Medical Board of California
Newsletter

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Covered California Now Open

By Frank Miller

Covered California, the state's health insurance exchange, opened for business on October 1, 2013.

Open enrollment continues until March 31, 2014. Dr. Jeffrey Rideout, Senior Medical Advisor for Covered California, said that the target for the first open enrollment is 400-500,000 Californians, who would be eligible to start receiving benefits as of January 1, 2014.

The enrollment process is expected to unfold over the next few years, with 2015 being the goal when Covered California becomes self-sustaining (it is currently funded by a federal grant).

According to the Covered California Web site, there were nearly 1 million unique visitors to the Web site and the call centers fielded nearly 60,000 phone calls in the first week alone.

"We've started strong," said Executive Director Peter V. Lee in a press release. "The amount of interest and number of applications we've received in the first week underscores the demand among Californians for quality, affordable health care."

"There are 2.7 million Californians who are subsidy eligible," Dr. Rideout said. "700,000 of those that are subsidy eligible are already enrolled in health insurance. That means 2 million more [subsidy eligible] Californians will be required to have insurance over the next several years."

Covered California is the largest of 17 exchanges nationwide, and was the first legislated health exchange under the Affordable Care Act.

Rates are based on age, zip code, household size and income, and health plan and benefit level selected. Rates are not based on health status, gender, pre-existing conditions, or tobacco usage.

For more information, visit ***www.coveredca.com*** or call (800) 300-1506.

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.

Published quarterly by:

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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.

Medical consultants needed

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 and take appropriate action? This is an excellent opportunity to help your community and obtain valuable experience. The Medical Consultant (Enforcement) exam will be administered the beginning of November (***http://jobs.ca.gov/JOBSGEN/1CADD.PDF***). If you have any questions, please contact John Hirai, Supervising Investigator II, at (562) 402-4668. This is a continuous filing and once enough applications are received, an examination will be conducted.

Interested in becoming an expert reviewer?

The Medical Board of California established the Expert Reviewer Program in July 1994 as an impartial and professional means by which to support the investigation and enforcement functions of the Board. Experts assist the Medical Board by providing reviews and opinions on Medical Board cases and conducting professional competency exams, physical exams and psychiatric exams. *The Board is currently looking specifically for experts in Pain Management.* For more information regarding compensation and how to apply please visit: ***http://www.mbc.ca.gov/licensee/expert_reviewer.html***

Editor's Spotlight

By Frank Miller

Fall is here again and that means, along with the Newsletter, the Medical Board is also publishing the 2012-2013 Annual Report. You can access the Annual Report via the MBC Web site here: ***http://www.mbc.ca.gov/publications/annual_reports.html***

In this issue of the Newsletter, you will find information regarding the California Medical Association's Institute for Medical Quality, which is now offering an online pain management Continuing Medical Education course, as well as a medical-legal course, that covers commonly asked questions regarding records retention and the termination of the physician-patient relationship. To learn more, go to page 10.

October is Breast Cancer Awareness Month and on page 21 you can find links to a number of helpful resources, publications and participating organizations. There is also information available about who can qualify for a free breast cancer screening.

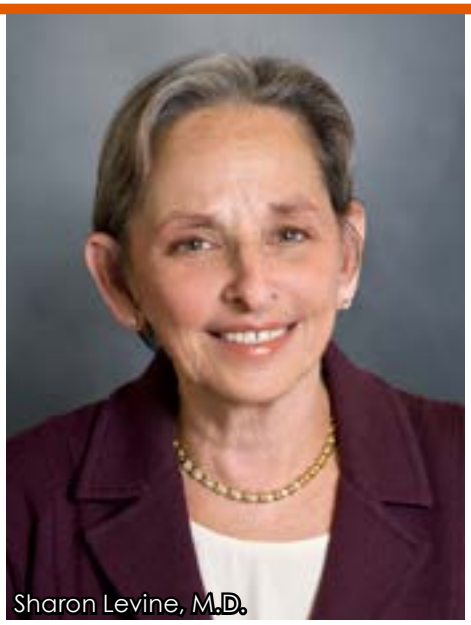
On page 12, there is an article from Donate Life California that debunks some of the myths surrounding organ donation.

