MEDICAL BOARD OF CALIFORNIA
Newsletter

A Quarterly Publication www.mbc.ca.gov Vol. 125, Winter 2012/13

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Happy New Year!

LINKS TO OUR WEB SITE

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Join the email subscribers list online

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Legislative Update

Board-Sponsored Legislation:

AB 1533 (Mitchell, Chapter 109) – **Trainees: International Medical Graduates**
This bill, which was co-sponsored by the University of California, authorizes a pilot for the University of California at Los Angeles (UCLA) international medical graduate (IMG) program. The pilot allows program participants to engage in supervised patient care activities for a typical assignment lasting 16 weeks (but not to exceed 24 weeks), as part of an approved and supervised clinical clerkship/rotation at UCLA health care facilities, or with other approved UCLA affiliates. All such training will occur with supervision provided by licensed physicians. This bill also requests the UC to prepare a report for the Board and Legislature on or before January 1, 2018, which would include the number of participants in the pilot program; the number of participants issued a license by the Board; the number of participants who practice in designated medically underserved areas; and the potential for retention or expansion of the pilot program. This bill sunsets the pilot program on January 1, 2019.

SB 1575 (Comm. on Business, Professions, & Economic Dev., Chapter 799) – **Omnibus**
Among other provisions, this omnibus bill allows the Board to send renewal notices via email; clarifies that the Board has enforcement jurisdiction over all licensees, including licensees with a non-practice license status; establishes a retired license status for licensed midwives; and makes other technical changes.

Affiliated Healing Arts:

AB 2348 (Mitchell, Chapter 460) – **Registered Nurses: Drug Dispensing**
This bill allows registered nurses (RNs) to dispense and administer hormonal contraceptives under a standardized procedure, as specified, and allows RNs to dispense drugs and devices upon an order by a certified nurse-midwife, a nurse practitioner, or a physician assistant, issued pursuant to standardized procedures, while functioning within specified clinic settings. This bill expands the types of clinics in which an RN may dispense drugs or devices to include intermittent clinics and student health centers operated by public higher education institutions.

SB 628 (Yee, Chapter 326) – **Acupuncture: Use of Title - Doctor**
This bill makes it unprofessional conduct for an acupuncturist to use the title of Doctor or use the abbreviation Dr. in connection with the practice of acupuncture, unless he/she holds a license authorizing that use or a specified degree.

Legislative Update *(continued on page 6)*

The mission of the Medical Board of California

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

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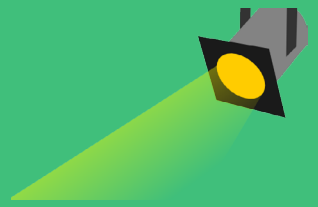
The MBC Newsletter is published four times per year – Winter, Spring, Summer, Fall – by the Medical Board of California. Board headquarters are located at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815.
The Spring, Summer, and Fall editions are available as digital publications via email or viewable on the MBC Web site, ***www.mbc.ca.gov****.*
The Winter edition is printed in hardcopy for distribution via regular postal service to those not on our email list.
To subscribe or unsubscribe, please use the following link: ***www.mbc.ca.gov/subscribers.html****. Submission of original-written articles is welcome, but all submissions become the property of the Medical Board of California and are subject to editing.*

Editor's Spotlight



by Frank Miller

A new year brings about new laws and regulations to be aware of. Consistent with our previous Winter editions, we are featuring all of the legislation affecting the practice of medicine that you should know about. That content is our lead-story this quarter and is featured on the front page.

Also in this issue, be sure to look for the "Mandatory Reporting Requirements for Physicians and Others" article on page 11. There you can find all of the different types of required reportings, along with links to forms as well as other useful information.

I want to thank those of you who took the time to participate in our Newsletter survey. If you have yet to take the survey, please use the link on page 35 in order to share your opinion with us. We value your input and are continuously looking for ways to improve our publication.

One of the suggested improvements included a focus on where to take CME courses. On page 22, you can find an article about the Virtual Lecture Hall, an educational Web site hosted by the University of Arizona College of Medicine. There you can find courses to enroll in that help meet California's pain management requirement. Membership is free for readers of the Newsletter when using a promotional code. For more information on the Virtual Lecture Hall Web site, please take a moment to read the article. I hope to continue to bring you additional content in subsequent Newsletters about CME course availability as well.

The Board also has information on its Web site about CME, including regulatory changes, what types of courses are required, frequently asked questions and other helpful links. To visit the section of the Board's Web site about CME, go to: ***http://www.mbc.ca.gov/licensee/continuing_education.html***

As always, I hope you enjoy this edition of the Newsletter. Feel free to contact me directly for feedback, or to share a good story. I can be reached at ***Frank.Miller@mbc.ca.gov***

President's Message

Sharon Levine, M.D.
President, Medical Board of California

As we begin the new year and look ahead to our work in 2013, the Medical Board will be focusing our attention on important issues that continue to impact the medical community and the public. Consumer protection is the Medical Board's primary mission and, with that in mind, we are intent on doing what we can to address the concerning trend of the increase in morbidity and mortality related to prescription drug abuse, specifically opioids and related drugs used to treat chronic pain.

Prescription drug abuse causes thousands of deaths each year, with more than 16,500 deaths attributed annually to opioids, more than deaths from all illegal drugs combined (WSJ, 12/17/2012). Ongoing and up-to-date information and education is needed to ensure that physicians prescribe these dangerous drugs appropriately, and patients use the drugs as they are intended.

This is not as straightforward as it might seem. The dilemma for providers is that many of the medications effective in treating pain have high addictive potential as well as therapeutic benefit. In 1994 the Board adopted a policy, "Prescribing Controlled Substances for Pain," that outlined a proactive approach to improving appropriate prescribing for effective pain management in California, while preventing drug diversion and abuse. These guidelines have been modified over the years, as clinical practice standards have changed, and the guidelines are an important first step in the appropriate pharmacologic treatment of pain.

Part of our efforts to be proactive in finding solutions will be a summit jointly sponsored with the Board of Pharmacy to be held on February 21 and 22, 2013 in the San Francisco Bay Area. This summit, Promoting Safe and Appropriate Controlled Substance Prescribing and Dispensing, is open to medical professionals and public policy makers and will focus on identifying actionable solutions for the medical community, patients and the public. Speakers will represent the White House, the Drug Enforcement Administration (DEA), State and local prosecutors, law enforcement, practicing physicians and pharmacists, California's prescription monitoring program (CURES), and regulators (see page 19 for more information).

Also, as part of the Board's Sunset Review Report to the Legislature, the vital importance of upgrading and continued funding of CURES was addressed to ensure that this web-based reporting and querying application meets 21st century technological standards, and is capable of providing real-time information to prescribers and dispensers of opioids. CURES maintains prescription information reported by 7,500 pharmacies and 158,000 prescribers -- the largest online prescription-drug monitoring database in the United States. The Board also uses CURES information when investigating complaints of inappropriate prescribing. Maintaining and upgrading CURES is essential for the medical community, pharmacists, regulatory boards and law enforcement if the system is to realize its potential to prevent opioid abuse and identify both drug-seeking behavior as well as dangerous or inappropriate prescribing.

Additionally, as part of the Sunset Review Report, the Board has proposed that coroners be required to report all deaths related to prescription drug overdose and abuse to the Board. This would assist the Board in investigating patterns of potentially inappropriate prescribing and taking action where warranted.

We rely on members of the profession and the public to notify the Medical Board of concerns about potentially inappropriate prescribing and prescription drug abuse, and we are committed to do what we can to work with the medical and pharmacy communities, the public and law enforcement to stem the tide of this growing epidemic. Through our combined efforts, I know that we can make a difference.

Sharon Levine, M.D.

Legislator Profile - Assemblyman Dan Logue

Assemblyman Dan Logue - R
3rd District

Currently in his second term, Assemblyman Dan Logue represents California's 3rd Assembly District and serves in the leadership role of Chief Whip for the Republican Caucus, where he coordinates voting and messaging. He is the Vice-Chair of the Health Committee and the Elections Committee.

Assemblyman Logue authored ***Assembly Bill 415*** (see box below), which replaced existing law related to telemedicine.

He is also a member of the Elections and Redistricting Committee, the Budget Committee, the Budget Sub Committee 3, which oversees resources and transportation, and he sits on the Transportation Committee.

Assemblyman Logue was appointed chair of the Caucus Task Force on Jobs and Economic Recovery, and in this role, Logue has applied his experience in economic development, leading efforts to improve California's business climate, fighting for jobs retention, reducing regulatory burdens, and working towards economic recovery for the Golden State.

Assemblyman Logue has organized the Economic Recovery Group, which meets regularly with business representatives from all sectors of California's economy to discuss ways to eliminate impediments and restrictive government regulations in order to improve California's business climate. He has conducted public hearings up and down the state to listen to the concerns of business owners. He has also led fact-finding trips to Nevada and Texas, to hear firsthand from businesses why they do not operate in California.

Prior to serving in the California State Assembly, Logue served on the Yuba County Board of Supervisors. While serving as a Member of the Board of Supervisors, Logue worked to bring new businesses and manufacturers to the North State, growing the economy and creating jobs.

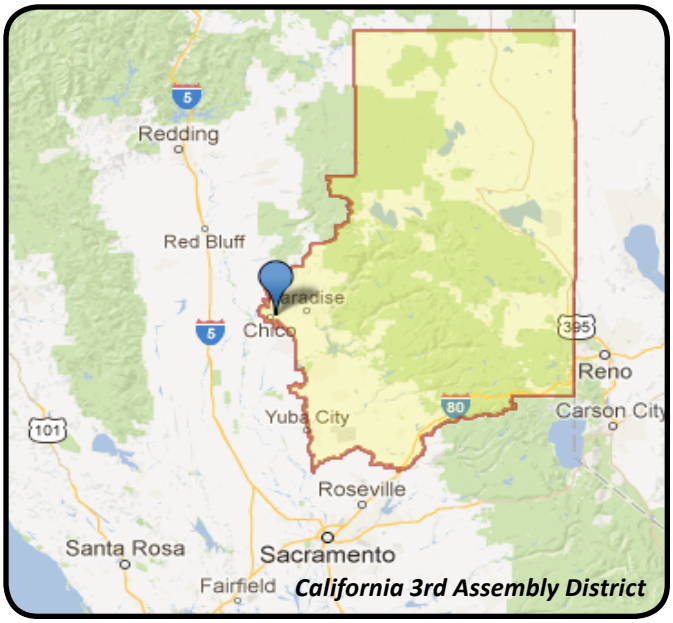
Inspired by the experiences of his father, who served in World War II, and the dedicated service of local veterans, Assemblyman Logue lead the charge to organize a local veterans Memorial Committee that raised over $350,000 in private funds to construct two world class Veterans Memorials in the Yuba-Sutter area.

Assembly Bill 415

In 2011, ***AB 415 (Chapter 547, Statutes of 2011)*** repealed existing law related to telemedicine and replaced this law with the Telehealth Advancement Act of 2011, which revises and updates existing law to facilitate the advancement of telehealth as a service delivery mode in managed care and the Medi-Cal program.

To learn more about how this bill repeals and replaces section 2290.5 of the Business and Professions Code, visit the Board's Web site at:

www.mbc.ca.gov/licensee/telehealth.html



California 3rd Assembly District

YOU ASKED FOR IT

Questions received from the Web

by Chris Valine, Public Information Analyst

Q. I am confused about the new laws regarding med spas. I am a nurse working at a med spa, and I was told the doctor now needs to be on site during every cosmetic procedure.

The Medical Board is in the process of adopting regulations regarding the appropriate level of physician availability needed within clinics or other settings using laser or intense pulse light devices for elective cosmetic procedures.

The proposed regulation states, in part, that whenever an elective cosmetic medical procedure, involving the use of a laser or intense pulse light device, is performed by a licensed health care provider, a physician with relevant training and expertise shall be immediately available to the provider. "Immediately available" means contactable by electronic or telephonic means without delay, interruptible, able to furnish appropriate assistance and direction throughout the performance of the procedure, and able to inform the patient of provisions for post procedure care. Such provisions shall be contained in the licensed health care provider's standardized procedures or protocols.

Q. I am a physician in private practice and need to renew my fluoroscopy certificate, but am not sure who to contact.

Your fluoroscopy certificate and renewal are issued from the California Department of Public Health, Radiologic Branch. This agency also issues the initial permit for authorization to use any x-ray equipment or act as a supervisor. You can contact staff at (916) 327-5106 or visit the Web site at ***http://www.cdph.ca.gov/programs/pages/radiologichealthbranch.aspx***

Q. I employ an esthetician in my practice and was recently told I need to contact the Board of Barbering and Cosmetology to register my practice.

Your medical office must have an establishment license issued by the Board of Barbering and Cosmetology in order to employ a cosmetologist, esthetician, or manicurist. You can contact that board at (916) 574-7570 or visit its Web site at ***http://www.barbercosmo.ca.gov/***

Q. I would like to know how to place my license in inactive status. I will likely not be practicing medicine in California for the next few years, due to training, and I am considering changing my status to inactive for a temporary time period, so I will not have to pay renewal fees.

Inactivating a license does not change the expiration date, and the renewal fee is the same as the fee for an active license. The advantage to holding an inactive license is that you will be allowed to renew your license without completing the Continuing Medical Education (CME) requirements.

