

# Action Report

## Medical Board of California

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### Medical Board of California Meetings

2004

May 6-7  
Newport Beach

July 29-30  
Sacramento

November 4-5  
San Diego

All meetings are open  
to the public.

## Clarification of Senate Bill 151 New Triplicate Prescribing Forms

After the Medical Board ran a February 2004 *Action Report* article regarding new changes for triplicate prescription forms, the Medical and Pharmacy boards received numerous inquiries requesting clarification of the new law. The changes can be confusing as they affect two groups of physicians—the practitioner who examines a patient and prescribes a Schedule II controlled substance for the patient, and the practitioner who examines a patient, prescribes a Schedule II controlled substance, and **also** dispenses the prescription for the patient at his or her office.

The following explains the responsibilities of the physician prescriber and the physician dispenser:

For the **non-dispensing** practitioner, the responsibility is unchanged. A practitioner who prescribes a Schedule II drug must document the following in the record:

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

For the **dispensing** practitioner, there are reporting obligations to the California Department of Justice (DOJ). To clarify, a dispensing practitioner is a physician who not only examines the patient and writes a prescription for treatment, but also fills the prescription onsite at his or her office. The

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

- 1) Full name, address, gender, and date of birth of the patient
- 2) The prescriber's license number, federal controlled substance registration number, and the state medical license number of any prescriber using the federal controlled substance registration number of a government-exempt facility
- 3) National Drug Code number of the medication dispensed
- 4) Quantity of the controlled substance dispensed
- 5) ICD-9 (diagnosis Pharmacy code), if available\*
- 6) Date of dispensing of the prescription

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\* Number 5, above, the ICD-9 diagnosis code, is used by Medicare and must be included on all prescriptions for Medicare patients. A prescriber's staff should have this information available to fill in as it is a pre-existing requirement of Medicare.

### 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

As my term as president comes to an end, I pause to reflect on some of the wonderful memories that I will carry with me for the rest of my life. What a year this has been. I had the honor and privilege to work closely with some of the most dedicated people on our staff, and to know better my colleagues on the board, who made the difficult task a true joy.

I had no illusions going into this, knowing that it was going to be a tough year made even more difficult with the fiscal crisis facing our state and impacting the board through various cuts and elimination of some key positions. With the encouragement of my colleagues, and the support and guidance of our former executive director, Ron Joseph, Ron and I went on a tour of all major newspapers in our state. We shared with the health reporters and editors the realities of how we conduct ourselves in our efforts to discharge the mandate of the board in protecting consumers under those very difficult fiscal constraints. We also discussed the complexities and amount of detail that go into the due process offered to all citizens under the laws of our state and the length of time needed to complete our investigations.

We were well-received, and the exchanges were very helpful. In fact as a result of those meetings, an editorial in *The Sacramento Bee* was published that may prove to be a significant boost to our efforts to restore some of our key vacancies on the board. This demonstrated to me the importance of reaching out and being proactive in getting our message to the public and our licensees. I am optimistic about how our ongoing outreach will help us improve our ability to continue to serve the citizens of our state.

Another important development during my tenure as president was the implementation of SB 1950 (Figueroa) and the establishment of an enforcement monitor to evaluate and report to the Legislature on the overall efficiency of the board's disciplinary system. The work of Enforcement Monitor Julie D'Angelo Fellmeth of the Center for Public Interest Law, and her team, will undoubtedly result in significant improvement of our investigations and prosecutions. Our work together so far has been quite positive, and we welcome their scrutiny and their recommendations.

I was honored and proud to be a part of the board's student loan repayment program, presenting the very first recipient with his certificate and wishing him well in his



*Hazem Chehabi, M.D.  
President of the Board*

new position treating his patients in one of the state's most underserved areas—schoolchildren in sections of Orange County. The continuing work of this board to provide access of care to the underserved in our state is a source of tremendous pride to me especially and to all of my colleagues as well.

I am also proud to have presented the first recipient of our newly established physician recognition award with a plaque acknowledging his lifelong commitment to patient care in some of the neediest parts of our state and throughout the world (Jacob Eapen, M.D., of Fremont; please

see article on page 3). This program is another example of how this board extends itself to attempt to play a meaningful role in the lives of physicians and consumers across the state.

I am grateful to all of my colleagues on the board for the support they have offered during some very difficult times. Their combined efforts were extremely helpful to me and their guidance was invaluable. I wish to extend my heartfelt appreciation to Ron Joseph and to wish him success in his new position as Chief Deputy Director of the Department of General Services. The Medical Board was well-served for eight years by his career-long dedication to public service. Ron is extremely able, conscientious, and hard-working, and was devoted to patient protection—in short, he is one of the finest people I have ever worked with. (The board's Executive Committee has chosen former Chief of Enforcement Dave Thornton to be the board's interim executive director, while it recruits a permanent executive director.) My thanks also go to Cindy James, chief of the board's Division of Licensing, for her long service to our organization. Cindy retires after many years with the board, and I wish her the best wherever she goes.

I will always remember being a member of this distinguished organization. I have learned much from my colleagues and others I have met in this adventure. It has been an honor and a privilege to serve on the Medical Board of California.

The coming year will be another critical one for the board. A new executive director will be chosen, and new members may be selected, as well. There is plenty of work to do on behalf of the public, and I welcome the fresh perspective and additional insights that new faces bring to this honorable endeavor.

# Medical Board Confers Outstanding Physician Awards

## Honored for Service to California Patients

The Medical Board has for the first time formally recognized an individual physician and a group of physicians, all California licensees, for their outstanding work on behalf of the state's patients. The board created a Physician Recognition Task Force to present a Physician Recognition Award, recognizing "the demonstration of excellence by individual or groups of physicians who strive to improve access and to fill gaps in the healthcare delivery system for underserved populations in California."

Nominees had to demonstrate a creative model of dedication to the development and delivery of inspirational, successful and replicable models of healthcare delivery, or demonstrate service in an area of medicine that advances the public's healthcare status through clearly outstanding service, education or innovation. The task force, comprised of board members Ron Morton, M.D. and Linda Lucks, received and reviewed 20 formal nominations after a recruitment to over 100 medical schools and healthcare organizations.

The individual physician awardee is Jacob Eapen, M.D., a pediatrician for Alameda County Health Services, where he treats children and the juveniles in the county's retention center in San Leandro.

He has spent his entire professional career caring for uninsured and poor patients throughout the world. He has taught and practiced in Nigeria; was appointed Health Advisor by the United Nations High Commissioner for Refugees to the Republic of the Philippines where he worked with refugees in Bataan; and served as the Director of International Affairs for Stop AIDS Worldwide, where he met Mother Theresa in Calcutta to promote the work of this organization. In 1990 he was



**Dr. Jacob Eapen and his wife, Shirley, share a moment after he was presented with a plaque commending his outstanding service by Board President Hazem Chehabi, M.D. at the Jan. 30 meeting of the Medical Board in Sacramento.**

appointed Director for Research and Public Health Programs at International Health Services in Mountain View, California.

The task force's physician-group choice was "Kids Care/Community ENT," a volunteer partnership of approximately 25 physicians from Orange and Shasta counties. These family practitioners, ENTs, and anesthesiologists provided surgical attention to low-income children in the Redding area of California who had waited as long as two years for tonsillectomies, placement of ear-drainage tubes, and other medical procedures.

This creative partnership resulted from a shortage of pediatric specialists in Redding, in part from low Medi-Cal reimbursement rates. The board very much hopes that physicians in other states might follow the example of the "Kids Care" program, whose representatives will be honored at the board's May meeting.

