ana, CA
B&P Code §2234(b)(c)(d). Stipulated Decision. Committed acts of gross negligence, repeated negligent acts, and incompetence in the care and treatment of a patient who received a colectomy. Revoked, stayed, 3 years probation with terms and conditions. September 27, 2002

ROBINSON, MALCOLM GEORGE, M.D. (CFE32809) Sarasota, FL
B&P Code §141(a). Stipulated Decision. Disciplined by Oklahoma for performing multiple pelvic, vaginal fiberoptic, and breast examinations on female gastroenterology patients without medical need and in some cases without patient consent. License placed in disabled status. August 8, 2002

ROSOFF, SAUL, M.D. (G31898) Los Angeles, CA
B&P Code §§2234(c), 2266. Committed repeated negligent acts and failed to maintain adequate and accurate records in the care and treatment of 2 patients, and engaged in unprofessional conduct in the care and treatment of 1 patient. 30 days suspension, stayed, 1 year probation with terms and conditions. November 25, 2002. Judicial review being pursued.

SALEH, SAEED, M.D. (A39735) Orchard Lake, MI
B&P Code §§141(a), 2305. Disciplined by Michigan based on a mental or physical condition adversely affecting his ability to practice in a safe and competent manner. Revoked. September 23, 2002

SCHAVE, DOUGLAS JAY, M.D. (G24949)
Los Angeles, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with negligence and repeated negligent acts in the supervision of a psychological assistant. Public Reprimand. November 4, 2002

SHABANAH, FIKRI, H., M.D. (G11491)
Fort Lauderdale, FL
B&P Code §141(a). Stipulated Decision. Disciplined by Florida for failure to conform to minimum standards of acceptable medical practice; failure to obtain appropriate informed consent; and failure to adequately document patient medical records. Public Letter of Reprimand. October 4, 2002

SHIMOTSU, GRACE ELLEN, M.D. (A52762)
Barrow, AK
B&P Code §141(a). Disciplined by Alaska for not conforming to minimum professional standards by allowing a 17-year-old to participate in the care and treatment of a patient in the emergency room. Revoked. August 28, 2002

SIMMONS, EARL MELVIN, M.D. (G43704)
Encinitas, CA
B&P Code §§2234(b)(c)(d), 2266. Committed acts of gross negligence, repeated negligent acts, incompetence and failed to keep adequate and accurate medical records in the care and treatment of 1 patient. Revoked. October 18, 2002. Judicial review being pursued.

STARKS, D'MITRI, M.D. (G49823) Montclair, CA
B&P Code §2234(b)(c)(d). Stipulated Decision. Committed acts of gross negligence, repeated negligent acts, incompetence and unprofessional conduct in the care and treatment of 5 obstetrical patients for failing to respond to calls from the hospital during 5 deliveries. Public Reprimand. November 26, 2002

STOBBE, GARY ALLEN, M.D. (G72061)
Edmonds, WA
B&P Code §2052. Stipulated Decision. Unlawful practice of medicine. Served as medical director for Advanced Laser Clinics without having a current and valid California physician's and surgeon's license. Public Letter of Reprimand. October 4, 2002

STONEY, L. SCOTT, M.D. (G64726)
Newport Beach, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, excessive prescribing of controlled substances, dishonesty, creating false documents and medical records and failure to maintain adequate and accurate records in the care and treatment of multiple patients. Revoked, stayed, 10 years probation with terms and conditions including 30 days actual suspension.
November 18, 2002

SURI, RAJESH SAM, M.D. (A50486) Fremont, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, incompetence and dishonesty in the care and treatment of 3 patients. Public Reprimand. November 18, 2002

THOSHINSKY, MORTON J., M.D. (AFE15478) San Francisco, CA
B&P Code §§822, 2234, 2239(a), 2242, 2266. Stipulated Decision. Unlawfully prescribed controlled substances for his own use and for a friend without adequate records and has a mental and physical impairment affecting his ability to practice medicine. License placed in disabled status. November 21, 2002

YABUT-BALUYUT, FREDESMINDA L., M.D. (A42583) Fountain Valley, CA
B&P Code §§2234(b)(e), 2236(a), 2238, 2242. Committed acts of unprofessional conduct, dishonesty, corruption, violation of drug statutes, and repeated acts of clearly excessive prescribing of dangerous drugs and controlled substances without a good faith prior examination or medical indication. Convicted of 9 felonies for conspiracy to possess and distribute pseudoephedrine without a legitimate purpose. Revoked. September 6, 2002

DOCTORS OF PODIATRIC MEDICINE

GAROFALO, JOSEPH THOMAS, D.P.M. (E1384) Santa Barbara, CA
B&P Code §2234(b)(d). Stipulated Decision. Committed acts of gross negligence in the care, treatment and management of a patient for an ulcer beneath the 5th metatarsal of the right foot. Revoked, stayed, 3 years probation with terms and conditions. August 26, 2002

MOALEM, WILLIAM, D.P.M (E1197) Valencia, CA
B&P Code §§2234(e), 2236(a). Convicted of first degree murder by orchestrating the murder of his business partner to collect insurance benefits. Revoked. August 26, 2002

SAVRAN, STEVEN H., D.P.M. (E2891) Los Angeles, CA
B&P Code §§725, 2234(e)(f), 2262. Committed acts of dishonesty, excessive prescribing, alteration of medical records; convicted of 6 felony counts for drug use and fraudulent prescription violations. Revoked, stayed, 7 years probation with terms and conditions. October 7, 2002