There are two options for you to avoid paying renewal fees, which I will describe briefly. There is additional information and application forms on the Medical Board's Web site under the "A to Z Index."

Retired License: A retired physician may not practice medicine or write prescriptions in California; a retired physician does not pay renewal fees, except for the mandatory $25 Physician Loan Repayment Program (PLRP) fee; and a retired physician does not need to comply with CME requirements.

Voluntary Status: A physician may provide voluntary, unpaid service; a physician does not pay renewal fees, except for the mandatory $25 PLRP fee; and the physician must comply with CME requirements.

Have a question?

If you have a question, write to me at ***Webmaster@mbc.ca.gov*.** Some of your questions will be featured here in "YOU ASKED FOR IT", but all questions will receive an email answer from me, so let me hear from you.

Legislative Update *(continued from page 1)*

SB 1446 (Negrete McLeod, Chapter 333) – **Naturopathic Doctors**
This bill authorizes a naturopathic doctor to furnish specified substances and to administer epinephrine and natural and synthetic hormones. This bill authorizes a naturopathic doctor to independently prescribe and administer specified substances by intramuscular, intravenous, or other specified routes, only when such substances are chemically identical as those for sale without a prescription.

SB 1524 (Hernandez, Chapter 796) – **Nursing**
This bill deletes the requirement that a certified nurse-midwife and nurse practitioner must complete six months of physician supervised experience in the furnishing or ordering of drugs or devices, and instead provides that a physician may determine the extent of supervision necessary in the furnishing or ordering of drugs and devices.

Confidential Information:

SB 1407 (Leno, Chapter 657) – **Medical Information: Disclosure**
This bill prohibits a psychotherapist, who knows a minor has been removed from the physical custody of his or her parent or guardian in a dependency proceeding, from releasing or disclosing the information in the records of a minor patient to the patient's parent or guardian based solely on a signed authorization, and from allowing the parent or guardian to inspect or obtain those records, except as authorized by the juvenile court. This relates to the psychotherapist's immunity from liability for not providing records.

Corporate Bar:

AB 1548 (Carter, Chapter 140) – **Cosmetic Surgery: Employment of Physicians**
This bill prohibits outpatient cosmetic surgery centers from violating the prohibition of the corporate practice of medicine and defines "outpatient elective cosmetic medical procedures or treatments." This bill enhances the penalty for corporations violating the prohibition of the corporate practice of medicine to a public offense punishable by imprisonment for up to five years and/or by a fine not exceeding $50,000.

SB 1274 (Wolk, Chapter 793) – Hospitals: Employment
This bill narrowly expands the corporate practice of medicine exemption to allow Shriners Hospital for Children to continue to employ physicians, and also allows the hospital to bill insurers for the services rendered to patients with insurance coverage.

Health Care Coverage:

AB 137 (Portantino, Chapter 436) – **Health Care Coverage: Mammographies**
This bill requires every individual or group health insurance policy to provide coverage for mammography for screening or diagnostic purposes, upon referral by specified healthcare practitioners, based on medical need regardless of age.

AB 1453 (Monning, Chapter 854)/SB 951 (Hernandez, Chapter 866) – **Essential Health Benefits**
These bills require individual or small group health care service plan contracts that are amended or renewed, to include the health benefits covered by particular benchmark plans. These bills establish the Kaiser Small Group HMO 30 plan as the Essential Health Benefit benchmark plan for individual and small group health plan products licensed by the Department of Managed Health Care. These bills prohibit treatment limits being imposed on benefits from exceeding the corresponding limits imposed by benchmark plans. These bills also prohibit a plan from making substitutions of the benefits that are required to be covered.

Medical Education:

AB 589 (Perea, Chapter 339) – **Medical School Scholarships**
This bill creates the Steven M. Thompson Medical School Scholarship Program (STMSSP) within the Health Professions Education Foundation (HPEF). STMSSP participants must commit in writing to three years of full-time professional practice in direct patient care in an eligible setting. The maximum amount per total scholarship is $105,000 per recipient, to be distributed over the course of medical school. The STMSSP would be funded by private moneys donated, and would only be implemented if HPEF determines that sufficient funds are available.

***Legislative Update** (continued on page 7)*

Legislative Update *(continued from page 6)*

SB 122 (Price, Chapter 789) – **Medical Board: International Medical Graduates**
Among other provisions, this bill allows individuals who have attended and/or graduated from an unrecognized or disapproved international medical school to be eligible for physician licensure in California if they have continuously practiced in another state for 10 years (if they went to an unrecognized school) or 20 years (if they went to a disapproved school). This bill also requires individuals to be certified by a specialty board of the American Board of Medical Specialties; to have successfully completed the licensing exam required in existing law; to have successfully completed three years of postgraduate training; and to not have any discipline on their license in another state or any adverse judgments or settlements relating to the practice of medicine.

Medical Practice & Ethics:

AB 1217 (Fuentes, Chapter 466) – **Surrogacy Agreements**
This bill amends the Uniform Parentage Act to require a surrogate mother and the intended parent(s), each represented by independent counsel, to execute a notarized or witnessed surrogacy agreement before the mother can begin medication for assisted reproduction. This bill requires counsel for each party to issue a statement expressing that the agreement complies with the provisions of this bill to the treating physician. This bill provides that to request a parent-child relationship, the surrogacy agreement must be filed in the superior court.

AB 1621 (Halderman, Chapter 76) – **Physicians and Surgeons: Prostate Cancer**
This bill exempts physicians working on trauma cases from current law that requires physicians to provide specified information on prostate diagnostic procedures to patients who undergo an examination of the prostate gland.

AB 1731 (Block, Chapter 336) – **Newborn Screening Program**
Beginning July 1, 2013, this bill requires a general acute care hospital that has a licensed perinatal service to offer parents of a newborn, prior to discharge, a pulse oximetry test for the identification of crucial congenital heart disease (CCHD). This bill requires the California Department of Public Health to issue guidance to hospitals stating that hospitals perform this test in a manner consistent with the federal Centers for Disease Control and Prevention Guidelines, and requires hospitals to develop a CCHD screening program.

AB 2253 (Pan, Chapter 698) – **Clinical Laboratory Test Results: Electronic Conveyance**
This bill revises provisions relating to the disclosure of test results. This bill authorizes disclosure by Internet posting or other electronic means of clinical laboratory test results related to HIV antibodies, the presence of hepatitis antigens, the abuse of drugs, and specified test results that reveal a malignancy, if requested by the patient and if a healthcare professional has already discussed the results with the patient. This bill provides that the telephone is not a form of electronic communication.

AB 2356 (Skinner, Chapter 699) – **Tissue Donation**
This bill amends existing law that prohibits the transfer of any tissues into the body of another person by means of transplantation, unless the donor of the tissue has been screened and found nonreactive for evidence of specified viruses. This bill excepts a donation by a sexually intimate partner of the recipient from second or repeat testing if the recipient signs a waiver. This bill provides a liability exclusion for a physician for insemination and assisted reproductive services under certain conditions.

SB 1095 (Rubio, Chapter 454) – **Pharmacy: Clinics - Outpatient Settings**
This bill expands the type of clinics that may be issued a limited license by the Board of Pharmacy to include accredited outpatient settings and Medicare certified ambulatory surgical centers. The license issued by the Board of Pharmacy allows these clinics to purchase drugs at wholesale for administration or dispensing to clinic patients for pain and nausea under the direction of a physician.

SB 1172 (Lieu) – **Sexual Orientation Change Efforts**
This bill prohibits a mental health provider, including a physician specializing in the practice of psychiatry, from engaging in sexual orientation change efforts with a patient under 18 years of age, regardless of the willingness of a patient, patient's parent, guardian, conservator, or other person to authorize such efforts. This bill provides that violation of this prohibition shall be considered unprofessional conduct and subjects the provider to discipline by the licensing entity.

***Legislative Update** (continued on page 8)*

Legislative Update *(continued from page 7)*

SB 1538 (Simitian, Chapter 458) – **Mammograms**
This bill requires, under specified circumstances, a health facility at which a mammography examination is performed, to include in the summary of the written report that is sent to the patient, a prescribed notice on breast density.

Prescription Drugs/Controlled Substances

AB 472 (Ammiano, Chapter 338) – **Controlled Substances: Overdose - Punishment**
This bill provides that it shall not be a crime for any person who experiences a drug-related overdose, who, in good faith, seeks medical assistance, or any other person, who, in good faith, seeks medical assistance for that person, to be under the influence of, or to possess for personal use a controlled substance, controlled substance analog, or drug paraphernalia, under certain circumstances related to the overdose that prompted seeking the medical assistance, if the person does not obstruct response personnel.

SB 1301 (Hernandez, Chapter 455) – **Prescription Drugs: 90-day supply**
This bill authorizes a pharmacist to dispense not more than a 90-day supply of medication pursuant to a valid prescription that specifies the initial dispensing of a lesser amount followed by periodic refills of that amount, if the patient has completed an initial 30-day supply of the medication, as specified.

SB 1329 (Simitian, Chapter 709) – **Prescription Drugs: Collection and Distribution Program**
This bill expands the types of entities that can donate and dispense medication in the prescription drug depository and distribution program that provides donated medication to medically indigent patients, includes these additional entities within the immunity from criminal and civil liability contained in existing law, and allows counties to establish a program through an action by the county board or through an action of the public health officer of the county, instead of only through county ordinance under existing law.

Public Health:

AB 2009 (Galgiani, Chapter 443) - **Communicable Disease: Vaccinations**
This bill removes references to specific groups of people who shall have priority for the state administered influenza (flu) vaccines and updates it with the recommendations from the federal Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

AB 2109 (Pan, Chapter 821) - **Communicable Disease: Immunization Exemption**
This bill requires, on and after January 1, 2014, a separate form prescribed by the California Department of Public Health to accompany a letter or affidavit to exempt a child from immunization requirements under existing law on the basis that an immunization is contrary to the beliefs of the child's parent or guardian. This bill requires the letter or affidavit to include a signed attestation from a health practitioner that the parent was informed of the benefits and risks of the immunization and the risks of specified communicable diseases, and to document which immunizations have or have not been given.

State Administration Mandates:

AB 1588 (Atkins, Chapter 742) – **Licensees: Active Military Duty**
This bill requires boards under the Department of Consumer Affairs, including the Medical Board of California, to waive professional license renewal fees, continuing education requirements, and other renewal requirements as determined by the licensing board, for any licensee or registrant called to active military duty.

AB 1904 (Block, Chapter 399) – **Military Spouses: Expedited Licensure**
This bill requires a board under the Department of Consumer Affairs, including the Medical Board of California, to issue an expedited license to the spouse or domestic partner of a military member on active duty.

SB 623 (Kehoe, Chapter 450) - **Health Workforce Projects**
This bill requires the Office of Statewide Health Planning and Development to extend until January 1, 2014, the Health Workforce Pilot Project No. 171 to evaluate the safety, effectiveness, and acceptability of nurse practitioners, certified nurse-midwives (CNMs), and physician assistants in providing aspiration abortions.

***Legislative Update** (continued on page 9)*

The Interconception Care Project for California

By Diana E. Ramos, M.D., M.P.H.; Jeanne Conry, M.D., Ph.D.; and Laurie Gregg, M.D.
American Congress of Obstetricians and Gynecologists

In 2010, there were 509,979 births in California[1] (8% of the U.S. population). For many women faced with limited access to care and other health barriers, the postpartum visit is often the only appointment before another pregnancy, making it the optimal time to address any medical problems that may have developed around or during a woman's pregnancy while also providing women interconception assessment and counseling. However, the visit is currently underutilized with 64% of Medicaid participants and 66% of private insurance patients[2] going to their postpartum visit. Ninety-four percent of Kaiser Permanente patients[3] are seen postpartum.

Table 1: The Top 10 most common pregnancy and delivery complications	
Mental Disorders/Intimate Partner Violence	Obesity/Nutritional Deficiencies
Preterm Delivery	Bleeding-associated Disorders
Thyroid Dysfunction	Hypertension/Cardiovascular Disorders
Tobacco and Other Drug Dependence	Gestational Diabetes
Neurologic Disorders	Infections (UTI, STIs, Immunization)

With the unintended pregnancy rate of 56% [4] in California, one of the highest in the United States, and with approximately 50% of pregnant women suffering at least one medical complication[5] it is important to recognize that women who have had a poor birth outcome in a prior pregnancy are at increased risk for having another poor birth outcome in a subsequent pregnancy. [6] Hospital stays with pregnancy related complications tend to be longer (2.7 - 2.9 days) compared without complicating conditions (1.9 days). In 2008, maternal stays with complicating conditions were 50% more expensive ($8,000) compared with those without complications ($2,600). Maternal stays with pregnancy and delivery complications accounted for $17.4 billion or 5% of total hospital costs in the U.S.[7]

The Interconception Care Project for California, led by the American Congress of Obstetricians and Gynecologists (ACOG), California Chapter, The Preconception Health Council of California and funded by March of Dimes, developed postpartum visit algorithms for providers and companion patient information to address the 10 most common pregnancy and delivery complications, identified using ICD-9 discharge code data in California (Table 1). This past May, the project was awarded a national award for excellence by ACOG.