## NEWS! NEWS! NEWS!

The Medical Board has exciting news to announce to physicians, allied health professionals, consumers and others who use the board's Web site. The board has created a new Web address (URL) that's easy to access and easy to remember. The new site will become a familiar part of the board's communications efforts to make the board better known to those who need to find us.

***The new address is:  
[www.caldocinfo.ca.gov](http://www.caldocinfo.ca.gov)***

The board's original Web site address ([www.medbd.ca.gov](http://www.medbd.ca.gov)) can still be used to access the board and will still take users to our home page.

Please look us up at our new "home" on your next visit!

# Are You Aiding and Abetting Unlicensed Activity?

By Joan Jerzak, Chief of Enforcement

The board receives numerous complaints every year alleging that a physician is allowing an unlicensed person to perform “medical” procedures. If these allegations are proven, the board may take action against a physician’s license for aiding and abetting unlicensed practice. Some of the reasons for the unlicensed activity may be that physicians are not aware of what services an unlicensed person may perform or may be unclear about laws and regulations pertaining to the scope of practice for medical assistants, ophthalmic technicians or other assistants in the physician’s office.

The board recently requested a legal opinion to determine whether the procedures that were being performed by an ophthalmic technician, working under the supervision of an ophthalmologist, constituted the practice of medicine. The findings from this opinion are being provided to physicians to deter unintentional unlicensed activity from being performed in their offices.

The ophthalmic technician, after performing a nonsubjective auto refraction using an auto refractor device that provides optical measurements, performed an interactive refraction of the patient, questioning the patient if the lens adjustments made to the instrument being used were improving the patient’s vision. Business and Professions (B&P) Code section 2544 states that an ophthalmic technician may perform a nonsubjective auto refraction in connection with subjective refraction procedures performed by an ophthalmologist or optometrist. The board questioned whether the procedures performed by the technician had moved from the nonsubjective auto refraction into the subjective refraction, thus being the practice of medicine.

The legal opinion stated that most of these instruments that provide refraction measurements have a computerized process that takes over for the technician and performs the accommodation and refractive tests.

The instruments, therefore, do not require the technician to interact with the patient. The opinion stated that “when the words of the statute are given their usual and ordinary meaning and considered in context, it is clear that assistants may not perform subjective refraction examination. Rather, assistants are authorized to administer nonsubjective refractive examinations that do not require patient interaction. When the test involves asking the patient if his or her eyesight has improved with the changing of the dial-in lenses, we believe the subjective refractive test has commenced, and that test may only be performed by a physician and surgeon or an optometrist.” This opinion provides guidance for the board when evaluating any future complaints alleging unlicensed activity by ophthalmic technicians.

The board has also received several complaints alleging a physician is allowing medical school graduates to work in his or her office. After individuals graduate from medical school, the law requires them to enter accredited residency training programs to qualify for a California medical license. These training programs are generally in large teaching hospitals. Before the trainees qualify for licensure, they cannot “moonlight” by working in a physician’s private office or clinic. If graduates are unable to gain admission into an accredited training program, they cannot gain clinical experience by working in a physician’s private office or clinic as a trainee or “physician’s assistant.” Graduates may be employed as medical assistants in a physician’s office if they do not represent themselves as medical doctors or exceed the duties specified in B&P Code sections 2069-2071 and Title 16, California Code of Regulations, sections 1366-1366.4. More information on these laws is available at [www.medbd.ca.gov/MA.htm](http://www.medbd.ca.gov/MA.htm).

For questions pertaining to unlicensed activity, you may contact the board’s Enforcement Unit by phone at (916) 263-2424 or by e-mail at [webmaster@medbd.ca.gov](mailto:webmaster@medbd.ca.gov).

## Retired Physicians: New Law to Prohibit Practice

**Reminder:** Effective July 1, 2004, physicians who are in retired status will no longer be eligible to continue the practice of medicine. SB 1077 (Chapter 607, Statutes of 2003) states that physicians who hold a retired license will still be exempt from payment of the renewal fee and CME requirements; however, the holder of a retired license may not engage in the practice of medicine. Please call the board’s Division of Licensing at (916) 263-2382 if you have any questions.

# Electronic Death Certificate Registration Coming to California in January 2005

California is improving its death certification process and will soon join the growing number of states implementing electronic systems for the completion and filing of death certificates. With the passage of AB 2550 in 2002, the Legislature directed the California Department of Health Services (CDHS) to implement an electronic death registration system (CA-EDRS) by 2005. The system will address inefficiencies in the current paper-based death certificate filing process, and will yield shorter filing times – a significant benefit to patients' families.



5. Capability to produce reports for the public health arena and federal and state agencies.

## Who will be able to use CA-EDRS?

CA-EDRS will be available to physicians, coroners, medical examiners, and funeral directors, as well as local registrars and the State Registrar.

## What's coming up next?

CDHS has contracted with a physician-led group from UC Davis Health System (UCDHS) to design, build, and deploy the EDRS. System development is well underway. Focus group sessions are being scheduled statewide with local registrars, physicians, coroners, medical examiners, and funeral directors. These groups will be regularly involved in the process to create a system that best serves the needs of EDRS users and all those who depend on California's death registration system. Initial rollout to selected counties will take place in December 2004 with other counties added over the next year. While the current paper-based system will continue, the CA-EDRS should be much easier for physicians to use.

**For more information about the California EDRS, please visit <http://edrs.ucdavis.edu>. We welcome your comments and feedback by e-mail to [sreali@ucdavis.edu](mailto:sreali@ucdavis.edu).**

## What are the benefits for physicians?

Using CA-EDRS, medical certifiers and pronouncers will be able to electronically complete and sign the medical component of a death certificate easily and quickly. Physicians will also be able to view and print data from their death certificates entered by funeral directors before the certificate is submitted to the local registrar.

Other system features and benefits include:

1. Decreased processing time.
2. Electronic signing and completion.
3. Electronic filing of the certificate with local registrars and State Registrar.
4. Increased data accuracy and completeness of the death certificate.

## REMINDER

## Physician Supervisor/Assistant Ratios for Medically Underserved Areas

Legislative changes contained in SB 1950 (Figueroa, Chapter 1085, Statutes of 2002) allow physicians who work in medically underserved areas to supervise up to **four** physician assistants. (Physician assistants – PAs – are healthcare professionals licensed to practice medicine with physician supervision.)

During Sunset Review hearings held in 2001, the Department of Consumer Affairs and the Joint Legislative Sunset Review Committee (JLSRC) supported a recommendation from the Physician Assistant Committee to increase the number of PAs that a physician may supervise. Both the department and the JLSRC noted that "As California's population continues to grow, the need for healthcare providers, particularly in hard-to-recruit areas, also increases.

Many primary healthcare providers in these areas already rely on physician assistants to expand the number of patients they can care for on a daily basis." They also noted that implementation of this change will increase the number of Californians receiving care in these communities. The Physician Assistant Committee commented that "Given a PA's training and the fact that many PAs come from a diverse and multi-cultural background, they are particularly suited to assist physicians in medically underserved areas of California."

Legislation creating this change will be reviewed by the JLSRC at the next Sunset Review hearing for the Physician Assistant Committee in 2005. For further information, please call the Physician Assistant Committee office at (916) 263-2670.

## New Triplicate Prescribing Forms

(continued from page 1)

According to Health and Safety Code section 11159.2, physicians who write prescriptions for Schedule II drugs for terminally ill patients are not subject to Health and Safety Code section 11164, which pertains to the execution and contents of prescriptions for Schedule II-V drugs. These prescriptions must indicate that the prescribing physician has certified that the patient is terminally ill by using the words “11159.2 exemption,” and can be written on an ordinary prescription form.