Important drug safety information from the U.S. Food and Drug Administration (FDA) can be found on page 9, which covers potential risks associated with Acetaminophen, Fluoroquinolones, Mefloquine Hydrochloride and Nizoral.

Also from the FDA, there is an article regarding the potential uses and misuses for hyperbaric oxygen chambers. Hyperbaric oxygen therapy has proven effective for certain medical uses, but patients may not be aware that the safety and effectiveness for hyperbaric oxygen therapy has not been established for a variety of diseases and conditions. For more information, please read the article on page 16.

As always, I welcome any feedback you have regarding this publication. Take the Newsletter survey on page 31 or simply drop me a line at: ***Frank.Miller@mbc.ca.gov***.

President's Message


Sharon Levine, M.D.

An ounce – or a pound – of prevention

As our insurance marketplace, or "exchange," Covered California opens for business, and millions of previously uninsured Californians have the opportunity to obtain coverage and access to health care, we are faced with a significant challenge and an unprecedented opportunity: how do we, as a state and as health care professionals, accelerate progress towards the "triple aim" of improved health for individuals and improved population health, at a sustainable and affordable cost to both public and private purchasers of care? One thing is very clear – if we do what we have always done, we will get what we have always gotten – gradual improvements in the quality and safety of care delivery, consuming an ever increasing share of the state, federal, and personal resources, at the expense of other sectors of our economy.

The opportunity we have as more of the population accesses our services is to renew and strengthen our focus on prevention. To expand our view of prevention beyond primary prevention, e.g. immunizations, and screening tests for cancer, to include secondary and tertiary prevention.

In any given year 10% of our population uses 63% of all health care services. These are individuals with chronic conditions, and the top three chronic conditions are heart disease, cancer, and stroke, which account for two thirds of death, disability and illness in any given year. These conditions share common contributory risk factors – smoking, diet, and a sedentary lifestyle. While we cannot ignore or underestimate the importance of clinical advances in treating these devastating conditions, we also have an obligation to do what we can to reverse what is reversible – secondary prevention – and halt further progression with modifications in diet, and support for smoking cessation and increased physical activity. There is a growing body of evidence that nutritional therapy, smoking cessation, and physical activity, can substantially improve quality of life and keep patients with chronic conditions out of the emergency department and the hospital.

This is not an easy assignment. It means changing our habits as clinicians and what we do when faced with a patient with a chronic illness, or with lifestyle choices we know will likely lead to illness or disability down the road. It means incorporating into specialty-relevant Continuing Medical Education, medical education, and residency training, the best available science about the role of diet, exposure to environmental toxins, and a sedentary lifestyle in causing and exacerbating illness – a role for our educators. Perhaps most difficult of all, it means working with our patients to change what are often decades-long behaviors which have contributed to their chronic condition.

On behalf of my colleagues on the Medical Board, I want to acknowledge and commend Senator Roderick Wright for his sponsorship of SB 380, signed into law in 2011, which tasked the Medical Board with beginning the conversation within the profession about the role of lifestyle choices on our individual and collective health. We will be identifying resources, many of which have been developed by the American Medical Association, the American College of Lifestyle Medicine, and the American College of Preventive Medicine, and finding channels and venues (including the Medical Board Web site, and this Newsletter) to make those resources accessible to physicians and allied health professionals to support our patients in making the changes that will enable them to optimize their health through diet, exercise and lifestyle changes.

We look forward to the publication in January of the Wellness Plan for California, developed by the "Let's Get Healthy California" Task Force, which was chartered by Governor Brown and convened by Secretary Dooley who have been working for over a year now on identifying ways to improve the health and well-being of the citizens of our state.

Legislator Profile - Senator Ted Lieu

Senator Ted Lieu - District 28

Looking for a better life, Senator Ted Lieu's family immigrated to the United States when he was three years old. With the support of hard-working parents and a country that provided limitless opportunity, Senator Lieu attended Stanford for his undergraduate degrees in Computer Science and Political Science, and Georgetown University for his law degree.