The evidence-based provider algorithms and companion culturally sensitive and low literacy patient education materials were developed by a panel of obstetric and health experts throughout California. The provider algorithms were developed so they could be used by non-obstetric providers as well as mid-level providers

Interconception Care Project *(continued on page 23)*

Legislative Update *(continued from page 8)*

SB 1236 (Price, Chapter 332) - **Omnibus**
Among other provisions, this omnibus bill renames the Physician Assistant Committee (PAC), the Physician Assistant Board (PAB), and makes it its own Board, not a committee of the Medical Board of California (Board). This bill revises the makeup of the members of the PAB, and requires, upon expiration of the current Medical Board Member, for a new member to be appointed to the PAB that is also a member of the Board to serve on the PAB as an ex officio, nonvoting member whose functions will include reporting to the Board on the actions or discussion of the PAB. This bill also includes the sunset date extension of the Board's vertical enforcement and prosecution model, from January 1, 2013 to January 1, 2014.

SB 255 (Pavley, Chapter 449) – **Health Care Coverage: Breast Cancer**
This bill amends existing law related to the regulation of health insurers regarding mandatory coverage for the diagnosis and treatment for breast cancer, which includes mastectomies, dissections, and prosthetics or reconstructive surgery. This bill revises the definition of mastectomy to specify that partial removal of a breast includes, but is not limited to, lumpectomy, which includes surgical removal of the tumor with clear margins. This bill requires a consultation regarding the length of any postsurgical hospital stay.

'Walk with a Doc' - Take a Step Toward a Healthier You!

by Carol A. Lee, Esq.
President and CEO, CMA Foundation

As part of its mission to improve individual and community health, the California Medical Association (CMA) Foundation is spearheading a *Walk with a Doc* program throughout California.

More than half of all California adults age 18 and over are either overweight or obese, which can contribute to a number of chronic diseases. Research shows that one of the most effective ways to address obesity is through exercise and physical activity and that walking for as little as 30 minutes a day can have significant benefits.

Physicians play a key role in reversing this trend and ensuring that California's children have the opportunity to live long, healthy lives. Nearly 90 percent of Californians surveyed in a 2004 Field Research Poll indicated that they wanted to hear from their physicians about issues related to overweight and obesity. Lifestyle, environmental, and policy interventions that promote healthy eating and increased physical activity can significantly impact obesity and the risk for chronic disease. The CMA Foundation's *Walk with a Doc* program will utilize physicians' expertise and credibility to enact lifestyle changes.

"*Walk with a Doc* highlights how important community, education and physical activity are to reducing obesity and heart disease in California," said Dr. Richard Pan, Chair of the California Assembly Committee on Health. "These walks are a great chance for physicians and community members to stretch their legs, get their hearts pumping and discuss healthy living. I just hope I can keep up with patients from my pediatrics practice!"

Started by David Sabgir, M.D., a board certified cardiologist at Mount Carmel St. Ann's in Ohio, *Walk with a Doc* aims to encourage healthy physical activity in people of all ages and reverse the consequences of a sedentary lifestyle in order to improve the health and well being of the country.

"Walking offers countless health benefits and of course helps reduce a person's risk factors for heart disease," said David Sabgir, M.D., *Walk with a Doc* CEO. "We started this program because it was an opportunity for us to connect with patients and hopefully, for walkers to have the motivation to come out and join us for 30-60 minutes. Learning about healthy lifestyle options and connecting with other walkers is an easy and fun way to get or stay fit," added Dr. Sabgir.

"We are thrilled to be part of *Walk with a Doc* in California," said Dexter Louie, M.D., CMA Foundation Board Chair. "The Foundation's mission is to improve individual and community health through partnerships. For 50 years, much of what we have focused on is bringing greater awareness and education around serious public health issues, like obesity. *Walk with a Doc* is in step with what we are working toward in California and being able to launch this program here is an honor and privilege."

Walk With a Doc *(continued on page 15)*

Mandatory Reporting Requirements for Physicians and Others

Reporting to the Board:

Insurers' Report of Malpractice Settlement or Arbitration Award:
http://www.mbc.ca.gov/forms/enf-801.pdf
(Business and Professions Code §801.01)

Self-Insured Employers of Physicians:
http://www.mbc.ca.gov/forms/enf-801.pdf
(Business and Professions Code §801.01)

Physicians without malpractice insurance must report:
http://www.mbc.ca.gov/forms/enf-801.pdf
(Business and Professions Code §801.01)
The same holds true for attorneys representing such physicians

State or Local Government Agencies that Self-Insure Physicians:
http://www.mbc.ca.gov/forms/enf-801.pdf
(Business and Professions Code §801.01)

Physician Reporting - Criminal Actions:
http://www.mbc.ca.gov/forms/enf-802.pdf
(Business and Professions Code §802.1)

Peer Review/Health Facility Reporting:
http://www.mbc.ca.gov/forms/enf-805.pdf
(Business and Professions Code §805)
http://www.mbc.ca.gov/forms/enf-805-01.pdf
(Business and Professions Code §805.01)

Reporting for Coroners:
http://www.mbc.ca.gov/forms/coroner_report.pdf
(Business and Professions Code §802.5)

Reporting Requirements for Court Clerks and Prosecuting Agencies:
http://www.mbc.ca.gov/forms/enf-803.pdf
(Business and Professions Code §803, 803.5 and 803.6)

Transfer to Hospital from, or Death of Patient in Outpatient Surgery Setting:
http://www.mbc.ca.gov/forms/patient_death.pdf
http://www.mbc.ca.gov/forms/enf-2240b.pdf
(Business and Professions Code §2240)

Notification of Name Change:
http://www.mbc.ca.gov/licensee/name_change.html

Address of Record:
http://www.mbc.ca.gov/licensee/address_record.html

Reporting to other entities:

Outpatient settings must report adverse events to the California Department of Public Health
(Health and Safety Code §§1248, 1248.15(h), 1279.1 and 1280.4)
Reportable to: *California Department of Public Health*

Birth and death certificates must be registered with the local registrar within 10 days following the events of births and deaths for the district in which the birth or death occurred.
(Health and Safety Code §§102400, 102795 and 102825)
Reportable to: *Local Registrar*

Certificates of fetal death must be completed by the physician, if any, in attendance within 15 hours after the delivery.
(Health and Safety Code §102975)

Diseases reportable by health care providers in California:
http://www.cdph.ca.gov/HealthInfo/discond/Documents/SSS_Reportable_Diseases.pdf
Or see July 2011 MBC Newsletter
http://www.mbc.ca.gov/publications/newsletters/newsletter_2011_10.pdf
Reportable to: *Local Health Officer*

Mandatory Reporting Requirements *(continued on page 12)*

Mandatory Reporting Requirements *(continued from page 11)*

Injuries by deadly weapon or criminal act:
http://www.leginfo.ca.gov/calaw.html
(Penal Code §11160)
Reportable to: *Local Law Enforcement*

Pesticide poisoning:
http://www.leginfo.ca.gov/calaw.html
(Labor Code §6409(a))
Reportable to: *Local Health Officer*

Child abuse:
http://www.leginfo.ca.gov/calaw.html
(Penal Code §§11165.7(a)(21), 11165.9, 11166(a)(c))
Reportable to: *Local Law Enforcement, County Probation Department, or County Welfare Department*

Adult/Elder abuse:
http://www.leginfo.ca.gov/calaw.html
(Welfare and Institutions Code §15630)
Reportable to: *Local Law Enforcement or an Adult Protective Service Agency*

Injuries resulting from neglect or abuse:
http://www.leginfo.ca.gov/calaw.html
(Penal Code §11161.8)
Reportable to: *Local Law Enforcement and the County Health Department*

Lapses of Consciousness:
http://www.leginfo.ca.gov/calaw.html
(Health and Safety Code §103900)
Reportable to: *Local Health Officer*

Miscellaneous reporting requirements:

Reporting Requirements for Lost or Stolen Controlled Substances or Prescription Forms Reporting Obligations for Illegal Use of Your DEA Number:
http://www.mbc.ca.gov/licensee/dea_reporting.html

Required written information physicians must provide patients:
http://www.mbc.ca.gov/publications

A Patient's Guide to Blood Transfusion
(Health and Safety Code §1645)

A Woman's Guide to Breast Cancer Diagnosis & Treatment
(Health and Safety Code §109275)
Gynecologic Cancers…What Women Need to Know
(Health and Safety Code §109278)

Professional Therapy Never Includes Sex
(Business and Professionals Code §728)

Things to Consider Before Your Silicone Implant Surgery
(Business and Professions Code §2259)

What You Need to Know About Prostate Cancer
(Business and Professions Code §2248; Health and Safety Code §109280)

Mandatory physician signage:

Notice to Consumer regulation:
http://www.mbc.ca.gov/licensee/notices_to_consumers.html
(Title 16, California Code of Regulations §1355.4)

AB 583 Education Disclosure:
http://www.mbc.ca.gov/licensee/notices_to_consumers.html
(Business and Professions Code §680.5)

Prostate Cancer "Be Informed" Notice:
http://www.mbc.ca.gov/licensee/notices_prostate.html
(Health and Safety Code §109282)

Breast Cancer "Be Informed" Notice:
http://www.leginfo.ca.gov/calaw.html
(Health and Safety Code §109277)

A New Look at Lead Poisoning

By Jean Woo, M.D., M.P.H., M.B.A.; Margaret Mossman, P.H.N.; Carrie Jones, M.D., M.P.H.; and Valerie Charlton, M.D., M.P.H.
California Department of Public Health, Childhood Lead Poisoning Prevention Branch

Since 1991, the Centers for Disease Control and Prevention (CDC) have used a blood lead level (BLL) of 10 mcg/dL as a "level of concern" for managing childhood lead poisoning. In May 2012, CDC announced a change in its recommendations after studies showed harmful effects below 10 mcg/dL.[1, 2] CDC has now issued guidelines setting a "reference value" of 5 mcg/dL for management of lead exposure in children between six months and six years, a value derived from the 97.5th percentile of the BLL distribution in U.S. children aged 1 through 5 years.[3] However, even a blood lead level less than 5 mcg/dL can have adverse effects, so healthcare providers need to continue to be concerned about lead poisoning. There is no known safe level of lead in the body.[4]

Sources of Lead Exposure

For children, the most common lead hazards are lead-based paint, lead in dust and soil resulting from leaded gasoline, air emissions, and paint deterioration. Young children interact with their environment through hand-to-mouth activity, which exposes them to contaminated dust and soil. Lead poisoning has been reported due to water or pipes in some areas.[5]

Occupations involving lead are a risk for children as well as adults. Take-home exposure – lead contamination on the skin, hair, clothes, shoes, or vehicle – may result in childhood lead poisoning. Some occupations and hobbies with a risk for lead exposure include work with radiators, batteries, plastics, soldering, construction, renovation, painting, demolition, recycling, fishing sinkers, ammunition, and on firing ranges.[6]

Other sources can add to the cumulative body burden. Some consumer products contain lead, such as metal and vinyl objects, some imported eyeliners (kohl, surma, and tiro), foods (spices, dried plums, candy, fried grasshoppers or "chapulines"), and alternative remedies (greta, azarcon, ayurvedic medications). Eating dirt or clay during pregnancy, or chewing on clay pots, is a common practice in some cultures. Immigrants or foreign adoptees may have been exposed in their country of origin.[7]

Clinical Effects

Lead interferes with heme synthesis and is a potent neurotoxin. Lead is associated with anemia, learning disability, hypertension, cardiovascular and renal disease, delayed puberty, and reduced fertility.

Perinatal lead poisoning can have lasting adverse effects on the mother, fetus, neonate, and breast-feeding child. Lead readily crosses the placenta and prenatal exposure is associated with intra-uterine growth restriction, maternal hypertension, and an increased frequency of spontaneous abortion.[8]

In children, the most significant impact of lead poisoning is neurodevelopmental. It has been associated with Attention Deficit Hyperactive Disorder,[9] developmental delay, speech and language deficiencies, and cognitive deficiencies. Childhood lead poisoning may present as learning and behavioral issues. In teens and young adults, it may be associated with increased school drop-out rates and aggressive behavior.[10]

Medical Management

California has mandated a standard of care for the medical management of lead-exposed children which requires anticipatory guidance and BLLs at specified times.[11] The Childhood Lead Poisoning Prevention Branch (CLPPB) and the Child Health and Disability Prevention Program (CHDP) have adopted management guidelines for MDs, nurse practitioners,

Lead Poisoning *(continued on page 14)*

805 Reporting Clarification

In the Summer 2012 Newsletter (***http://www.mbc.ca.gov/publications/newsletters/newsletter_2012_07.pdf***) there was an explanation of the 805 reporting process. It was noted that the 805 report is not just about disciplinary matters; it applies to other situations as well. For example:

- If a physician resigns or takes a leave of absence from membership, staff privileges or employment.
- The physician withdraws or abandons his or her application for staff privileges or membership.
- The physician withdraws or abandons his or her application for renewal of staff privileges or membership.

To clarify, the above actions necessitate an 805 report ***only*** if the action occurred after the physician received one of the following:

- Notice of a pending investigation initiated for a medical disciplinary cause or reason, or;
- Notice that his or her application for membership or staff privileges is denied or will be denied for a medical disciplinary cause or reason.

When a physician resigns, takes a leave of absence, or withdraws an application in good standing, an 805 report is not required.