The following timeline is included to assist you in preparing for these changes to California prescribing laws:

### Effective January 1, 2004

- Controlled substance prescriptions (Schedules II-V) are valid for six months.
- All pharmacies are required to report Schedule II drug prescriptions to the CURES program in a time and manner established by the DOJ.
- Schedule II-V drug prescriptions may be printed or written by the prescriber’s staff but are required to be signed and dated by the prescriber **after** the information is filled in.

### Effective July 1, 2004

- The DOJ will no longer produce or distribute triplicate prescription forms.
- The existing supply of triplicate prescription forms can continue to be used to prescribe Schedule II drugs through December 31, 2004.
- Prescribers may use the new controlled substance prescription forms for Schedule II drug prescriptions.
- Oral and electronic orders for Schedule II drug prescriptions for patients in skilled nursing facilities, intermediate care facilities, home healthcare programs, and hospice programs are permitted. Such orders must be reduced to hard-copy form and signed by the pharmacist on a form of the pharmacy’s design.
- Prescribers **dispensing** Schedule II drugs are required to begin reporting these prescriptions to the DOJ. (DOJ reporting information will be posted on the board’s Web site as soon as it is available.)

### Effective January 1, 2005

- Triplicate prescription forms are no longer valid.
- All **written** controlled substance prescription drugs shall be on the new tamper-resistant prescription forms.
- Oral and fax prescriptions for Schedule III-V are still permitted.
- **Pharmacies** must report Schedule III drug prescription information to the CURES program.
- **Prescribers** dispensing Schedule III drugs must report those prescriptions to the DOJ.

**Note:** Separate regulations for skilled nursing homes, intermediate care, and hospital settings are available on the Board of Pharmacy’s Web site at: [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov).

**Note:** To avoid a patient keeping a prescription written on an old form and attempting to have it filled after January 1, 2005, the board suggests that physicians transition to using the new forms at least six months in advance.

**Note:** Any controlled substance classified in Schedule III, IV, or V may be dispensed with an oral, faxed or electronically transmitted prescription, which must be reduced to hard copy by the pharmacist filling the prescription or by any authorized persons per Health and Safety Code section 11150.

See the “Frequently Asked Questions” below for answers to additional questions you may have regarding the new prescription forms.

## Frequently Asked Questions

**Q. In reference to the February 2004 article “New State Law Changes Requirements for Triplicate Drug Prescription Forms,” can you separate the responsibilities of the physician who writes a Schedule II controlled substance prescription from the responsibilities of the physician who writes and dispenses a Schedule II controlled substance prescription?**

**A.** The February 2004 article was confusing in that it did not distinguish the differences in responsibilities between a physician who **prescribes** a controlled substance and a physician who **prescribes and dispenses** a controlled substance (much like a pharmacist). A clear description of the mandated responsibilities for physicians who write prescriptions for Schedule II controlled substances and for

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## New Triplicate Prescribing Forms

(continued from page 6)

physicians who write and dispense prescriptions for Schedule II controlled substances is presented earlier in this article. It is important to review the timelines included in the article to insure that the changes in prescribing of Schedules II-V controlled substances are met. Also, refer to the link on the Board of Pharmacy Web site titled, "Prescribing and Dispensing Controlled Substances," click on "Information for Prescribers and Pharmacists," and review the numerous materials available including the "Flowcharts for Dispensing Process for Controlled Substances." This is valuable information to assist in understanding and preparing for the changes in law. (Due to space restraints, the board is unable to include these charts in this issue.)

**Q. I was unable to access Health and Safety Code sections 11159.2 and 11164 through the Web site at [www.leginfo.ca.gov](http://www.leginfo.ca.gov). Can you provide another access?**

**A.** Health and Safety Code section 11159.2 is only accessible by requesting 11159 (for some reason the system does not recognize 11159.2). After clicking on section 11150 to 11180, scroll down to 11159.2. Section 11164 also is located within this same group of sections.

**Q. Can the new prescription pads be used for all drugs, or just controlled substances?**

**A.** As of January 1, 2005 all controlled substance prescriptions must be written on the new prescription form. However, any prescription can also be written on this form.

**Q. Where can a physician obtain the history of a patient's use of Schedule II controlled substances if the physician suspects drug abuse?**

**A.** The request form titled, "Patient Activity Report (PAR)," can be downloaded from the board's Web site under "Services for Licensees." As of January 1, 2003, all licensed healthcare practitioners (who are authorized to obtain triplicate prescription forms) are able to obtain a "patient history" or activity report from DOJ to assist in identifying those patients who may be "doctor shopping." The activity report will provide the practitioner with a list of all Schedule II

controlled substances that have been prescribed to the patient and includes the name of the practitioner issuing the prescription and the pharmacy where the prescription was filled. The Activity Report may 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 by office personnel or others. To request a Patient Activity Report, the request must be made in writing by the practitioner and submitted to DOJ by fax (916) 227-5079 or mail to: California Department of Justice, P.O. Box 160447, Sacramento, CA 95816. (Additional information on the CURES program is available in the February 2003 *Action Report* located on the Medical Board's Web site under "Publications.")

**Q. Is the new prescription form faxable and/or acceptable for photocopy?**

**A.** No, the new prescription forms that replace the triplicate prescribing form are for written prescriptions only that the physician gives to the patient to be filled at a pharmacy. If the physician also dispenses a prescription, he or she must complete the additional requirements listed earlier in this article. If there is an attempt to fax or copy the prescription, the word **VOID** will automatically appear on the form. In that case, a physician may use a form of his or her own design to fax a prescription to the pharmacy as long as all of the required information is included.

**Q. How will physicians know who is certified to provide the new Schedule II controlled substance prescription forms?**

**A.** The Medical Board will provide a Web site link on its home page to the Board of Pharmacy's Web site where a list of approved security printers and contact information for purchasing the new forms will be posted. Check the Medical Board's Web site at [www.caldocinfo.ca.gov](http://www.caldocinfo.ca.gov) or [www.medbd.ca.gov](http://www.medbd.ca.gov), or the Board of Pharmacy's Web site at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov), after April 30, 2004.

**Q. What was the intent of SB 151 and the reasoning behind changing the prescribing law?**

**A.** The intent of the new law is to promote patient access to appropriate pain medications, while concurrently reducing the illegal diversion of prescription drugs.

# Continuing Medical Education (CME) Options Available to You

*California requires all licensed physicians to complete an average of at least 25 hours of approved Category 1 or other acceptable continuing medical education each calendar year for a minimum of 100 approved hours every four years, as a condition of license renewal.*

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

Recent notifications to physicians regarding the impact of this new legislation prompted calls from physicians with concerns about CME, when required, and how to obtain the credits in a timely manner. If you have requested to come out of retired status into voluntary status or full-active status, and currently have a CME waiver, you will need to begin completing CME. The law requires that you complete an average of 25 approved CME hours each calendar year following this change in your license status. The Medical Board can assist you in timely CME completion by making suggestions on how you may earn CME credit.

If you have access to a computer you might want to check the following Web sites, which provide courses in which you can gain CME: [www2.cdc.gov/ce/availableactivities.asp](http://www2.cdc.gov/ce/availableactivities.asp); [www.pome.org](http://www.pome.org); [www.vlh.com](http://www.vlh.com); [www.medscape.com](http://www.medscape.com); and [www.cmelist.com](http://www.cmelist.com).