SPLETTSTOESSER, JAMES WILFRED, D.P.M. (E1960) Santa Barbara, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with incompetence, failing to maintain adequate medical records, dishonesty or corruption, false statements in documents, and gross negligence in the care and treatment of 1 patient. Revoked, stayed, 5 years probation with terms and conditions. August 22, 2002

PHYSICIAN ASSISTANTS

AHUMADA-ALBA, LUCY, P.A. (PA13539) Redondo Beach, CA
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, and unprofessional conduct for failing to diagnose and treat diabetes mellitus in a young child. Revoked, stayed, 3 years probation with terms and conditions. October 4, 2002

BARBA, ROBERT RAYMOND, P.A. (PA13184) Walnut, CA
B&P Code §§125(9), 2234(c), 3527(a). Committed acts of unprofessional conduct and repeated negligent acts. Failed to comply with a citation; failed to document the history and symptoms of a patient; and failed to obtain a health history and prescribed multiple medications that were not warranted for another patient. Revoked. October 4, 2002

DUNPHY, DANIEL JAMES, P.A. (PA11184) San Francisco, CA
B&P Code §§2234, 3527(a). Stipulated Decision. Unprofessional conduct for providing a patient with handwritten notes prior to a visit at which time the notes would have been explained, and for failing to operate under an adequately detailed delegation of services agreement and written protocols. Revoked, stayed, 5 years probation with terms and conditions. October 3, 2002

FARQUHAR, PERRY G., P.A. (PA14561) Mad River, CA
B&P Code §§2234(a)(b)(e), 2238, 3502.1, 3527(a). Committed acts of gross negligence, lack of physician supervision, violation of drug statutes, unprofessional conduct, and dishonest acts by providing medical services without the supervision of a licensed physician, writing a prescription for medical marijuana to a patient without specific orders, and writing as many as 50 similar prescriptions to various patients under similar circumstances. Revoked. October 21, 2002

FARRELL, KENNETH WAYNE, P.A. (PA16558)
Aurora, CO
B&P Code §§475(a)(2)(3)(4), 480(a)(1)(2)(3), 3527, 3531. Stipulated Decision. Convicted in 1991 for 3rd degree assault, and in 1992 and 1993 for domestic violence and assault and battery; failed to disclose all convictions on his application for licensure. License granted, revoked, stayed, 5 years probation with terms and conditions. August 20, 2002

REGISTERED DISPENSING OPTICIAN

LEE, HAE KYONG (SL3705) Van Nuys, CA
NEW YORK OPTICAL (D6148) Van Nuys, CA

B&P Code §§2254, 2256, 2259(1)(2e)(3). Stipulated Decision. Failed to display the Registered Spectacle Lens Dispenser certificate at New York Optical, furnished the services of an optometrist, failed to display the name and telephone number of the employee designated to handle customer complaints and inquiries at the business, and failed to supervise an unregistered technician in the fitting and adjustment of spectacle lenses. Revoked, stayed, 1 year probation with terms and conditions.
September 5, 2002

SURRENDER OF LICENSE WHILE CHARGES PENDING

PHYSICIANS AND SURGEONS

BALACHANDRAN, MADHAVAN, M.D. (A31019)
Orange, CA
September 10, 2002

BATTISTE, ALDO ANTHONY, JR., M.D. (G74537)
Lawton, OK
October 29, 2002

BRUNJES, SHANNON D., M.D. (A16297)
Altadena, CA
October 10, 2002

DEROSIS, EDWARD LOUIS, M.D. (GFE49067)
Kentfield, CA
August 20, 2002

FLEMING, RICHARD E., M.D. (C18390)
San Luis Obispo, CA
August 7, 2002

FRANKLIN, ARAM, M.D. (AFE10270)
Irvine, CA
October 10, 2002

GOLDBERG, HENRY M., M.D. (G10512)
Boca Raton, FL
August 2, 2002

HARRINGTON, DONALD FREMONT, M.D. (A25501)
Sacramento, CA
August 29, 2002

HEILBRUNN, HOWARD IRVING, M.D. (G24139)
San Diego, CA
October 10, 2002

MINTZ, LESLIE JOY, M.D. (G76917)
Portola Valley, CA
October 29, 2002

PATEL, ALKA JASHBHAI, M.D. (C43120)
Saddle Brook, NJ
November 14, 2002

PILLEMER, ERIC ANTHONY, M.D. (G53145)
Pawlet, VT
November 14, 2002

ROSENTHAL, DAVID K., M.D. (A43832)
Sacramento, CA
September 2, 2002

RUTLAND, ANDREW, M.D. (G24947)
Anaheim Hills, CA
October 24, 2002

SCALLION, GERALD JOHN, M.D. (C43281)
Lexington, NC
November 5, 2002

SCHEETZ, DAVID G., M.D. (C25982)
Santa Rosa, CA
October 8, 2002

SELLERS, ANTHONY BRUCE, M.D. (G80081)
Anaheim, CA
August 1, 2002

DOCTOR OF PODIATRIC MEDICINE

VIHINEN, JEFFRIE MARK, D.P.M. (E3801)
Newport Beach, CA
August 19, 2002

PHYSICIAN ASSISTANT

HICKS, RICKY, R., P.A. (PA12721)
Hacienda Heights, CA
September 11, 2002

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ACTION REPORT - FEBRUARY 2003
Candis Cohen, Editor (916) 263-2389

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