Lead Poisoning *(continued from page 13)*

and physician assistants.[12] Local and state childhood lead poisoning programs are available to help identify lead hazards and provide ongoing case management. Providers should be aware that a highly elevated BLL in a person of any age is an urgent situation requiring immediate action. While lead poisoning is typically asymptomatic, acute lead exposure must be considered when a patient presents with seizures, encephalopathy, or a history of pica or small-object ingestion. A venous BLL is necessary to confirm the diagnosis of lead poisoning; and, if a swallowed non-food object is suspected, an abdominal x-ray should be obtained.

Lead and Culture

Healthcare providers need to be alert to possible sources of exposure, but also sensitive to culture. Not all cultural practices or imported products are harmful, and not all items produced in the U.S. are lead-free.

For further information, refer to the Web site of the Childhood Lead Poisoning Prevention Branch, California Department of Public Health: ***www.cdph.ca.gov/programs/CLPPB/Pages/default.aspx*** or contact (510) 620-5600.

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[1]Canfield et al. NEJM 2003; 348(16):1517-26.
[2]Koller et al. EHP, Jun 2004.
[3]CDC, ***www.cdc.gov/nceh/lead/ACCLPP/CDC_Response_Lead_Exposure_Recs.pdf***
[4]Bellinger, Current Opinions in Pediatrics, 2008, 20:172-177.
[5]MMWR, August 10, 2012 / 61(04);1-9, Lead in Drinking Water and Human Blood Lead Levels in the United States ***http://www.cdc.gov/mmwr/preview/mmwrhtml/su6104a1.htm?s_cid=su6104a1_w***
[6]Kosnett M, Recommendations for Medical Management of Adult Lead Exposure, Env Health Persp, March 2007; 115(3):463-71.
[7]CDC, Screening During the Domestic Medical Examination for Newly Arrived Refugees, April 2012 ***www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html***
[8]CDC, Guidelines for the Identification and Management of Lead Exposure in Pregnant and Lactating Women ***www.cdc.gov/nceh/lead/publications/LeadandPregnancy2010.pdf***
[9]Bellinger DC (2008) Neurological and behavioral consequences of childhood lead exposure. PLoS Med 5(5): e115. doi:10.1371/journal.pmed.0050115
[10]Wright JP, Dietrich KN, Ris MD, Hornung RW, Wessel SD, et al. (2008) Association of prenatal and childhood blood lead concentrations with criminal arrests in early adulthood. PLoS Med 5(5): e101. doi:10.1371/journal.pmed.0050101
[11]California Code of Regulations, Sec. 3700-37100, Screening for Childhood Lead Poisoning ***www.cdph.ca.gov/programs/CLPPB/Pages/ScreenRegs-CLPPB.aspx***
[12]CLPPB, ***www.cdph.ca.gov/programs/CLPPB/Documents/HAGS_201107.pdf***

Walk With a Doc *(continued from page 10)*

Walk with a Doc is supported in California by a grant from the Anthem Blue Cross Foundation.

"Walking is a simple and effective way to improve your fitness level and health," said Pam Kehaly, president of Anthem Blue Cross. "*Walk with a Doc* creates a community and support structure for those interested in taking the first step toward improved health. Anthem Blue Cross Foundation is proud to support this program and we applaud everyone who took part in today's event."

Billboards highlighting *Walk with a Doc* can be seen throughout California, and have been graciously donated by the California State Outdoor Advertising Association. The partnership will increase walking participants in each of the counties where *Walk with a Doc* will hold events.

Walk with a Doc encourages people of all ages to get out and walk with a physician. Walks are held on Saturday mornings lasting about an hour each and start with a physician giving a quick 5-10 minute talk on healthy living. These FREE and FUN walks are for anyone interested in taking steps for their health.

For more information, times and locations visit: ***http://www.thecmafoundation.org/projects/wwaad.aspx***.

Physician walk leaders and program volunteers are needed. Physician walk leaders and program volunteers must be energetic, enjoy meeting and motivating people and most importantly, include:

1. Working with the program team to plan the date and locations of the regular short, safe and friendly walks;
2. Helping promote the *Walk with a Doc* program to local people and communities and;
3. Supporting your fellow volunteers and any new Walk leaders.

To volunteer, please contact Vanessa Saetern at ***vsaetern@thecmafoundation.org*** or (916) 779-6631.

For more information on the CMA Foundation's *Walk with a Doc* program, please visit our Web site at: ***http://www.thecmafoundation.org/projects/wwaad.aspx***.

Know How to Spot an Alcoholic Patient

Alcoholism can be difficult to diagnose as it presents itself through a variety of signs and symptoms. It can be very subtle and it is important that physicians properly educate themselves in order to ensure patients get the appropriate treatment. The National Institute on Alcohol Abuse and Alcoholism recommends four ways to help identify patients who drink too much.

1. **Ask about alcohol use.** Pre-screen patients by asking if they drink alcoholic beverages. If the patient says yes, determine if the individual is an at-risk drinker.
2. **Assess for alcohol use disorders.** For at-risk drinkers, determine if the drinking is adversely affecting their lives or relationships and whether they are experiencing symptoms of alcohol dependence.
3. **Advise and assist.** Advise patients if they have an alcohol abuse disorder or are at-risk drinkers. Offer assistance in developing a plan either to quit or cut back on drinking as needed.
4. **At follow up, continue support.** Ask whether patients have been able to meet and sustain their drinking goals and offer continued support.

For more physician resources regarding alcohol-related problems visit:

http://www.niaaa.nih.gov/publications/clinical-guides-and-manuals

Source: American Medical News

http://www.ama-assn.org/amednews/2012/10/15/prsa1015.htm

Are Your Unlicensed Residents Training Beyond Their Licensing Exemption Period?

by Kevin Schunke, Licensing Outreach Manager

In 2001, the Medical Board established a Licensing Outreach Program. The purpose of the Program is to build improved working relationships with California's teaching hospitals, the Graduate Medical Education (GME) staff, and applicants who need a license to move forward with their postgraduate training or fellowship. While the Program manager travels to teaching hospitals to help residents with the license application process, staff's presence at hospitals can reveal unlicensed residents who are training beyond their licensing exemption period.

It should be well known among all GME staff and program directors that a US or Canadian medical graduate must complete 12 continuous months of training in a single program to be eligible for licensure in California. These residents must be licensed by the end of the 24th month of training. An international medical graduate (IMG) must complete 24 months of training to be eligible for licensure. An IMG must be licensed by the end of the 36th month of training. In calculating these months, the Board counts **all** approved training in the US (ACGME) or Canada (RCPSC), *whether or not credit was granted*.

However, within four weeks during this past Fall, the Program manager determined three residents (each at a different teaching hospital) were training illegally. (Note: Since the Board requires IMGs to hold a PTAL before they can train, Board staff is aware of their previous training experience. The examples almost always happen with US/Canadian graduates, who do not come to the attention of the Board's licensing staff until they actually start the application process). Each of the residents were in the second year of training at their respective hospital and it was assumed by GME and program staff they would not have to be licensed until the end of the current academic year. However, each resident already had completed 12 months of residency at a different teaching hospital, thus, should have been licensed during the first year of training at the current hospital. By moving into the second year of training at their current hospital (in reality, beginning the 25th month of overall training), these residents exceeded the statutory deadline for being licensed.

Unlicensed Resident Training *(continued on page 21)*

National Women's Health Week

National Women's Health Week will be held May 12-18, 2013. The nationwide observance is coordinated by the U.S. Department of Health and Human Services (***http://www.hhs.gov***) and brings together communities, businesses, government, health organizations, and other groups in order to promote women's health. National Women's Health Week encourages women to make their health a top priority.

For more information, visit:
http://www.womenshealth.gov/nwhw

National Women and Girls HIV/ AIDS Awareness Day

March 10 is National Women and Girls HIV/ Awareness Day, which helps organizations across the country come together to offer support, encourage discussion and teach women and girls about prevention of HIV, the importance of HIV, and how to live with and manage HIV/AIDS. According to the Centers for Disease Control and Prevention (CDC), more than 290,000 women in the United States are living with HIV.

To find out more, visit:
http://womenshealth.gov/nwghaad/

New EDD Electronic Claim Filing System Now Online

by Laurel Waters, M.D., FCAP, FASCP
Medical Director, Employment Development Department

The Employment Development Department (EDD) has implemented a new electronic claim filing system. The system allows claimants, physicians/practitioners, and employers to create an online account to submit Disability Insurance and Paid Family Leave claims electronically. The option to file a paper claim for DI and PFL benefits remains available by using the new Optical Character Recognition (OCR) claim forms.

The State Disability Insurance (SDI) program is a temporary and partial wage-replacement insurance plan for California workers. This program is funded by State-mandated employee payroll deductions and administered by the EDD. The SDI program has two components:

- Disability Insurance (DI) pays up to 52 weeks for eligible workers who suffer a wage loss when they are unable to perform their regular and customary work due to non-occupational illness or injury, or due to pregnancy or childbirth.
- Paid Family Leave (PFL) pays up to 6 weeks (within a 12-month period) for eligible workers who suffer a wage loss when they need to take time off from work to care for a seriously ill child, parent, spouse or registered domestic partner, or to bond with a new child.

We encourage you and your clients to submit DI and PFL claim information through the SDI Online system. Benefits to submitting claims information online include:

- Improved access to services.
- Reduction in claim processing time.
- Improved service delivery to customers.
- Electronic confirmation of forms receipt.
- Complete and accurate claim information.
- Automated business logic intelligence to detect and manage fraud and abuse.

For more information about SDI Online, or to order State Disability Insurance OCR claim forms, visit our Web site at ***http://www.edd.ca.gov/disability/*** or call 1 (855) 342-3645.

The California Medical Association (CMA) recently hosted a webinar about SDI Online which is available for downloading at: ***http://www.cmanet.org/resource-library/detail/?item=state-disability-insurance-online-for-your&*** After you select the "Add to Cart" and "Proceed to Checkout" buttons, you need to either log-in to your account or create a new free one. The initial section of the webinar provides background about SDI. This is followed by a series of screen shots demonstrating the process of obtaining a physician account in SDI Online, registering your representatives and various uses of your account. A more advanced webinar will be held March 13, 2013.

For additional information on this program, contact Laurel Waters M.D., FCAP FASCP, Medical Director, Employment Development Department, ***Laurel.Waters@edd.ca.gov***

FDA Advisory Committee

by Mary Ellen Taylor
Public Affairs Specialist, U.S. Food and Drug Administration

As part of the FDA's ongoing efforts to recruit qualified experts, with minimal conflicts of interest, interested in serving on an FDA advisory committee, FDA is requesting nominations. Anyone may nominate qualified persons for the advisory committees/panels. Self-nominations are also accepted. FDA has a special interest in ensuring that women, minority groups, and individuals with disabilities are adequately represented on its advisory committees and, therefore, encourages nominations of qualified candidates from these groups. Potential candidates will be required to provide detailed information concerning such matters as financial holdings, employment, and research grants and/or contracts to permit evaluation of possible sources of conflict of interest.

Qualifications - Persons nominated as scientific members must be technically qualified experts in their field (e.g., clinical medicine, engineering, biological and physical sciences, biostatistics, and food sciences) and have experience interpreting complex data. Candidates must

FDA Advisory Committees *(continued on page 18)*

Administrative Law Judge Training

In coordination with the Office of Administrative Hearings (OAH), the Medical Board has begun training Administrative Law Judges (ALJs) who hear Board disciplinary cases. Government Code section 11371 requires that ALJs receive medical training as recommended by the Board and a training program has been developed that includes topics such as pain management and appropriate medication standards, chronic pain issues, new developments in medicine, electronic health records, and other relevant subjects.

The first training was a day-long course conducted via video conferencing technology, with presenters located throughout the state and the judges in their respective offices. These conferences will continue on an ongoing basis and additional training opportunities have been developed to take place during lunch time.

Pictured: ALJ training video conference

This efficient and cost-effective model will allow the Board to hold training sessions with presenters and ALJs without accruing travel expenses or interrupting hearings.

Medi-Cal Reimbursement Update

by Jonathan Wunderlich, Assistant Deputy Director, Healthcare Financing, Department of Health Care Services

Pursuant to the Affordable Care Act, Medi-Cal reimbursement for designated primary care services for eligible providers will be at the same level as Medicare. This applies for dates of service from January 1, 2013 through December 31, 2014. The Department of Health Care Services (DHCS) issued a provider bulletin on December 21, 2012 that provides more information and is available on the Medi-Cal Web site at ***http://www.medi-cal.ca.gov***

The first step in this process is for providers to self-attest their eligibility based on the criteria established by the federal government. DHCS is developing an online registration to enable providers to attest their eligibility. This tool should be used by all providers who participate in the Medi-Cal program; including providers enrolled in fee-for-service Medi-Cal and providers who only participate in Medi-Cal managed care. As more information becomes available regarding the online registration, DHCS will communicate that information to provider associations and directly to providers via Medi-Cal provider bulletins, Medical Board outreach, and possibly direct mailings.

For more information, contact the Telephone Services Center at 1 (800) 541-5555.

FDA Advisory Committees *(continued from page 17)*

be able to analyze detailed scientific data and understand its public health significance. For example, a nominee for the CDRH Clinical Chemistry and Clinical Toxicology Devices Panel should be a doctor of medicine or philosophy with experience in clinical chemistry, clinical toxicology, clinical pathology, clinical laboratory medicine, endocrinology, or oncology.