It is your obligation to fulfill your continuing medical education requirements and maintain documentation for audit purposes. The following summary, provided by the Institute of Medical Quality (IMQ), lists just some of the many educational activities which can qualify for CME credit. There are also a number of educational activities that meet the content standards set forth in Business and Professions Code sections 2190-2191 approved by the Division of Licensing for continuing medical education credit. These include: programs accredited by the California Medical Association (CMA); the American Medical Association (AMA); the Accreditation Council for Continuing Medical Education (ACCME); programs which qualify for prescribed credit from the American Academy of Family Physicians (AAFP); and other programs offered by other organizations and institutions acceptable to the Division. This information is provided to

assist you in finding those options which best meet your needs and should not be considered exhaustive. You may contact the organizations mentioned above should you wish to obtain more specific information about other qualifying educational activities beyond the following listed by the IMQ. Please note that the hourly limitations below are those of the IMQ and not the Medical Board.

- Programs/Meetings/Workshops/Grand Rounds – Educational activities designated as Category 1 approved by a CMA or ACCME accredited provider. (Includes local, national and foreign activities sponsored by accredited hospitals, medical specialty organizations or medical schools.) Foreign courses must be offered by an ACCME-accredited organization or endorsed by a specialty society.
- Self-Study Programs – Recorded, videotaped, or televised educational material sponsored by an accredited provider for home or office listening or viewing. Category 1 credit is granted for completing and passing a written test on the material presented.
- Teleconferences – Transmission of meetings via satellite to several parties in different locations. The teleconference must be sponsored by an accredited provider for Category 1 credit and have a moderator present at each location.
- Specialty Board Certification – Physicians are eligible to receive 100 Category 1 hours for passing a specialty or subspecialty major board exam recognized by the American Board of Medical Specialities (ABMS). Both oral and written components, as applicable, must be completed. Provide documentation or certificate of passing exam.
- Residency/Fellowship Programs – Physicians are eligible to receive six hours per month or a maximum of 72 hours per year for participation in an approved residency or fellowship program.
- Teaching/Presentations & Published Papers – These activities, combined, can have a maximum of 32 hours over a four-year period at eight hours per year (includes proctoring, i.e., serving as a preceptor).

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## Continuing Medical Education

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- Advanced Degrees – A maximum of 25 hours is awarded for completing a masters or doctorate of philosophy/science degree in a clinical field related to medicine. Attach copy of diploma. *Note: business degrees, e.g., MBAs, do not qualify for CME credit.*
- Meritorious Learning – Must be an activity of a unique educational benefit to a physician but not fitting the standard categories; each request is evaluated individually and no maximum has been established. Most requests require prior approval as a one-time event. Acceptable requests include attendance at a special training opportunity or course (includes research and preceptorship as **preceptee**). Preceptee must provide documentation and verification of attendance by preceptor in lieu of prior approval.

### **The Medical Board of California's regulation (California Code of Regulations, Title 16, Section 1337) allows:**

- Any physician who takes and passes a certifying or recertifying examination administered by a recognized specialty board will be granted credit for four consecutive years (100 hours) of CME for relicensure purposes. Such credit may be applied retroactively or prospectively.

- A maximum of one-third of the required hours of CME may be satisfied by teaching or otherwise presenting a course or program approved under this section of the regulations.

As you can see, there are numerous ways that you can obtain CME credit. Some of these educational activities do not even require that you leave your home. *The New England Journal of Medicine* and other prominent publications have available to their subscribers examinations which can be taken to earn CME credit. For specific details related to those CME opportunities, contact the journals directly.

The Medical Board's Web site, [www.caldocinfo.ca.gov](http://www.caldocinfo.ca.gov) or [www.medbd.ca.gov](http://www.medbd.ca.gov), recently has been expanded to include additional information related to CME requirements (click on "Services for Licensees"). Each option will provide you with current, up-to-date information that relates to CME. The following options also are available:

- Frequently Asked Questions – Continuing Medical Education
- Continuing Medical Education Audit and Waiver Information
- Continuing Medical Education – Options Available to You
- Application for Continuing Medical Education Waiver
- Continuing Medical Education Requirements Specific to Geriatrics and Pain Management

## CME COURSES: FULFILLING AB 487 MANDATE

### **Pain Management and End-of-Life Care**

**June 10-11, 2004**

Fairmont Hotel, San Francisco

Course Co-Chairs:

Robert B. Baron, M.D., MS;

Tom Bookwalter, PharmD;

Christine Miaskowski, RN, Ph.D., FAAC;

Steven Z. Pantilat, M.D., FACP

Sponsored and approved  
by University of California,  
San Francisco

For more information call (415) 476-5208.

To register call (415) 476-5808. View  
course brochure and register online  
at [www.medicine.ucsf.edu](http://www.medicine.ucsf.edu)

### **End-of-Life Care: An EPEC-Based Course for Physicians**

**October 24-27, 2004**

Tenaya Lodge – Fish Camp, California  
(four miles from Yosemite National Park)

Presented by the CMA Foundation, in cooperation with the California Coalition for Compassionate Care, the Permanente Medical Group Inc. Office of Physician Education and Development, and Kaiser Permanente.

This course, adapted from the Education for Physicians on End-of-Life Care (EPEC) curriculum, has been designed to meet the AB 487 continuing medical education requirement in pain management and end-of-life care (pending approval of CME credits).

Starting May 1, registration forms can be downloaded from [www.finalchoices.calhealth.org](http://www.finalchoices.calhealth.org) (see "Professional Education").

To receive a faxed registration form after May 1, contact Carol Moll, Kaiser-Fresno, (559) 448-3389.

# California Guidelines for the Use of Herpes Simplex Virus Type 2 Serology Tests

Gail Bolan, M.D., Chief, STD Control Branch, California Department of Health Services

New type-specific serology tests that distinguish between Herpes Simplex Virus type 1 and 2 (HSV-1 and HSV-2) significantly improve providers' ability to diagnose genital lesions caused by HSV-2 and detect asymptomatic HSV-2 infections. Because indications for the use of HSV-2 type-specific serology tests have not been well defined, the California Sexually Transmitted Diseases Controllers Association and the California Department of Health Services Sexually Transmitted Diseases Control Branch convened a committee to review the literature and develop best practice guidelines. The Guidelines are available online at <http://www.stdhivtraining.org/cfm/resources.cfm>.

## Summary of Recommendations

- Type-specific HSV-2 serology tests should be available for diagnostic purposes in conjunction with virologic tests in clinical settings where patients are evaluated for STDs.
- Screening for asymptomatic HSV-2 infection in patients at risk for STD/HIV (current or recent STD or high-risk behaviors) should be offered to select patients based on an assessment of their motivation to reduce their risk.
- Screening should be offered to HIV-infected patients.
- Screening should be offered to patients in partnerships or considering partnerships with HSV-2-infected individuals.
- Universal screening in pregnancy should not be offered.
- Screening in the general population should not be offered.
- Herpes education and prevention counseling should be provided to every patient tested or screened for HSV-2.

## Background and Rationale

Genital herpes is one of the most prevalent sexually transmitted diseases (STDs), affecting more than one in five sexually active adults in the United States. After primary infection, the virus establishes latency in spinal cord ganglia. Recurrent viral reactivations can be less severe than primary genital herpes, or entirely asymptomatic. Because all individuals infected with HSV-2 shed the virus asymptotically, regardless of their history of symptomatic recurrences, the sexual contacts of individuals with symptomatic and asymptomatic HSV-2 are at risk of becoming infected. Genital herpes infection has been associated with an increased risk of HIV acquisition. Further, neonatal herpes resulting from HSV transmission from a pregnant woman to her newborn, can be a devastating disease.

At present, there is no cure for HSV-2 infection. However, antiviral medication has been shown to decrease symptomatic recurrences of genital herpes, the frequency of viral shedding, and transmission to sexual partners. Although condoms have been shown to decrease the transmission of HSV-2 to uninfected partners, effectiveness is limited by the fact that herpes can be transmitted through skin-to-skin contact from areas not covered by condoms. Because of the risk of transmission from asymptomatic shedding, condoms need to be used even in the absence of symptoms.