Recognizing the great opportunities America had given to his family, Senator Lieu joined the U.S. Air Force, where he served on active duty as a prosecutor in the JAG corps. Senator Lieu is currently a reservist and was recently promoted to Lieutenant Colonel. He has received numerous medals for his outstanding military service, including the Air Force Humanitarian Service Medal and two Meritorious Service Medals.

Senator Lieu serves in the California State Senate as Chair of the Senate Committee on Business, Professions and Economic Development. He has authored important bills that support health care providers and patients since becoming a member of the Legislature in 2005, including:

- *SB 304 (2013)* which would extend the operation of the Medical Board of California (Board);
- *SB 62 (2013)* which would give the Board access to key data from coroners about deaths due to prescription drug overdoses;
- *SB 353 (2013)* which requires health insurance plans that advertise in different languages to translate core documents into those same languages;
- *SB 746 (2011)* which reduces the occurrence of deadly skin cancer by prohibiting children under the age of 18 from using tanning beds; and
- *AB 1150 (2008)* which prohibits health plans and health insurers from paying bonuses to employees based on how many customers with high claims that they kick off the health insurance rolls.

In 2011, in recognition of his hard work, ***Governing Magazine***, a national publication on policy and governance, for the second consecutive year, named Senator Lieu one of the 12 top lawmakers in the nation as 'worth watching' and the only Californian. He has made his mark as an effective member of the Legislature, standing up to powerful interests on behalf of consumers, crime victims, seniors, children, and those without a voice.

Senator Lieu resides in the city of Torrance with his wife Betty and their two sons, Brennan and Austin.

Legislation Highlight Senate Bill 746

This bill made California the first state in the nation to restrict people under the age of 18 from using tanning beds.

The exposure to ultraviolet (UV) rays can cause various types of skin cancer. The World Health Organization (WHO) stated:

"As with sun exposure, recent studies indicate a relationship between the use of sunbeds and malignant melanoma as well as non-melanoma skin cancers such as squamous and basal cell carcinomas. Thus, the consequences of regular sunbed use may include disfigurement from removal of skin cancers, early death if the cancer is a malignant melanoma, as well as substantial costs to national health systems for screening, treating and monitoring skin cancer patients."

Source: ***http://www.who.int/mediacentre/factsheets/fs287/en/***

Senate District 28

You Asked For It

Questions received from the Web

By Chris Valine, Public Information Analyst

Q. My wallet was stolen and it contained my medical license. How can I obtain a replacement license?

A. You can request a duplicate wall certificate or wallet (pocket) license to replace one that has been lost, stolen, or mutilated. A duplicate license may also be requested for an address or name change. If the request is for an address or name change, or the license is mutilated, the original license must be surrendered to the Medical Board. An ***Application for Duplicate Certificate*** must be completed, notarized, and submitted with the $50 fee. Please allow 4-6 weeks for receipt of the new certificate and/or license. If you prefer, you can wait until your license renewal, and a new pocket license will be sent to you showing the new expiration date and any other changes you made during the prior renewal period.

Q. I passed the American Board of Addiction Medicine Certification in December, 2012. Does the Board recognize the ABAM Certification in this respect as being authorized to advertise that I am board certified by the American Board of Addiction Medicine?

A. Physicians are prohibited from advertising that they are board certified, unless they are certified by:

- An American Board of Medical Specialties member board;
- A specialty board with an ACGME accredited postgraduate training program, or;
- A specialty board with "equivalent" requirements approved by the Medical Board of California.

Addiction medicine is not a recognized board certification by any of the above entities. The law does not, however, prohibit the advertising of specialization, regardless of board certification status.

Q. I am a physician and about to open a cosmetic spa where laser treatments will be performed. Who is authorized to use lasers?

A. Physicians may use lasers. In addition, physician assistants and registered nurses (not licensed vocational nurses) may perform laser treatments under a physician's supervision. Unlicensed medical assistants, cosmetologists, electrologists, or estheticians may not legally perform **any type** of laser treatment under any circumstance, nor may registered nurses or physician assistants perform them independently, without supervision.

Q. I have heard that physicians who are responding to an emergency call are permitted to exceed speed limits. Is this true?