How to Apply - Email your information (see below) to ***cv@oc.fda.gov***

- Complete curriculum vitae of each nominee
- Current business and/or home address, telephone number, and email
- The advisory committee(s) or advisory panel(s) for which the nominee is recommended
- A written confirmation that the nominee is aware of the nomination (unless self-nominated)

Please let us know how you heard about us, e.g., attendance at a professional meeting, publication article (like this Newsletter), FDA Web site, or professional organization.

For more information:
http://www.fda.gov/AdvisoryCommittees/default.htm

Photos From the October 25-26, 2012 Board Meeting in San Diego

Medical Board employees Regina Rao (left) and Armando Melendez (right)

Medical Board Executive Director Linda Whitney (left) and Medical Board President Sharon Levine, M.D. (right)

Charlene Zettel, Chief Executive Officer of Donate Life California

FASCINATING FUN FACTS

1. Which of the following primary care specialties have a higher percentage of female physicians than male physicians?

   A. FAMILY PRACTICE
   B. GENERAL PRACTICE
   C. INTERNAL MEDICINE
   D. OBSTETRICS & GYNECOLOGY
   E. PEDIATRICS

2. Which of the following primary care specialties have the highest percentage of male physicians?

   A. FAMILY PRACTICE
   B. GENERAL PRACTICE
   C. INTERNAL MEDICINE
   D. OBSTETRICS & GYNECOLOGY
   E. PEDIATRICS

3. Which of the following primary care specialties have an equal percentage of male and female physicians?

   A. FAMILY PRACTICE
   B. GENERAL PRACTICE
   C. INTERNAL MEDICINE
   D. OBSTETRICS & GYNECOLOGY
   E. PEDIATRICS

***Answers** on page 23*

Safe & Appropriate Controlled Substance Prescribing & Dispensing Conference

On February 21 & 22, 2013 in San Francisco, the Medical Board of California and the California State Board of Pharmacy are co-sponsoring a conference regarding the problems caused by prescription drug abuse and how physicians, pharmacists, law enforcement, prosecutors, regulators, lawmakers and others are working to find solutions.

Up to 10 hours of CME credit will be granted to California licensed physicians.

Email the Medical Board at ***webmaster@mbc.ca.gov*** to indicate your interest and recieve a registration form when it becomes available. RSVP as soon as possible; participation is limited to 500.

News 2 Use

California Healthline (californiahealthline.org)
Association Releases List of Top-Performing Physician Groups.
The Integrated Healthcare Association has released a list of the top-performing and most-improved physician groups in California as part of a pay-for-performance initiative, *Payers & Providers* reports (September 28, 2012).
http://www.californiahealthline.org/articles/2012/9/28/association-releases-list-of-top-performing-physician-groups.aspx#

Journal Watch (jwatch.org)
Burnout Is More Common Among Physicians Than in the U.S. General Population
Burnout rates are high in family medicine, internal medicine and emergency medicine (September 6, 2012).
http://general-medicine.jwatch.org/cgi/content/full/2012/906/1

Centers for Medicare & Medicaid Services (cms.gov)
Health Care Law Delivers Higher Payments to Primary Care Physicians
Health and Human Services (HHS) Secretary Kathleen Sebelius announced the final rule implementing the part of the health care law that delivers higher payments to primary care physicians serving Medicaid beneficiaries. The new rule raises rates to ensure doctors are paid the same for treating Medicare and Medicaid patients and does not raise costs for states (November 1, 2012).
http://tinyurl.com/bkn3ju3

Centers for Disease Control and Prevention (cdc.gov)
Update on Nationwide Meningitis Outbreak
In response to a nationwide outbreak of meningitis and stroke associated with a widely distributed medication, CDC is providing updated guidance to clinicians about contaminated medication products received from the New England Compounding Center located in Framingham, Mass. Patients have suffered a variety of symptoms, including those associated with a rare form of fungal meningitis (brain infection) and stroke. (October 5, 2012).
http://www.cdc.gov/media/releases/2012/p10_05_meningitis_outbreak.html

National Institutes of Health (nih.gov)
NIH study shows the deaf brain processes touch differently
People who are born deaf process the sense of touch differently than people who are born with normal hearing (October 10, 2012).
http://ocplmedia.od.nih.gov/nihradio/20120927NINDSaspirin.mp3 **[AUDIO]**

National Institutes of Health (nih.org)
NIH Grantees Win 2012 Nobel Prize in Chemistry
The 2012 Nobel Prize in chemistry has been awarded to National Institutes of Health grantees Robert J. Lefkowitz, M.D., of the Howard Hughes Medical Institute and Duke University Medical Center; and Brian K. Kobilka, M.D., of the Stanford University School of Medicine, for studies of protein receptors that let body cells sense and respond to outside signals (October 10, 2012).
http://www.nih.gov/news/health/oct2012/od-10.htm

Tech Med Corner

American Medical News (amednews.com)
When the Rx is an app
As apps monitor, manage and control almost every aspect of health care, some physicians are finding they help increase patient compliance and education (November 5, 2012).
http://www.ama-assn.org/amednews/2012/11/05/bisa1105.htm

California Healthline (californiahealthline.org)
UC-Davis Health System to Lead Statewide Data-Sharing Program
The UC-Davis Health System recently signed a $17.5 million agreement with state and federal officials to lead an initiative to electronically link California hospitals, emergency departments and physicians by 2014, the Sacramento Business Journal reports (September 26, 2012).
http://www.californiahealthline.org/articles/2012/9/26/uc-davis-health-system-to-lead-statewide-data-sharing-program.aspx

Steven M. Thompson Loan Repayment Program Recipient

After graduating from medical school at Wake Forest University in 2008, Dr. Courtney Ladika knew that she wanted to work with an underserved population in a rural or remote setting. Upon completion of her residency, she found a job at a Rural Health Clinic in Eureka, CA where she works with a variety of patients, many of whom are underserved. The Steven M. Thompson Loan Repayment Program gave her the financial security to work in a small practice clinic, serving a population of patients that may otherwise go without a primary care physician. In her spare time, Dr. Ladika enjoys running through the fog of the giant redwood forest, playing on the beaches, and identifying mushrooms. Dr. Ladika describes Eureka as a wonderful community to raise a family, and says that clinic life is both busy and interesting.

Pictured: Dr. Courtney Ladika (left) and assistant.

Unlicensed Resident Training *(continued from page 16)*

Upon identification of the illegal training, the Program manager has the autonomous authority to immediately notify the hospital of the situation. The medical residents were ordered to be pulled from practice and training. The severity of this situation is best accentuated in stating that these residents immediately had to cease and desist all clinical contact with patients until a license was issued. It did not matter if the resident was scheduled for appointments or planned to perform a medical procedure of any type.

For each of these instances, the residents must wait not only for licensure, but also for the issuance of a citation for the unlicensed practice of medicine before they could resume training. The citation levied a fine of $2,500, payable by the resident. Likewise, a citation and $2,500 fine was issued against the Program Director for aiding and abetting the unlicensed practice of medicine.

This unfortunate situation impacts the hospitals, the training programs, the program directors, and the care of patients. However, in most cases, the hospital is able to cover for this unexpected vacancy. The impact on the residents are more severe. They cannot practice medicine, continue medical training (which can put the entire training period off-cycle) and, in some cases, leaves the resident unemployable until the license is issued. Assuming no other problems are identified during the resident's application process, the elapsed time can be two months.

The Board hopes that by calling these specific examples to the attention of GME and program staff, similar unfortunate interruptions in patient care and training cycles can be avoided.

If you have any questions about this issue, would like to review/discuss resident's training months to ensure their limits are not exceeded, or ask licensing questions in general, please contact Kevin A. Schunke, Licensing Outreach Program Manager, at (916) 263-2368 or at ***kevin.schunke@mbc.ca.gov***.

The Board also encourages those teaching hospitals not currently participating in the Licensing Outreach Program to contact Mr. Schunke to see how the Board's resources can assist your residents and your teaching hospital.

Online Learning: Virtual Lecture Hall

by John M. Harris Jr., M.D., M.B.A.
Executive Director, Office of Continuing Medical Education, University of Arizona College of Medicine

The Virtual Lecture Hall® (http://www.VLH.com) is an educational Web site hosted by the University of Arizona College of Medicine that helps physicians meet special state CME needs, such as California's pain medicine requirement. All programs on the site provide a rich, interactive educational experience that is evidence-based and free from commercial support. User ratings and comments on all programs are publicly available without site registration. CME Certificates can be downloaded from the site.

MBC Newsletter readers can take ***http://www.VLH.com*** programs for free by creating a complimentary account at ***http://www.VLH.com*** – use Special Registration Code 5052 (membership usually costs $25).

AMA PRA Category 1 CME CreditTM or equivalent credit (AAFP Prescribed Credit) is available for $25 per credit.

- Improving Outcomes in Chronic Pain – A comprehensive, multimedia, case-based program offering up to 14.5 AMA PRA Category 1 CreditsTM developed with NIH research support. Written by national pain experts and shown to be educationally effective in a randomized trial.* This course can be combined with other programs on The Virtual Lecture Hall to meet California's CME requirement for training in pain management and end of life care.
- Current Management of Domestic Violence: Responding to Intimate Partner Violence – Learn how to comfortably and successfully manage the difficult clinical problems posed by domestic violence (DV). Physicians can earn 0.75-16 AMA PRA Category 1 CreditsTM in this case-based program that deals with DV presentations in five primary care specialties. The program was prepared by DV experts and developed as part of an NIH-funded research project. It has been shown to be educationally effective in a randomized trial.**
- Culture & End of Life Care – Learn cultural competency in an end of life and geriatric care setting in this series developed with NIH support. This multimedia online program provides up to 4.0 CME credits. Evaluated in a randomized controlled trial with a group of 227 family medicine physicians, these three case-based courses were enthusiastically received and associated with increases in knowledge and self-reported cultural competence behaviors at 9-week follow-up. This program provides AAFP Prescribed Credit (equivalent to AMA PRA Category 1 CreditTM) and helps meet California's geriatric medicine CME requirement.
- Managing Type 2 Diabetes in Diverse Populations – Enhance your knowledge of the current therapy of type 2 diabetes and improve your cultural competency. Physicians can earn from 0.5-9 AMA PRA Category 1 CreditsTM in this NIH-funded, case-based program authored by cultural competency and diabetes experts.

The Virtual Lecture Hall offers additional CME programs covering many state-required topics, including: medical errors, patient relations/safety, professional responsibility, ethics, prescribing practices, patient communication, risk management, and child abuse. The Virtual Lecture Hall (***http://www.VLH.com***) does not contain advertising or offer CME programs that have been underwritten by commercial interests.

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*Harris JM, Elliott TE, Davis BE, et al. Educating generalist physicians about chronic pain: Live experts and online education can provide durable benefits. Pain Medicine. 2008;9:555-563.

**Short LM, Surprenant ZJ, Harris JM. A community-based trial of an online intimate partner violence CME program. American Journal of Preventive Medicine. 2006;30:181-185.

Interconception Care Project *(continued from page 9)*

knowing that patients may miss their postpartum visit and their next medical visit may not necessarily be with their prenatal care provider. The algorithms were reviewed by various types of healthcare providers throughout California to assess their content and utility. Patient handouts, in both English and Spanish, were reviewed by English-speaking and Spanish-speaking patients. The patient brochures provide a simplified explanation of the medical condition, implications for future pregnancies, and emphasize the importance of planning the next pregnancy, communication with their health care provider and obtaining early prenatal care.

All of the materials are free to download, print, and distribute free of charge at: ***http://www.everywomancalifornia.org***.

Our hope is that providers and patients throughout California will find the materials to be a valuable resource and use it as a bridge between postpartum health and the future health of mothers and their babies. Together we can work to improve the health of postpartum women in California and make their next pregnancy healthier.

1. State of California, Department of Finance, Demographic Research Unit. Historical and Projected State and County Births, 1980-2020, with Actual and Projected Fertility Rates by Mother's Age and Race/Ethnicity, 2000-2020. Sacramento, California: October 2011.
2. National Committee for Quality assurance (NCQA). 2011. Continuous Improvement and the Expansion of Quality Measures. The State of Health Care Quality 2011. ***http://www.ncqa.org/Portals/0/SOHC-web1.pdf*** (June 22, 2012).
3. Kaiser Permanente 2011. Data on File.
4. Finer L et al, Unintended Pregnancy Rates at the State Level,Perspectives on Sexual and Reproductive Health, 2011, 43(2):78–87, doi: 10.1363/4307811
5. Bruce FC, Berg CJ, Hornbrook MC, Whitlock EP, Callaghan WM, Bachman DJ, et al.. Maternal morbidity rates in a managed care population. Obstet Gynecol 2008;111:1089–95.
6. Gennaro, S, et al, Postpartum health in mothers of term and preterm infants, Women Health 41 (2005):99-112
7. Agency for Healthcare Research and Quality (AHRQ).2011. Complicating Conditions of Pregnancy and Childbirth, 2008; Statistical Brief. ***http://www.hcup-us.ahrq.gov/reports/statbriefs/sb113.pdf*** (June 22, 2012).