## Diagnosis of Genital Symptoms

Because many patients with genital herpes have atypical symptoms or culture-negative genital lesions, HSV-2 infection can be challenging to diagnose. To aid in the diagnosis of genital symptoms, type-specific HSV-2 serology tests should be available in conjunction with virologic tests in clinical settings where patients are evaluated for STDs. Serology tests may be useful for the following clinical presentations: (1) culture-negative recurrent lesions, (2) history suggestive of herpes or atypical herpes in the absence of genital lesions, (3) suspected primary herpes or first presentation of genital symptoms, if culture or antigen detection testing is negative or not available. Because it takes up to six weeks for most patients to develop antibodies, negative test results are less reliable when they are conducted

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soon after acquisition. The Guidelines have a provider pull-out titled “Clinical Applications and Interpretations of Type-Specific HSV-2 Serologies by Presentation” which contains a testing algorithm outlining the recommended timing and interpretation of HSV-2 results.

### The Purpose of HSV-2 Screening

The purpose of screening for HSV-2 is to identify infected patients and help them recognize symptoms, reduce transmission to others, and protect themselves from acquiring HIV and other STDs. Screening also identifies uninfected patients and helps them protect themselves from acquiring HSV-2 and other STDs. The following screening recommendations are based on currently available evidence and expert opinion. Patient education and client-centered risk-reduction counseling should always be provided in conjunction with HSV serologic screening.

### Screening in Patients at Risk for STD/HIV

Individuals with multiple partners and high-risk sexual behavior are at increased risk of acquiring and transmitting HSV-2. If a provider identifies a patient as being at risk for STD/HIV and motivated to reduce his or her sexual risk behavior, the provider should offer HSV-2 serology testing as an adjunct to counseling to facilitate risk reduction. Motivation to reduce risk may be ascertained using open-ended questions like those in the inset box. Recommendations for how frequently patients who test negative for HSV-2 should be screened have not yet been established.

### Screening in HIV-infected Patients

Asymptomatic HSV-2 infections in HIV-infected individuals may be associated with increased transmission of HIV and may accelerate the course of HIV disease. Thus, providers should offer screening to HIV-infected patients who do not have a history of genital herpes. If previously unidentified symptoms are uncovered with screening, HSV suppressive therapy may be offered for symptom management. Although the subject of ongoing

clinical trials, there is currently no direct evidence that HSV antiviral suppression will decrease HIV transmission. In addition to the risk-reduction counseling that should be offered to all HIV-infected patients, HSV-specific education and counseling also should be provided. HIV-infected patients who are HSV-2-negative have a high risk of HSV-2 acquisition. Recommendations regarding frequency of repeat testing for those who test negative have not yet been developed; however, testing should be considered with acquisition of STDs or high-risk behaviors.

### Screening in Patients in Partnerships or Considering Partnerships With HSV-2-Infected Individuals

Individuals in HSV-serodiscordant relationships are at high risk of HSV transmission. To inform patients’ sexual decision-making, providers should offer to screen patients whose partners or potential partners have a history of genital herpes or known HSV-2 infection. Serologic testing would be useful if results indicating discordance motivate couples to take measure to prevent transmission. Recommendations regarding frequency of repeat testing for those who test negative have not yet been established; however, testing should be considered if genital symptoms develop, prior to entry into a new partnership, and for seronegative women when pregnant. HSV-2-infected patients should be educated regarding risk of transmission in future partnerships, pregnancy risks, and risk of HIV acquisition.

#### Open-Ended Questions to Assess Motivation to Reduce Risk

- How would a diagnosis of genital herpes (or having genital herpes) change your sexual behavior?
- How would a negative herpes test change your sexual behavior?
- What are some ways you would protect yourself (if negative)?
- What are some ways you would protect your partners (if positive)?

### Screening in Pregnancy

Neonatal herpes, although rare, is one of the most serious complications of herpes infection. Unfortunately, there is no evidence that screening women to identify at-risk pregnancies (serologically negative pregnant women with HSV-infected partners) will lead to a reduction in neonatal herpes. Therefore, universal screening should

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not be offered to pregnant women. Among women with existing HSV infection, maternal antibodies passed to the neonate are usually protective against infection at birth. Because there are no known safe and effective interventions to prevent neonatal transmission when lesions are absent at delivery, screening to identify pregnant women with asymptomatic herpes infections is not recommended.

All pregnant women should be asked about their own and their partners' history of genital (and oral) herpes and examined for evidence of active herpes lesions at delivery. Providers should offer screening to asymptomatic pregnant women whose partners have genital herpes, as well as HIV-infected pregnant women. Serodiscordant couples (serologically negative pregnant women with HSV-infected partners) should be educated regarding the risk of acquiring and transmitting herpes and transmission to their newborn. Specific advice should be to avoid sex or to use condoms consistently in the third trimester.

Women who have a history of herpes or seroconvert before delivery have a very low risk of transmitting herpes to their newborn. These women should be educated about their low risk of neonatal herpes and that cesarean section does not reduce risk except when they have symptoms around the time of delivery. Antiviral suppression has been shown to decrease the rate of cesarean sections.

### Screening in the General Population

Universal HSV-2 screening of sexually active patients is not recommended because there is limited evidence that either risk-reduction counseling or antiviral medication will significantly decrease HSV transmission in the general population.

### Education and Counseling

Herpes education and prevention counseling is necessary for all patients being tested or screened for HSV-2. The Guidelines have a provider pull-out titled "Herpes Fact Sheet and Counseling Points" which summarizes the key points in a series of bullets. Ideally, both pre- and post-test counseling should be conducted. In pre-test counseling, the provider can determine patient preparedness for the diagnosis, as well as motivation to reduce risk behavior.

Post-test counseling can provide support and reassurance to patients testing positive, as well as educate them about the natural history of the disease and its transmissibility. Those identified as uninfected should be informed about how to prevent future acquisition of herpes and other STDs. Information on client-centered, risk-reduction counseling is available from the following Web site: [www.cdc.gov/hiv/projects/respect-2/counseling.htm](http://www.cdc.gov/hiv/projects/respect-2/counseling.htm).

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### Selected Bibliography

Guidelines for the Use of Herpes Simplex Virus (HSV) Type 2 Serologies – Recommendations from the California Sexually Transmitted Diseases (STD) Controllers Association and the California Department of Health Services (CA DHS). March 2003. [www.stdhivtraining.org/cfm/resources.cfm](http://www.stdhivtraining.org/cfm/resources.cfm)

Brown ZA, Selke S, Zeh J et al. The acquisition of herpes simplex virus during pregnancy. *N Engl J Med* 1997;337:509-515.

Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines 2002. *MMWR* 2002;51:12-17. [www.cdc.gov/std/treatment/](http://www.cdc.gov/std/treatment/)

Centers for Disease Control and Prevention. Incorporating HIV prevention into the medical care of persons living with HIV. *MMWR* 2003;52(RR-12):1-24.

Corey L, Wald A, Patel R et al. Once-daily valacyclovir to reduce the risk of transmission of genital herpes. *N Engl J Med* 2004;350:11-20.

Fleming DT, McQuillan GM, Johnson RE, et al. Herpes simplex virus type 2 in the United States, 1976 to 1994. *N Engl J Med* 1997;337:1105-1111.

Wald A, Zeh J, Selke S, et al. Reactivation of genital herpes simplex virus type 2 infection in asymptomatic seropositive persons. *N Engl J Med* 2000;342:844-850.

# ADMINISTRATIVE ACTIONS: November 1, 2003 to January 31, 2004

## PHYSICIANS AND SURGEONS

ARAM, DAVAR, M.D. (A46392) Bakersfield, CA  
B&P Code §§490, 2234, 2239. Stipulated Decision.  
Convicted on 2 counts of driving under the influence  
of alcohol and on 1 count of driving with a  
suspended license. Revoked, stayed, 3 years  
probation with terms and conditions.  
November 14, 2003

BARRETT, THOMAS MICHAEL, M.D. (A26556)  
Hesperia, CA  
B&P Code §§725, 2234(b)(c)(d)(e), 2238, 2241,  
2242, 2261, 2262, 2266. Stipulated Decision.  
Engaged in acts of gross negligence, repeated  
negligence, excessive prescribing; failed to perform  
adequate medical histories and physicals; failed to  
maintain adequate and accurate medical records;  
and created false medical records in the care and  
treatment of 24 patients. Revoked, stayed, 10 years  
probation with terms and conditions including 1 year  
actual suspension commencing on April 7, 2003.  
December 22, 2003

BUI, THIEU, M.D. (A37066) Austin, TX  
B&P Code §§141(a), 2234, 2305. Stipulated  
Decision. Failed to refer a psychiatric patient with  
complaints of anxiety and depression to a qualified  
psychiatrist; failed to properly document a diagnosis  
of the patient; and failed to determine if the patient  
was seeing another physician. Public Letter of  
Reprimand. January 9, 2004

BUTTNER, EDGAR ARNOLD, M.D. (G81147)  
Boston, MA  
B&P Code §§141(a), 2305. Stipulated Decision.  
Disciplined by Massachusetts due to a condition  
affecting his ability to practice medicine safely.  
Revoked, stayed, 10 years probation with terms and  
conditions. November 10, 2003

CARNES, BARTON LEROY, M.D. (G6188)  
Tehachapi, CA  
B&P Code §§820, 2234. Unable to practice  
medicine due to a condition affecting his ability to  
practice medicine safely. Revoked.  
December 5, 2003

## Explanation of Disciplinary Language and Actions

**“Effective date of decision”** — Example:  
“December 5, 2003” at the bottom of the  
summary means the date the  
disciplinary decision goes into  
operation.

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

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

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

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

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

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

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

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

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

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

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

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

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

CHARLES, TRACY DENISE, M.D. (A46552)  
Temecula, CA  
B&P Code §§725, 2234(c). Stipulated Decision. Committed acts of repeated negligence and excessive use of diagnostic procedures in the care and treatment of 7 patients. Revoked, stayed, 5 years probation with terms and conditions. January 14, 2004

COOPERMAN, GLENN A., M.D. (G58868)  
Atascadero, CA  
B&P Code §2234(e). Committed acts of dishonesty and unprofessional conduct in the care and treatment of 1 patient. Revoked, stayed, 2 years probation with terms and conditions. December 5, 2003

CRUZ, EMILIO LOUIS, M.D. (G39954) Burbank, CA  
B&P Code §§2234, 2261, 2266. Stipulated Decision. Intentionally failed to accurately and truthfully fill out the doctor's certificate section of the patient's disability benefits form in the care and treatment of 1 patient. Public Letter of Reprimand. December 1, 2003

DADA, FESTUS BAMIDELE, M.D. (A40801)  
Corona, CA  
B&P Code §§2261, 2266. Failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked, stayed, 5 years probation with terms and conditions commencing on September 30, 2002. December 29, 2003

DANIEL, WINDGROVE DAVID, M.D. (A41152)  
Los Angeles, CA  
B&P Code §2266. Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 14 patients. Revoked, stayed, 5 years probation with terms and conditions. December 4, 2003

DUNNINGTON, DAVID CLAY, M.D. (G85897)  
Mariposa, CA  
B&P Code §2234. Stipulated Decision. No admissions but charged with acts of gross negligence and repeated negligence in the care and treatment of 1 patient. Public Reprimand. January 12, 2004

DUPRAW, ERNEST JOSEPH, JR., M.D. (G27741)  
Stockton, CA  
B&P Code §2239(a). Convicted of driving under the influence of alcohol with a suspended license. Revoked. November 20, 2003

FISCH, ALAN, M.D. (G14420) Brookline, MA  
B&P Code §§141(a), 2234(e), 2266, 2305. Disciplined by Massachusetts for insurance fraud in the care and treatment of 3 patients and their spouses, and for failing to maintain adequate and accurate medical records in the care and treatment of 2 patients. Revoked. December 5, 2003

FOX, ROBERT SCOTT, M.D. (G78351) Seward, AK  
B&P Code §§141(a), 2305. Disciplined by Alaska for inappropriate prescribing of controlled substances, diverting controlled substances for self-use, falsifying patient records, borrowing money from a patient, and for a condition affecting his ability to practice medicine safely. Revoked. January 5, 2004

GARABET, ANTOINE LEON, M.D. (G50394)  
Glendora, CA  
B&P Code §2236(a). Convicted of submitting fraudulent Medi-Cal claims to seek reimbursement for laser eye surgeries which were not performed. Revoked. December 26, 2003

GUPTA, NARENDRA K., M.D. (A31614)  
Baldwin Park, CA  
B&P Code §2234. Stipulated Decision. Failed to review a pathology report which would have led to an ectopic pregnancy diagnosis in the care and treatment of 1 patient. Public Reprimand. December 9, 2003

HAW, TAREK L.A., M.D. (A39540) Boise, ID  
B&P Code §§141(a), 2305. Disciplined by Idaho for improper use of injectable hormone therapy in the care and treatment of several patients. Revoked. December 1, 2003

HOFFMAN, SIM CARLISLE, M.D. (G43636)  
Anaheim, CA  
B&P Code §§725, 2234(b), 2266. Committed acts of gross negligence, excessive treatment or prescribing and failing to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked, stayed, 5 years probation which commenced on July 3, 2003, with terms and conditions including 30 days actual suspension. January 6, 2004

HOLLANDER, NEIL, M.D. (G18418)  
Huntington Beach, CA  
B&P Code §2234. Stipulated Decision. No admissions but failed to maintain adequate and accurate records in the care and treatment of 3 patients. Revoked, stayed, 3 years probation with terms and conditions. January 16, 2004

HURVITZ, JAMES SANDOR, M.D. (G28478)  
Malibu, CA  
B&P Code §§2234(b)(c), 2266. Stipulated Decision. Committed acts of gross negligence, repeated negligence and failed to maintain adequate and accurate medical records in the care and treatment of 1 patient. Revoked, stayed, 7 years probation with terms and conditions. January 2, 2004

JEFFERSON, ROLAND S., M.D. (C28340)  
Los Angeles, CA  
B&P Code §2234(b). Stipulated Decision. Committed acts of gross negligence by violating the boundaries of the doctor-patient relationship in the care and treatment of 1 patient. Revoked, stayed, 7 years probation with terms and conditions including 45 days actual suspension. December 18, 2003

JENSEN, MARVIN FLETCHER, M.D. (A56355)  
Upland, CA  
B&P Code §2234. Stipulated Decision. Committed unprofessional conduct by performing surgery for which he was not trained and keeping incomplete records in the care and treatment of 1 patient. Public Letter of Reprimand. January 21, 2004

JONES, RELDON R., M.D. (C19474) Modesto, CA  
B&P Code §2234(a). Stipulated Decision. Failed to obtain a fictitious name permit. Public Reprimand. November 21, 2003

KARNS, ADAM DAVID, M.D. (G74846)  
Beverly Hills, CA  
B&P Code §2234. Stipulated Decision. Failed to obtain an adequate history, perform a sufficient physical examination and obtain appropriate laboratory tests, and also failed to acknowledge and document the existence of an Advance Directive/ Preferred Intensity of Care documentation signed by a family member in the care and treatment of 1 patient. Public Letter of Reprimand. January 5, 2004