FASCINATING FUN FACTS ANSWERS

Questions *on page 19*

1. The primary care specialty with a higher percentage of female physicians than males is Pediatrics

   Percentage of female physicians: 57%
   Percentage of male physicians: 43%

2. The primary care specialty with the highest percentage of male physicians is General Practice.

   Percentage of male physicians: 73%
   Percentage of female physicians: 27%

3. The primary care specialty with an equal percentage of male and female physicians is OBGYN.

   Percentage of male physicians: 50%
   Percentage of female physicians: 50%

Physician Survey Disclaimer –
All information provided by the Medical Board of California is made available to provide immediate access for the convenience of interested persons. While the Board believes the information to be reliable, human or mechanical error remains a possibility, as does delay in the posting or updating of information. The information is self-reported by the physician and the Board does not verify the information. Therefore, the Board makes no guarantee as to the accuracy, completeness, timeliness, currency, or correct sequencing of the information. Neither the Board, nor any of the sources of the information, shall be responsible for any errors or omissions, or for the use or results obtained from the use of this information.

Administrative Actions: August 1, 2012 – October 31, 2012

Physicians and Surgeons

Please note: The following listings have been summarized due to the Winter Newsletter also being released in print. To view the public record documents for each individual, visit the following Web site: ***http://www.mbc.ca.gov/lookup.html*** *and enter the name you wish to search for.*

ABRAMS, ANDREW ISAAC, M.D. (A 122956)
Tucson, AZ
Stipulated Decision. Disclosed a conviction for driving under the influence of alcohol on his application for licensure. Probationary license granted, placed on 3 years probation with terms and conditions including, but not limited to, completing a professionalism program. Probationary license issued September 21, 2012.

AITKEN, DELMAR, M.D. (G 28759)
Palm Springs, CA
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233 for repeated negligent acts and unprofessional conduct in the surgical care and post-operative treatment of two patients. October 8, 2012

AYRES, WILLIAM H. (G 8492)
San Mateo, CA
Physician has a condition affecting his ability to practice medicine safely. License surrendered and revoked. October 24, 2012

BAE, SEONG GON, M.D. (A 123341)
Los Angeles, CA
Stipulated Decision. Failed to disclose information on his application for licensure related to his previous participation in, and resignation from, a postgraduate training program and that the postgraduate training program declined to renew his training contract. Probationary license granted, placed on 3 years probation with terms and conditions including, but not limited to, completing a professionalism program. Probationary license issued October 24, 2012.

BEH, GORDON, M.D. (A 122532)
La Jolla, CA
Stipulated Decision. Disclosed on his application for licensure a conviction for driving under the influence of alcohol, that he had participated in a drug or alcohol program, and that he took a leave of absence, resigned, was placed on probation and limitations were placed upon him during his postgraduate training. Probationary license granted, placed on 35 months probation with terms and conditions including, but not limited to, submitting to biological fluid testing, and abstaining from the use of controlled substances and alcohol. Probationary license issued August 17, 2012.

Explanation of disciplinary language and actions

"Effective date of decision" — Example: "March 14, 2012" at the bottom of the summary means the date the disciplinary decision goes into operation.

"Gross negligence" — An extreme deviation or departure from the standard of care.

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

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

"Probationary License" — A conditional license issued to an applicant with probationary terms and conditions. This is done when cause exists to deny the license application, but limitations can be put in place to protect the public.

"Public Letter of Reprimand" — A lesser form of discipline that can be negotiated after or in lieu of the filing of formal charges. The reprimand may include educational and clinical training requirements.

"Revoked" — The right to practice is ended due to disciplinary action. The license is invalidated, voided, annulled, or rescinded.

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

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

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

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

BITER, ROBERT MICHAEL, M.D. (A 77870)
Encinitas, CA
Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, prescribing without an appropriate prior examination, dishonest or corrupt acts, and failure to maintain adequate and accurate medical records in the care and treatment of seven obstetrical patients for failing to complete appropriate pre-surgical examinations, failing to obtain appropriate consents, prematurely inducing labor or performing an incorrect surgical procedure, and misreading a lab report. Revoked, Stayed, placed on 7 years probation with terms and conditions including, but not limited to, 60 days suspension, completing a prescribing practice course, a wrong-site surgery course, a medical record keeping course, a professionalism program, a clinical training program, obtaining a practice monitor and prohibited from engaging in the solo practice of medicine. September 7, 2012

BOWMAN, THOMAS WARD (G 74979)
Walnut Creek, CA
Physician has a condition affecting his ability to practice medicine safely. License surrendered. September 26, 2012

BRODE, JAMES W., M.D. (G 27817)
Sacramento, CA 95823
Stipulated Decision. Admits to repeated negligent acts in that he failed to deliver a fetus expeditiously once there was persistent non-reassuring fetal heart rate, absent accelerations, in the face of minimal variability, and failed to recognize a pattern of hyperstimulation or hypertonus with the fetus. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing an educational course, a medical record keeping course, a professionalism program, a clinical training program, and obtaining a practice monitor. September 7, 2012

CABRERA, ERNEST, M.D. (G 81573)
Brawley, CA
Physician has a condition affecting his ability to practice medicine safely. Revoked, stayed, placed on 3 years probation upon precedent evaluation, with terms and conditions including, but not limited to, abstaining from use of controlled substances, and submitting to biological fluid testing. September 26, 2012

CAMPBELL, GREGORY SCOTT, M.D. (G 74980)
Escondido, CA
Stipulated Decision. No admissions but charged with violation of professional confidences by showing unidentified patient photos to guests at a party for entertainment purposes. Public Reprimand. October 12, 2012

CAMPWALA, KHOZEMA HATIM, M.D. (A 81807)
Ventura, CA
Stipulated Decision. No admissions but charged with repeated negligent acts and failure to maintain adequate and accurate medical records for failing to properly monitor patient's response to diuretic medications and failing to properly diagnose patient's condition. Public Reprimand. September 28, 2012

CATTANI, ROBERT VINCENT (G 27337)
Staten Island, NY
Default Decision. Disciplined by State of New York for performing cosmetic surgical procedures which were not medically indicated, failure to recognize and appropriately treat complications, failure to transfer a patient to the hospital in a timely manner, prevented emergency medical personnel from assisting a patient in need of emergency care, and failure to create adequate medical records. License revoked. August 17, 2012

CHAN, ALLEN K., M.D. (G 86322)
Murrieta, CA
Stipulated Decision. No admissions but charged with aiding and abetting the unlicensed practice of medicine, and dishonesty in performing bone densitometry scans without proper certification and authorization. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing 480 hours of community service, and a professionalism program. October 25, 2012

CHALHOUB, GEORGE Y. (A 60769)
Huntington Valley, PA
Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts in failing to recognize and treat patient's inadequate ventilation and oxygenation, failing to monitor patient's fluid status, failing to recognize and treat patient's acute drop in end tidal carbon dioxide and failing to create and maintain an accurate anesthetic record. License surrendered. August 17, 2012

DANIEL, WINDGROVE, M.D. (A 41152)
Los Angeles, CA
Committed unprofessional conduct in failing to maintain adequate and accurate medical records. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 30 days suspension, obtaining a practice monitor, and completing a medical record keeping course. August 27, 2012

DEBERRY, BERNARD, M.D. (A 29701)
Irvine, CA
Stipulated Decision. No admissions but charged with aiding and abetting the unlicensed practice of medicine, advertising under a fictitious name without a fictitious-name permit, and violating, attempting to violate, or assisting in violating the Moscone-Knox Professional Corporation Act by working as an independent contractor providing medical services for a non-professional medical corporation owned by an unlicensed individual. Public Reprimand. September 7, 2012

DE LA CRUZ, ANA LAURA, M.D. (A 122539)
Los Angeles, CA
Stipulated Decision. Disclosed on her application for licensure a conviction for driving under the influence of alcohol. Probationary licensed granted, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from controlled substances and alcohol. Probationary license issued August 17, 2012.

DeZUBIRIA, RODRIGO, M.D. (A 70728)
Atwater, CA
Stipulated Decision. No admissions but charged with sexual misconduct, gross negligence, and repeated negligent acts in the care and treatment of a patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 60 days suspension, completing an educational course, a professionalism program, a professional boundaries program, obtaining a practice monitor, and a third party chaperone for treating female patients. September 7, 2012

DODDS, STEVEN JEFFREY, M.D. (G 71780)
Oak Hills, CA
Stipulated Decision. No admissions but charged with gross negligence, and repeated negligent acts for failing to properly monitor and treat the bilirubin levels of premature infant twins. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing an educational course, and a clinical training program. October 5, 2012

ELGUINDY, AUSTIN, M.D. (A 86166)
North Hollywood, CA
Stipulated Decision. Conviction of a crime for felony assault. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a professionalism program, and an anger management course. September 26, 2012

EXPOSITO-CESPEDES, JESUS, M.D. (A 123092)
North Hills, CA
Stipulated Decision. Disclosed on his application for licensure that he had participated in a drug or alcohol program. Probationary licensed granted, placed on 3 years probation with terms and conditions including, but not limited to, abstaining from use of controlled substances and alcohol, and submitting to biological fluid testing. Probationary license issued October 3, 2012.

FREY, CONRAD J., M.D. (A 43087)
La Mesa, CA
Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts in failing to adequately monitor, manage and document prescriptions of controlled pain medications and dangerous drugs in the care and treatment of two patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 30 days suspension, prohibited from ordering, prescribing, dispensing, administering, furnishing or possessing any schedule III, IV and V controlled substances; prohibited from issuing an oral or written recommendation or approval for the possession or cultivation of marijuana; maintain a record of all controlled substances, obtaining a practice monitor, completing a prescribing practices course, a medical record keeping course, a professionalism program, and a clinical training program. September 14, 2012

FRUSHA, JOHN DOUGLAS, M.D. (C 55530)
Baton Rouge, LA
Stipulated Decision. Failed to disclose information on his application for licensure that he was denied a medical license with the Oklahoma State Board of Medical Licensure. Probationary license granted, Public Letter of Reprimand issued. Probationary license issued October 3, 2012.

FUJIMOTO, ALLEN A., M.D. (G 7287)
San Lorenzo, CA
Stipulated Decision. No admissions but charged with aiding and abetting the unlicensed practice of medicine, gross negligence, repeated negligent acts, and failing to maintain

adequate and accurate medical records. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 30 days suspension, completing a prescribing practices course, a medical record keeping course, a professionalism program, and obtaining a practice monitor. September 21, 2012

GAMBLE, BRIAN K., M.D. (A 76121)
Valencia, CA
Stipulated Decision. No admissions but charged violating his Board-ordered probation by failing to comply with terms and conditions, including but not limited to, abstaining from the use of alcohol. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, 35 days suspension, abstaining from the use of controlled substances and alcohol, and submitting to biological fluid testing. August 29, 2012

GHANEM, SHAHRAM (A 38917)
Whittier, CA
Committed acts of sexual misconduct with a patient. License revoked. August 21, 2012

GHATTAS, MAURICE S., M.D. (A 35441)
Fountain Valley, CA
Public Letter of Reprimand issued pursuant to Business and Professions Code Section 2233 for failure to maintain timely, accurate, and thorough medical records. August 29, 2012

GOLDMAN, MICHAEL (A 66810)
Calabasas, CA
Default Decision. Provided services to elderly patients in a rehabilitation center that were unwarranted, unwanted and inappropriate. License revoked. October 19, 2012

GRAHAM, CECIL C., M.D. (G 57778)
Phoenix, AZ
Public Letter of Reprimand issued pursuant to Business and Professions Code Section 2233 based on a consent order issued by the West Virginia Board of Medicine for failing to adequately staff his clinic with a physician, and abandoning a patient. August 24, 2012

GRAVES, RICHARD, M.D. (A 50576)
Chowchilla, CA
Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts in failing to recognize and appropriately manage a persistently non-reassuring fetal heart rate pattern of a patient in the second stage of labor. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing an educational course and a medical record keeping course. October 19, 2012

GUPTA, ANIL, M.D. (G 73125)
Columbia, IL
Stipulated Decision. Disciplined by Illinois for failing to follow federal requirements regarding proper dispensing of controlled substances out of his private physician practice. Public Reprimand issued. October 26, 2012

GUZMAN, EDUARDO JOSE, M.D. (A 50344)
Downey, CA
Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, and conviction of a crime for Medi-Cal fraud, a felony. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 30 days suspension, completing a professionalism program, 60 hours of nonmedical community service, and 40 additional hours of continuing medical education. October 31, 2012

GYI, KHIN KHIN, M.D. (G 62062)
Culver City, CA
Stipulated Decision. Violated his Board-ordered probation by failing to successfully complete the Physician Assessment and Clinical Educational Program (PACE). Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, prohibited from practicing medicine until he has successfully completed PACE, and obtaining a practice monitor. October 12, 2012

HACOPIAN, TOMIC, M.D. (A 123319)
Glendale, CA
Stipulated Decision. Disclosed an arrest for battery on his application for licensure. Probationary license granted, placed on 5 years probation with terms and conditions. Probationary license issued October 19, 2012.
Corrected on 04/05/2013

HAJRA, ASHIM BARI, M.D. (A 123205)
Oakland, CA
Stipulated Decision. Failed to disclose a conviction for driving under the influence of alcohol on his application for licensure. Probationary license granted, placed on 3 years probation with terms and conditions including, but not limited to, completing a professionalism program. Probationary license issued October 10, 2012.