KARNS, ROBERT M., M.D. (G7277)  
Beverly Hills, CA  
B&P Code §2234. Stipulated Decision. No admissions but charged with violating the terms and conditions of his board-ordered probation, gross negligence, repeated negligence, and incompetence in the care and treatment of 2 patients. Revoked, stayed, 3 years probation with terms and conditions including 15 days actual suspension commencing on March 15, 2003. January 5, 2004

KAWACHI, MILDRED M., M.D. (G30058)  
Berkeley, CA  
B&P Code §2234. Stipulated Decision. Committed unprofessional conduct in her prescribing practices and pain monitoring in the care and treatment of 1 patient. Public Letter of Reprimand. November 21, 2003

KHAN, NASIM, M.D. (A52213) Santa Ana, CA  
B&P Code §822. Stipulated Decision. Suspended from practice due to a condition affecting his ability to practice medicine safely. January 5, 2004

LAIW, BELL CHYUR, M.D. (A30756) Indio, CA  
B&P Code §2266. Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 17 patients. Revoked, stayed, 3 years probation with terms and conditions. January 5, 2004

LEAR, JAMES LOUIS, M.D. (C38394) Littleton, CO  
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Colorado due to conditions affecting his ability to practice medicine safely. Revoked, stayed, 7 years probation with terms and conditions. November 10, 2003

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LOMBARDI, LUIS ALEJANDRO, M.D. (A52449)  
Wilmington, CA  
B&P Code §§490, 493, 650, 652, 750, 810,  
2234(a)(e)2236(a), 2261, 2262, 2273, 2417(a).  
Stipulated Decision. Felony convictions for  
submitting false medical billings to Medi-Cal for  
patient visits; assisting in submitting false Medi-Cal  
claims; receiving illegal kickbacks for false billings;  
and committing income tax fraud. Revoked, stayed,  
5 years probation with terms and conditions  
including 90 days actual suspension.  
December 20, 2003

LORR, ERIC JAMES, M.D. (A60356) San Diego, CA  
B&P Code §2234(b). Stipulated Decision.  
Committed acts of gross negligence in the care and  
treatment of 1 patient. Revoked, stayed, 3 years  
probation with terms and conditions.  
November 10, 2003

MADHURE, JAY, M.D. (A33612) Mission Hills, CA  
B&P Code §2234. Stipulated Decision. Failed to  
recommend that a patient with a history of taking  
Lithium discontinue use after the patient presented  
with slurred speech, confusion, and tremors. Public  
Letter of Reprimand. December 2, 2003

MAGTIRE, DAN I., M.D. (C41508)  
Imperial Beach, CA  
B&P Code §2234. Stipulated Decision. Violated the  
terms of his board-ordered probation. Revoked,  
stayed, 1 year probation with terms and conditions.  
January 5, 2004

MCCORMICK, JOHN KENT, M.D. (G42560)  
Redmond, WA  
B&P Code §§141(a), 2234, 2305. Stipulated  
Decision. Disciplined by Washington for  
recommending a non-surgical treatment rather than  
an open reduction internal fixation in the care and  
treatment of 1 patient. Public Letter of Reprimand.  
December 2, 2003

NATHU, RAKESH MAGAN, M.D. (A70906)  
Las Vegas, NV  
B&P Code §2234. Stipulated Decision. Convicted of  
misdemeanor battery. Public Reprimand.  
November 5, 2003

NORDELL, MARGARET CLAIRE, M.D. (G67597)  
Minot, ND  
B&P Code §§141(a), 2305, 2234. Stipulated  
Decision. Disciplined by North Dakota and violated  
the terms and conditions of her California Board-  
ordered probation. Probationary term is extended  
until December 31, 2005 with terms and conditions.  
January 16, 2004

OLSEN, GREGG A., M.D. (G57470)  
Sherman Oaks, CA  
B&P Code §§726, 2242. Stipulated Decision.  
Engaged in sexual misconduct with a patient and  
prescribed controlled substances without performing  
a good faith examination. Revoked, stayed, 1 year  
probation with terms and conditions.  
November 6, 2003

PARR, TERENCE JAMES, M.D. (G42348)  
Cedarville, CA  
B&P Code §§141(a), 2305. Stipulated Decision.  
Disciplined by Oregon for engaging in a sexual  
relationship with a patient. Revoked, stayed, 10  
years probation with terms and conditions.  
December 15, 2003

PASKEWITZ, MARK THOMAS, M.D. (G75246)  
Midway City, CA  
B&P Code §2234(c). Stipulated Decision.  
Committed acts of negligence in his supervision of a  
physician assistant. Revoked, stayed, 5 years  
probation with terms and conditions.  
January 30, 2004

PENN, NATHANIEL FREDERICK, M.D. (G79855)  
Moab, UT  
B&P Code §§2234(e), 2236(a). Stipulated Decision.  
Convicted on 3 counts of unlawful possession of a  
controlled substance in a drug-free zone. Revoked,  
stayed, 5 years probation with terms and conditions.  
November 20, 2003

PIERRE-LOUIS, PHILIP BRIAN, M.D. (A42426)  
Riverside, CA  
B&P Code §2234. Stipulated Decision. Violated the  
terms and conditions of his board-ordered probation.  
Probationary term is extended 1 year with terms and  
conditions. December 1, 2003



PITT, WILLIAM A., M.D. (A23081) San Diego, CA  
B&P Code §2234(b)(c)(d). Committed acts of gross negligence, repeated negligence and incompetence in the care and treatment of 3 patients. Revoked, stayed, 5 years probation with terms and conditions. November 3, 2003

PRIPSTEIN, JEREMY BENJAMIN, M.D. (G83380)  
Chicago, IL  
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Illinois for prescribing controlled substances outside the course of accepted medical practice and without establishing and maintaining patient care and records. Revoked, stayed, 5 years probation with terms and conditions. November 28, 2003

PRIROMPRINTR, VISITH, M.D. (A40164)  
Moreno Valley, CA  
B&P Code §2234(b). Stipulated Decision. Committed acts of gross negligence and unprofessional conduct in the care and treatment of 1 patient by failing to review the patient's history before performing an irreversible tubal ligation on the patient whose signed consent was for a diagnostic laparoscopy only. Revoked, stayed, 2 years probation with terms and conditions. November 13, 2003

RAJAN, T.S.S., M.D. (A26101) Long Beach, CA  
B&P Code §2234. Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, incompetence, and failure to maintain adequate and accurate medical records in the care and treatment of 4 patients; unprofessional conduct in the care and treatment of 3 patients, and charged with dishonesty for failing to disclose information regarding previous disciplinary action during a hiring interview. Revoked, stayed, 5 years probation with terms and conditions. January 29, 2004

RAYMOND, KEITH ALLEN, M.D. (G77668)  
Abqaiq, Saudi Arabia  
B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by North Carolina based on a confrontation with a patient's spouse. Public Letter of Reprimand. November 14, 2003

RUSSELL, DONALD E., M.D. (G58657)  
Fort Benton, MT  
B&P Code §§141(a), 2305. Disciplined by Montana for engaging in sexual misconduct with 2 patients. Revoked. January 7, 2004

SHIPPEL, ALLAN HENDLEY, M.D. (C42088)  
Roswell, GA  
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Georgia due to a condition affecting his ability to practice medicine safely. Revoked, stayed, 5 years probation with terms and conditions. January 7, 2004

SMITH-VANIZ, ALISON, M.D. (G85379)  
La Jolla, CA  
B&P Code §§822, 2234, 2239, 2305. Disciplined by New York due to a condition affecting her ability to practice medicine safely and failed to comply with the terms of her California Board-ordered probation. Revoked. December 12, 2003

TANG, ROBERT G., M.D. (G53548)  
San Francisco, CA  
B&P Code §2234. Stipulated Decision. Failed to comply with the terms of his board-ordered probation. Revoked, stayed, probationary term is extended for 2 years with terms and conditions. January 9, 2004

UNITE, ANSELMO FLORIDO, M.D. (A25033)  
Lake Jackson, TX  
B&P Code §§141(a), 2305. Disciplined by Texas for failing to document examinations of 2 patients prior to their transfer to another hospital and failing to provide the local community hospital with surgical examinations of either patient prior to transfer. Revoked. January 14, 2004

***For further information...***

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

VO, PHUOC HUU, M.D. (A51044) Hawthorne, CA  
B&P Code §§2021(c), 2225(5)(a)(1),  
2234(a)(b)(c)(d), 2238, 2266, 2272, 2285, 4076,  
4077(b), 4081, 4170(a)(4), 4172, 4333. Stipulated  
Decision. Committed acts of gross negligence,  
repeated negligence, incompetence, violated drug  
laws, failed to maintain adequate and accurate  
medical records, practiced under a fictitious name  
without a permit, failed to comply with drug labeling  
and packaging requirements, and failed to produce  
patient records. Revoked, stayed, 7 years probation  
with terms and conditions. November 17, 2003

WARWICK, SCOTT WILLIAM, M.D. (G76469)  
Watertown, SD  
B&P Code §§141(a), 2234, 2305. Disciplined by  
South Dakota based on substance abuse and  
violated the terms and conditions of his California  
Board-ordered probation. Revoked.  
January 11, 2004

WILLIS, DONALD C., M.D. (G35712) Paradise, CA  
B&P Code §§141(a), 2234, 2305. Stipulated  
Decision. Disciplined by Alaska for failing to fully  
disclose his employment history on a license  
application by neglecting to list his 4-month  
employment with the U.S. Indian Health Service in  
Oklahoma. Public Letter of Reprimand.  
December 22, 2003

YAZDI, HOUSHANG EBRAHIM, M.D. (A30109)  
Mission Hills, CA  
B&P Code §822. Stipulated Decision. Suspended  
indefinitely due to a condition affecting his ability to  
practice medicine safely. January 5, 2004

## **DOCTORS OF PODIATRIC MEDICINE**

LIDDY, TIMOTHY J., D.P.M. (E3631)  
West Hollywood, CA  
B&P Code §§490, 2236(a). Convicted of a felony for  
the continuous sexual abuse of a child. Revoked,  
stayed, 7 years probation with terms and conditions  
including 9 months actual suspension.  
January 7, 2004

VACIO, FRANK H., D.P.M. (E1755) Valencia, CA  
B&P Code §2234. Violated the terms of his board-  
ordered probation. Revoked. January 20, 2004

## **PHYSICIAN ASSISTANTS**

GUERRERO, CARLOS, P.A. (PA14967)  
Pico Rivera, CA  
B&P Code §3503. Stipulated Decision. Engaged in  
practice as a physician assistant without a valid  
license. Revoked, stayed, 5 years probation with  
terms and conditions including 30 days actual  
suspension. November 13, 2003

JOSIAH, ANDREW LAHAI, P.A. (PA12701)  
Norwalk, CA  
B&P Code §§475(a)(2), 490, 2236(a), 2234(e),  
3527, 3531. Stipulated Decision. Convicted of felony  
child abuse. Revoked, stayed, 5 years probation with  
terms and conditions including 14 days actual  
suspension. January 20, 2004

ONOFRE, JOHN R., P.A. (PA14766) Norwalk, CA  
B&P Code §§2234(a)(b)(c)(d), 2266, 3502(1).  
Stipulated Decision. Committed acts of gross  
negligence, repeated negligence, incompetence,  
prescribing without authorization from a supervising  
physician, failing to maintain adequate and accurate  
medical records, and practicing without adequate  
supervision in the care and treatment of 8 patients.  
Revoked, stayed, 5 years probation with terms and  
conditions including 30 days actual suspension.  
December 18, 2003

## **SURRENDER OF LICENSE WHILE CHARGES PENDING**

## **PHYSICIANS AND SURGEONS**

ABUELKHAIR, AYDA WHABA, M.D. (A47976)  
Los Angeles, CA  
January 19, 2004

BAJWA, AHSAN KALIM, M.D. (A40641)  
Fresno, CA  
December 12, 2003

BROWN, MICHAEL, G., M.D. (A42729)  
Houston, TX  
January 16, 2004

CHANG, MING-KAO, M.D. (A48994)  
Broken Arrow, OK  
November 12, 2003

FORESTER, BRUCE M., M.D. (G14147)  
Bronxville, NY  
January 16, 2004

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

HANSEN, LORI ELDEAN, M.D. (G51951)  
Oklahoma City, OK  
November 7, 2003

HYMAN, MARTIN, M.D. (A19795)  
Los Angeles, CA  
December 16, 2003

MASSOUD, NIDAL, M.D. (A61949)  
Campbell, CA  
January 15, 2004

RIST, JAMES KEVIN, M.D. (G60246)  
San Francisco, CA  
November 24, 2003

SIMAY, DOUGLAS ALAN, M.D. (G34521)  
La Jolla, CA  
January 21, 2004

WATSON, PAUL MORRIS, M.D. (AFE 19202)  
Thousand Oaks, CA  
January 28, 2004

WINTER, VIRGINIA KATHLEEN, M.D. (C43124)  
Corvallis, OR  
December 19, 2003

### PHYSICIAN ASSISTANT

ROBINSON, ANNE, P.A. (PA10576) Inglewood, CA  
November 24, 2003

## Drug or Alcohol Problem?

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

Physicians are not required by law to report a colleague to the Medical Board. However, the American Medical Association Code of Ethics indicates that 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, confidential program for impaired physicians.

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

### ALL CALLS ARE CONFIDENTIAL

(916) 263-2600

[www.caldocinfo.ca.gov](http://www.caldocinfo.ca.gov)

or

[www.medbd.ca.gov](http://www.medbd.ca.gov)

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

### TDD NUMBERS

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

Division of Licensing  
(916) 263-2687

Central Complaint Unit  
(916) 263-0935

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



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## TOLL FREE COMPLAINT LINE: 800-MED-BD-CA (800-633-2322)

### Medical Board:

Applications	(916) 263-2499
Complaints	(800) 633-2322
Continuing Education	(916) 263-2645
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Health Facility Discipline Reports	(916) 263-2382
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License Renewals	(916) 263-2382
Expert Reviewer Program	(916) 263-2458

### Verification of Licensure/

<b>Consumer Information</b>	<b>(916) 263-2382</b>
General Information	(916) 263-2466

<b>Board of Podiatric Medicine</b>	<b>(916) 263-2647</b>
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<b>Board of Psychology</b>	<b>(916) 263-2699</b>
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### Affiliated Healing Arts Professions:

Complaints	(800) 633-2322
Midwives	(916) 263-2393
Physician Assistant	(916) 263-2670
Registered Dispensing Opticians	(916) 263-2634

### For complaints regarding the following, call (800) 952-5210

Acupuncture	(916) 263-2680
Audiology	(916) 263-2666
Hearing Aid Dispensers	(916) 327-3433
Physical Therapy	(916) 263-2550
Respiratory Care	(916) 323-9983
Speech Pathology	(916) 263-2666

### ACTION REPORT — APRIL 2004

Candis Cohen, Editor (916) 263-2389