HARASZTI, JOSEPH SANDOR, M.D. (G 37865)
Pasadena, CA
Stipulated Decision. Committed repeated negligent acts and failed to maintain adequate and accurate medical records in the care and treatment of a patient for alcohol and drug detoxification. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, completing an educational course, a prescribing practices course, a professionalism program, a professional boundaries program, and obtaining a practice monitor. August 24, 2012

HARRIS, JEFFREY DAVID, M.D. (G 38541)
North Woodmere, NY
Committed acts of unprofessional conduct and violated the Medical Practice Act by writing prescriptions for AndroGel, a medication containing a controlled substance, for himself. Physician is required to complete a professionalism program. Public Reprimand issued. October 31, 2012

HEIKALI, MOOSA, M.D. (A 40559)
Los Angeles, CA
Stipulated Decision. Committed acts of gross negligence, repeated negligent acts, incompetence and false representations for improperly writing medical waivers that enabled applicants for U.S. citizenship to avoid mandated English and Ethics testing. Revoked, stayed, placed on 4 years probation with terms and conditions including, but not limited to, completing a professionalism program, and a clinical training program. August 24, 2012

HOVEY, CHARLOTTE EILEEN (G 84974)
Saint Johns, FL
Default Decision. Disciplined by Colorado. Physician has a condition affecting her ability to practice medicine safely. License revoked. September 14, 2012

HWANG, YONG UNG (A 36819)
Wasco, CA
Stipulated Decision. Physician has a condition affecting his ability to practice medicine safely. License surrendered. September 14, 2012

IMANI, MANOUCHEHR, M.D. (A 54892)
Moreno Valley, CA
Stipulated Decision. No admissions but charged with aiding and abetting the unlicensed practice of medicine, insurance fraud, creating false medical records, falsely representing the existence of non-existence of facts, failure to maintain adequate and accurate medical record, improper labeling of dispensed drugs, and dishonesty. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 30 days suspension, completing a prescribing practice course, a medical record keeping course, a professionalism program, a clinical training program, obtaining a practice and billing monitor. August 29, 2012

ISPIRESCU, SCOTT, M.D. (A 63583)
Mission Viejo, CA
Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts for violating the doctor-patient professional boundaries in his care and treatment of a female patient. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a professional boundaries course and a professionalism program. August 17, 2012

JAMES, J. FRANK aka JAMES FRANKLIN JAMES (C 27034)
Greenville, NC
Default Decision. Disciplined by North Carolina for diverting controlled substances for his own self-use. License revoked. August 10, 2012

JONES, MICHAEL FRANKLIN (C 36511)
Sioux City, IA
Stipulated Decision. Disciplined by Iowa for violating professional boundaries by prescribing controlled substances to two female acquaintances without establishing an appropriate physician-patient relationship. License surrendered. September 24, 2012

JOSELEVITZ, JOEL (A 50950)
Houston, TX
Stipulated Decision. Disciplined by Texas for failing to document and maintain adequate records and failing to refer a patient for psychological evaluation. License surrendered. September 7, 2012

KASSELIK, MARK JUERGEN, M.D. (G 62355)
San Francisco, CA
Stipulated Decision. No admissions but charged with gross negligence, sexual misconduct with a patient, prescribing without an appropriate exam, and failure to maintain adequate and accurate medical records. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a prescribing practices course, a medical record keeping course, and a professional boundaries program. September 13, 2012

KIM, SUNG-JANG, M.D. (A 40349)
Torrance, CA
Failed to comply with an agreement to successfully complete the Physician Assessment and Clinical Educational (PACE) Program. Revoked, stayed, placed on 5 years probation with term and conditions including, but not limited to, practice of medicine restricted to general pediatrics, completing a clinical training program, and obtaining a practice monitor. September 28, 2012

KLAUSNER, SHELDON N., M.D. (G 10015)
Santa Monica, CA
Public Letter of Reprimand issued pursuant to Business and Professions Code Section 2233 for repeated negligent acts in that he failed to recognize a breach in the orbital wall or to record the presence of the breach, which required further surgery and resulted in permanent residual movement deficits. Physician must complete a clinical training program. August 3, 2012

LARA, ADRIENNE, M.D. (C 51906)
Oxnard, CA
Stipulated Decision. No admissions but charged with repeated negligent acts in the care and delivery of two babies. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing an educational course, and a clinical training program. October 25, 2012

LEWIS, ALWIN CARL, M.D. (A 68498)
Burbank, CA
Committed repeated negligent acts in his failure to provide additional details in patients' charts with regard to medications prescribed. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a medical record keeping course. Judicial review pending. August 17, 2012

LEWIS, STEPHEN BARNETT, M.D. (G 20175)
Concord, CA
Stipulated Decision. No admissions but charged with gross negligence, incompetence, and repeated negligent acts in his treatment and pain management of four patients, and failed to maintain adequate and accurate medical records. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing an prescribing practices course, a medical record keeping course, and obtaining a practice monitor. October 5, 2012

LOVELACE, STEWART W., M.D. (C 30263)
Manhattan Beach, CA
Violated his Board-ordered probation by failing to comply with terms and conditions, including but not limited to, failed to enroll in and complete a clinical training program, and failed to complete the required continuing medical educational credits. Revoked, stayed, current probationary period of 3 years is extended for an additional 2 years with terms and conditions including, but not limited to, completing an educational course, a medical record keeping course, a clinical training program, and obtaining a practice and billing monitor. August 17, 2012

McLUCAS, BRUCE, M.D. (G 32182)
Los Angeles, CA
Stipulated Decision. No admissions but charged with failing to maintain adequate and accurate medical records. Public reprimand with condition that physician complete a medical record keeping course. October 11, 2012

MAHESHWARI, BITTHAL D., M.D. (A 26380)
Corona, CA
Committed acts of gross negligence and repeated negligent acts in the care and treatment of four patients with coronary artery disease. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program, and obtaining a practice monitor. Judicial review pending. August 31, 2012

MANGAR, STEVEN K., M.D. (A 65476)
Salinas, CA
Stipulated Decision. Failed to maintain adequate and accurate medical records in his care and treatment of a chronic pain patient in that his records lacked a documented treatment plan or follow-up evaluations. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a prescribing practice course, and a medical record keeping. October 5, 2012

MANOUGIAN, EDWARD (C 17929)
El Cerrito, CA
Committed acts of gross negligence, repeated negligent acts, and incompetence in the care and treatment of eleven chronic pain patients in that he prescribed controlled substances and dangerous drugs without conducting an appropriate prior examination and/or medical indication, failed to obtain and document informed consent, failed to adequately assess the

psychological functioning of patients, failed to consider referring patients to another pain specialist and/or consult with another pain specialist, and diagnosis of conditions without objective findings to support the diagnosis, and failed to maintain adequate and accurate medical records. License revoked. Judicial review pending. October 12, 2012

MENDOZA NAVARRO, MIGUEL ANGEL, M.D. (A 122329)
Los Angeles, CA
Stipulated Decision. Disclosed a conviction for driving under the influence of alcohol/drugs on his application for licensure. Probationary license granted, placed on 5 years probation with terms and conditions including, but not limited to, submitting to biological fluid testing, and abstaining from the use of alcohol and controlled substances. Probationary license issued August 1, 2012.

MIR, JEHAN ZEB (A 24647)
Redondo Beach, CA
Default Decision. Violated his Board-ordered probation by failing to comply with terms and conditions, including but not limited to, failed to complete a clinical training program, failed to obtain a practice monitor, and failed to complete an ethics course. License revoked. August 16, 2012

MYGDAL, PETER KARL, M.D. (A 97698)
Iowa City, IA
Physician has a condition affecting his ability to practice medicine safely. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, obtaining a practice monitor, and prohibited from engaging in the solo practice of medicine. September 5, 2012

MYNKO, GREGORY S. (G 74144)
Lake Elsinore, CA
Stipulated Decision. No admissions but charged with self-use of drugs and alcohol, violating the Uniform Controlled Substances Act, practicing medicine while under the influence of alcohol, and committing acts of dishonesty or corruption. License surrendered. August 15, 2012

NEWELL, WILLIAM MATTHEW, M.D. (A 122333)
Santa Maria, CA
Stipulated Decision. Disclosed on his application for licensure that disciplinary action was taken by Maryland which resulted in probation until he completed his residency program. He also disclosed he took a leave of absence or break during training and resigned from a training program. Probationary license granted, placed on 3 years probation with terms and conditions including, but not limited to, completing a prescribing practices course, a medical record keeping course, and obtaining a practice monitor. Probationary license issued August 1, 2012.

O'CONNER, DENNIS MICHAEL (G 23349)
Monterey, CA
Stipulated Decision. Convicted of two misdemeanors for violating drug statutes by prescribing controlled substances to himself. License surrendered. October 29, 2012

PETER, EDWARD TURBERVILLE (C 36239)
Red Bluff, CA
Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, and failure to maintain adequate and accurate medical records in the care and treatment of two patients. License surrendered. October 5, 2012

RAJADHYAKSHA, SADASHIV Y. (A 36544)
Yorba Linda, CA
Stipulated Decision. No admissions but charged with committing acts of sexual abuse and misconduct in the care and treatment of two female patients. License surrendered. August 23, 2012

RAKOFF, DAVID ASHER, M.D. (A 89264)
Marina Del Rey, CA
Stipulated Decision. No admissions but charged with unprofessional conduct for failing to maintain appropriate communication with the surgeon in order to be able to regulate oxygen administration when an electro-cautery device was employed during a surgery for which he was providing anesthesia. Physician must complete an educational course. Public Reprimand. October 24, 2012

RAND, JERRY NEIL (G 25749)
San Diego, CA
Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, failure to maintain adequate and accurate medical records, aiding and abetting the unlicensed practice of medicine, self-prescribing of controlled substances, and violating his Board-ordered probation by failing to comply with the terms and conditions including, but not limited to, failed to obey all laws. License surrendered. October 31, 2012

RATHE, CHARLES NICHOLAS (C 50586)
Windsor, Canada
Default Decision. Disciplined by Canada for engaging in sexual misconduct with a patient. License revoked. October 26, 2012

REMEDIOS, ELIZABETH, M.D. (G 55283)
Glendale, CA
Stipulated Decision. Convicted of two misdemeanors for driving under the influence of alcohol. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, abstaining from controlled substances and alcohol, and submitting to biological fluid testing. October 31, 2012

ROACH, MICHAEL, M.D. (G 39269)
Riverside, CA
Stipulated Decision. No admissions but charged with gross negligence, and repeated negligent acts in his prescribing and overprescribing of controlled substances, and failed to maintain adequate and accurate medical records. Physician must complete a clinical training program, a prescribing practices course, a medical record keeping course, and a professionalism program. Public Reprimand. August 31, 2012

ROBLES, DAVID THOMAS, M.D. (A 105427)
Upland, CA
Stipulated Decision. Convicted of two misdemeanors for driving under the influence of alcohol. Revoked, stayed, placed on 59 months probation with terms and conditions including, but not limited to, abstaining from use of alcohol, submitting to biological fluid testing, and completing a professionalism program. August 24, 2012

SABINO, ALAN DALE, M.D. (A 77362)
Stockton, CA
Stipulated Decision. Disciplined by Ohio for diverting Fentanyl, Dilaudid and Versed for his own self use. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from use of controlled substances and alcohol, maintaining a record of all controlled substances ordered, prescribed, dispensed, administered or possessed, submitting to biological fluid testing, obtaining a practice monitor and a worksite monitor, and prohibited from engaging in the solo practice of medicine. September 28, 2012

SADAGHIANI, IRAJ aka ROGER GIANI (A 41291)
Los Angeles, CA
Stipulated Decision. No admissions but charged with a conviction of a crime for sexual battery on a female patient. License surrendered. August 30, 2012

SALAZAR, SUZETTE, M.D. (A 99223)
Sacramento, CA
Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts for prematurely discharging a patient from the hospital prior to performing an adequate work-up to rule out acute coronary syndrome. Public Reprimand. October 19, 2012

SARKISSIAN, VAHE, M.D. (A 90620)
Walnut Creek, CA
Committed unprofessional conduct by failing to comply with a Board-ordered exam. Revoked, stayed for a period of one year and immediately suspended for one year and is ordered to comply with the Order Compelling a Mental Examination. August 24, 2012

SAUNDERS, FRANCIS LEON (G 21018)
Loma Linda, CA
Stipulated Decision. Committed sexual misconduct with a patient. License surrendered. September 14, 2012

SCHALLER, DOUGLAS A., M.D. (G 61159)
Tustin, CA
Stipulated Decision. Convicted of two misdemeanors for driving under the influence of controlled substances and for receiving controlled substances from patients to whom he had prescribed such controlled substances for his own self use. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 60 days suspension, abstaining from use of controlled substances, maintaining a record of all controlled substances, prohibited from ordering, prescribing, dispensing, administering, furnishing or possessing Schedule II and III controlled substances for one year, submitting to biological fluid testing, completing an educational course, and providing 200 hours of free medical services to a community or non-profit organization. September 19, 2012

SCHMIDT, D. JASPER, M.D. (A 123558)
San Francisco, CA
Committed a dishonest or corrupt act and use of a dangerous drug or controlled substance to the extent, or in such a manner as to be dangerous or injurious to another

person. Application for a Physician's and Surgeon's license is granted. Public Reprimand. October 29, 2012

SCHNEIDER, MARK E., M.D. (A 41478)
Corona, CA
Stipulated Decision. Committed repeated negligent acts in that he implanted the wrong intraocular lens during cataract surgery of patient's right eye, then failed to timely appreciate his error and failed to properly oversee the technicians performing the testing on the patient. Physician must complete an educational course, a medical record keeping course, and a professionalism program. Public Reprimand. October 19, 2012

SCHULTZ, ERIC J., M.D. (G 52430)
San Luis Obispo, CA
Stipulated Decision. Committed unprofessional conduct in that he engaged in the excessive use of controlled substances through fraudulent self-prescribing by forging the name of another physician in prescriptions he wrote for himself. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, abstaining from the use of controlled substances and alcohol, submitting to biological fluid testing, completing a clinical training program and a professionalism program, and prohibited from engaging in the solo practice of medicine. September 21, 2012

SHAW, JOHN ROBERT (G 15265)
Riverside, CA
Physician has a condition affecting his ability to practice medicine safely. License surrendered. October 9, 2012

SHERIDAN, KIM MARKL, M.D. (G 75417)
Las Vegas, NV
Committed gross negligence, repeated negligent acts in his failure to recognize the unsuccessful labor progress of a patient, failure to recognize fetal distress, delay in performing a C-section in the presence of fetal distress, and failure to properly document his care and treatment regarding the application of trial forceps prior to delivery. Revoked, stayed, placed on 4 years probation with terms and conditions including, but not limited to, completing an educational course, a medical record keeping course, a clinical training program, obtaining a practice monitor, prohibited from engaging in the solo practice of obstetric medicine until such time as he successfully completes the medical record keeping and clinical training programs. August 10, 2012

SHIN, DANIEL, M.D. (G 75155)
Marina Del Rey, CA
Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts in connection with the anesthesia care and treatment of three patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing an educational course, a medical record keeping course, a clinical training program, and obtaining a practice monitor. August 31, 2012

SYMONETT, ELMER REYMOND, M.D. (A 50238)
Colton, CA
Stipulated Decision. No admissions but charged with the aiding and abetting the unlicensed practice of medicine by allowing chiropractors to own and/or operate a medical practice, allowing nurse practitioners to practice medicine without standardized procedures or without standardized procedures related to weight loss, by allowing physician assistants to practice medicine without required and/or properly completed delegation of services and drug formularies, and by allowing medical assistants to practice medicine without required supervision. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a prescribing practices course, a medical record keeping course, a professionalism program, obtaining a practice and billing monitor, and prohibited from supervising any physician assistant, nurse practitioner or other mid-level provider, as well as restrictions on non-licensed individuals owning a medical corporation or serving as an officer, and imposition of a requirement that staff wear name tags. September 7, 2012

TATOYAN, KRIKOR BAGHDASSAR, M.D. (C 43149)
Van Nuys, CA
Stipulated Decision. No admission but charged with gross negligence and repeated negligent acts for failing to identify breast cancer in a patient he performed a bilateral breast augmentation on despite abnormal mammogram findings, failing to perform a biopsy of the mass and instead choosing to liposuction the mass, and failing to send the material for a pathological examination. Revoked, stayed, current probationary period of 7 years is extended for 2 additional years, with terms and conditions including, but not limited to, completing an educational course, and obtaining a practice and billing monitor. August 31, 2012

TAY YONG, GISELLA, M.D. (A 123339)
Clovis, CA
Stipulated Decision. Failed to disclose information on her application for licensure that she was placed on probation with limitations or special requirements during her postgraduate training at Louisiana State University. Probationary license granted, placed on 3 years probation with terms and conditions including, but not limited to, completing a professionalism program. Probationary license issued October 19, 2012.

THEIN, MICHAEL DAVID (G 74693)
Klamath Falls, OR
Stipulated Decision. Disciplined by Oregon for engaging in an inappropriate sexual relationship with a patient. License surrendered. August 28, 2012

THOMAS, JAMES ALEXANDER, M.D. (A 123299)
San Francisco, CA
Stipulated Decision. Disclosed on his application for licensure that he took a leave of absence from training, and that limitations or special requirements were placed during his postgraduate training, and that he has been diagnosed with a condition which would impair his ability to practice medicine safely. Placed on 5 years probation. Probationary license issued October 17, 2012.

TICE, LARRY D., M.D. (G 36887)
Grand Junction, CO
Stipulated Decision. Disciplined by Colorado based on findings related to the care and treatment of five patients. Revoked, stayed, placed on 3 years probations with terms and conditions including, but not limited to, completing a clinical training program, and obtaining a practice monitor. October 5, 2012

TOTH, KATHLEEN, M.D. (G 64248)
Chandler, AZ
Disciplined by Minnesota for providing substandard or unnecessary patient care and engaged in inappropriate prescribing practices, recommended and/or prescribed scientifically unrecognized drugs and supplements to patients receiving chemotherapy, prescribed antibiotics for prophylaxis without adequate evidence of infection, and failed to document finding that supported treatment recommendations and medications. Revoked, stayed for a period of one year and immediately suspended for one year and is ordered to enroll in and complete a clinical training program. Physician cannot practice medicine until she has successfully completed the program. October 10, 2012

TUROK, DAVID I., M.D. (G 87815)
Fox River Grove, IL
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233 based on disciplinary action taken by Illinois for a laser hair removal procedure that was performed by his delegate without an adequately documented assessment, by an advanced practice nurse prior to initiation of the procedure, which was contrary to established protocols. September 24, 2012

VAN PUTTEN, JUAN TOMAS, M.D. (C 39095)
Los Angeles, CA
Stipulated Decision. Convicted of a felony for grand theft. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 30 days actual suspension, completing a professionalism program, obtaining a practice and billing monitor. October 12, 2012

VILLATORO, JASMIN ANTONNELLE, M.D. (A 123154)
San Dimas, CA
Stipulated Decision. Failed to disclose on her application for licensure that she had limitation or special requirements placed upon her during her postgraduate training. Probationary license granted, placed on 3 years probation with terms and conditions including, but not limited to, completing a professionalism program. Probationary license issued October 3, 2012.

VORPERIAN, ADELINA, M.D. (C 50390)
Tujunga, CA
Stipulated Decision. Admits to aiding and abetting the unlicensed practice of medicine, incompetence and violating her Board-ordered probation by failing to obey all laws and failing to file quarterly declarations. Revoked, stayed, extending probation for an additional 5 years for a total of 10 years probation, with terms and conditions including, but not limited to, completing a professionalism program as a condition precedent to practicing medicine, obtaining a practice and billing monitor. October 19, 2012

WEBBER, MICHAEL ALAN (A 94978)
Los Angeles, CA
Stipulated Decision. Disciplined by Indiana based on an inappropriate physical relationship with a patient. License surrendered. October 9, 2012

WHITE, DANIEL G., M.D. (G 59557)
Petaluma, CA
Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, sexual misconduct

with a patient and failure to maintain adequate and accurate medical records. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a medical record keeping course, a professionalism program, obtaining a practice and billing monitor, and prohibited from engaging in the solo practice of medicine. August 2, 2012

WONG, KAHO, M.D., PH.D. (A 71826)
Roseville, CA
Stipulated Decision. Committed acts of gross negligence in his care and treatment of a patient for failure to arrange an emergent surgical evaluation. Public Reprimand. October 10, 2012

YAREMA, THOMAS. M.D. (C 41819)
Soquel, CA
Stipulated Decision. Admits to failure to maintain adequate and accurate medical records in his care and treatment of a patient for inaccurately and falsely indicating that he examined, evaluated and issued a medical marijuana recommendation to a patient. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a medical record keeping course, and a professionalism program. August 17, 2012

YAU, EDWIN, M.D. (A 123376)
Porter Ranch, CA
Committed acts of dishonesty and unprofessional conduct related to a felony conviction for grand theft. Application for a Physician's and Surgeon's license is granted and immediately revoked, stayed, placed on 5 years probation with terms and conditions. Probationary license issued October 19, 2012.

YAZDANSHENAS, AMIR REZA, M.D. (A 122567)
San Juan Capistrano, CA
Committed acts of unprofessional conduct in aiding and abetting the unlicensed practice of medicine. Application for a Physician's and Surgeon's license is granted and immediately revoked, stayed, placed on 3 years probation with terms and conditions including but not limited to, completing a professionalism program. Probationary license issued August 17, 2012.

YEE, CARY KA-HUM, M.D. (A 39133)
Riverside, CA
Stipulated Decision. Committed acts of gross negligence and repeated negligent acts in the care and treatment of five patients at Wasco State Prison in that he failed to document appropriate history and physical examinations, failed to document a differential diagnosis, failed to recommend appropriate treatment for the diagnoses, failed to obtain additional diagnostic studies, failed to communicate necessary follow-up treatment, and failed to properly document informed consent/refusal. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing an education course, a prescribing practices course, a medical record keeping course, a professionalism program, a clinical training program, and prohibited from engaging in the solo practice of medicine. August 17, 2012

YEN, LILY KAILI (G 58461)
Pleasanton, CA
Physician has a condition affecting her ability to practice medicine safely. License surrendered. October 15, 2012

YOUNG, JOHN ABBOT, M.D. (G 38706)
Cardiff, CA
Committed repeated negligent acts in the care and treatment of two patients, and failure to maintain adequate and accurate medical records. Physician is required to complete a medical record keeping course and a clinical training program. Public Letter of Reprimand. October 19, 2012

YUEN, SILVA YEE, M.D. (G 72679)
San Francisco, CA
Stipulated Decision. No admissions but charged with gross negligence and incompetence for failing to immediately hospitalize a patient upon the discovery of a perforated diverticulitis with free air in the abdomen. Physician must complete an educational course. Public Reprimand. August 31, 2012

Physician Assistants

HANSON, MARIJO, P.A. (PA 16359)
Redding, CA
Stipulated Decision. Convicted of multiple misdemeanors for driving while under the influence of alcohol. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and controlled substances, submitting to biological fluid testing, and completing an ethics course. September 7, 2012

MUTH, LEE ROBERT, P.A. (PA 17671)
San Diego, CA
Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, knowingly making false representations, and failure to maintain adequate and accurate medical records in the care and treatment of an elderly patient. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a medical record keeping course, an educational course, and restrictions on in home visits. August 9, 2012

REED, DORIAN JAMIE, P.A. (PA 17649)
San Diego, CA
Convicted of a misdemeanor for battery. Revoked, stayed, placed on 2 years probation with terms and conditions. October 11, 2012

Doctors of Podiatric Medicine

AHMADI, MATT MAHMOUD, D.P.M. (E 4539)
Mission Viejo, CA
Stipulated Decision. Admits to engaging in false advertising by representing that he performed over 20,000 complex surgical procedures, and that he is a provider for both Monarch and Bristol Park Medical Group, and failure to maintain adequate and accurate medical records. Revoked, stayed, 5 years probation with terms and conditions including, but not limited to, completing a medical record keeping course, a professionalism program, and a professional boundaries program. October 25, 2012

JONES, FRANKLYN COLLIER, D.P.M. (E 3875)
Fresno, CA
Stipulated Decision. Committed acts of gross negligence, repeated negligent acts, prescribing dangerous drugs without an examination or medical indication, failure to keep records of purchases and disposals of dangerous drugs, failure to refer to a more qualified specialist in prescribing dangerous drugs, and failure to maintain adequate and accurate medical records in the care and treatment of a patient. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a prescribing practices course, and a medical record keeping course. September 20, 2012

HAMILTON, MARK LOUIS, D.P.M. (E 3008)
Bakersfield, CA
Stipulated Decision. Committed gross negligence, repeated negligent acts and incompetence in the care and treatment of a patient for failing to advise the patient of the risks of administering multiple, long acting steroid injections and at a frequency, which exceeded the well-known standard of care. Revoked, stayed, placed on 1 year probation with terms and conditions. October 25, 2012

KIM, MICHAEL S. (E 4040)
Los Angeles, CA
Default Decision. Charged with gross negligence and repeated negligent acts in that he repeatedly practiced radiography upon patients without a valid Supervisor and Operator Certification and with an unregistered radiation source. License revoked. August 10, 2012

MBC Newsletter Survey

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Have a particular section that you like or an idea on how to improve our publication?
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Are you interested in being an integral part of the Medical Board of California as a medical consultant? Do you have the ability to conduct effective interviews, exercise sound judgment in reviewing conflicting medical reports and preparing opinions, and analyze problems to recommend appropriate action? If you can work 8 to 16 hours per week, the Board currently has vacancies in the San Diego and Fresno offices. For additional information on minimum qualifications, please contact Eric Ryan (San Diego) at (858) 467-6830 or Alberto Perez (Fresno) at (559) 447-3050.

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Business and Professions Code § 2021(b), (c) require physicians to inform the Medical Board in writing of any name or address change. Go to: www.mbc.ca.gov/licensee/address_record.html

MBC Meetings — 2013

(All meetings are open to the public)

January 31 - February 1, 2013: San Francisco Area

April 25 - 26, 2013: Los Angeles Area

July 18 - 19, 2013: Sacramento Area

October 24 - 25, 2013: Ontario Area

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