A. It is true that a physician traveling to an emergency is exempt from many of the speeding laws, **if** the vehicle displays the CHP-approved emblem, indicating that the vehicle is owned by a licensed physician. The exemption is not for use on freeways and does not allow the physician to exceed the state maximum speed limit (65-70 mph). The exemption also does not apply to other traffic laws, such as stop lights, stop signs, yield signs, etc. (MVC 21058)

Have a question?

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

Link to your profile

Did you know you can link to your Medical Board of California profile from your Web site? It's a great idea and it allows current and future patients to check your license status and feel secure that they have chosen you as their physician.

New Board Members

Ronald H. Lewis, M.D.

Dr. Ronald H. Lewis, of Rancho Mirage, CA, was appointed to the Medical Board of California in 2013 by Governor Edmund G. Brown, Jr. Dr. Lewis has been a physician and surgeon with the California Department of Corrections at Ironwood State Prison since 2008. He also has been an assistant clinical professor at the University of California, San Diego Department of Medicine, since 2000. Prior to that, Dr. Lewis was an urgent care physician at Eisenhower Immediate Care from 2003 to 2008, and Sharp Rees-Stealy Medical Group from 2001 to 2004. Dr. Lewis was the director of medical affairs at Agouron Pharmaceuticals, Inc., from 1997 to 2001, and at Sequus Pharmaceuticals, Inc., from 1995 to 1997. He was a clinical assistant professor at Stanford University School of Medicine from 1993 to 1999, and held multiple positions at Syntex Laboratories Inc. from 1987 to 1995, including associate director of medical services, senior associate director of medical services, and senior associate director, clinical investigations.

Dr. Lewis was an emergency department physician at St. Mary's Hospital and Medical Center in San Francisco from 1985 to 1995. Dr. Lewis earned his Doctor of Medicine degree at George Washington University in Washington, D.C., and is a Fellow of the American College of Physicians.

Howard R. Krauss, M.D.

Dr. Howard R. Krauss was appointed to the Medical Board by Governor Edmund G. Brown, Jr. in 2013. He has been in the private practice of ophthalmology in West Los Angeles since 1984.

He is also Clinical Professor of Ophthalmology and Neurosurgery at the David Geffen School of Medicine at UCLA, Director of Neurosurgical Ophthalmology for the Saint John's Brain Tumor Program in Santa Monica, and Director of Ophthalmology at Pacific Eye & Ear. He is a Mentor Examiner, training examiners for the American Board of Ophthalmology. He is a founding member and past member of the board of the North American Skull Base Society and currently serves on the boards of the California Medical Association, Los Angeles County Medical Association, California Ambulatory Surgery Association and the Center for the Partially Sighted. Prior to entering medical school he was a Systems Engineer with the Hughes Aircraft Space & Communications Group in El Segundo.

He holds degrees in Electrical Engineering from Cooper Union and Aeronautics & Astronautics from MIT. He completed residency at the UCLA Jules Stein Eye Institute and fellowship in Neuro-ophthalmology and Orbital Surgery at the University of Pittsburgh.

Dr. Krauss earned his medical degree from New York Medical College.

New Board Members *(continued on page 7)*

New Board Members *(continued from page 6)*

Jamie Wright, Esq

Jamie Wright was appointed to the Board in 2013. She is an attorney licensed to practice law in the State of California. Ms. Wright operates her own practice wherein she handles matters relating to contract drafting and negotiations; contract disputes; general litigation; entertainment transactions; sponsorship agreements; distribution deals; partnership agreements; incorporation for non-profit and for profit entities; reality television agreements; and temporary restraining orders.

Ms. Wright has previously served on the Peace and Justice Commission, City of Berkeley, and the LAX advisory committee as the Culver City Representative. She currently serves as the Secretary to the Board of the Southern Christian Leadership Conference of Southern California. Additionally, Ms. Wright serves as the Parliamentarian for the California Young Democrats Board. Ms. Wright is a graduate of UC Berkeley and UC Hastings College of the Law.

Ms. Wright currently hosts, and is the associate producer, of NewswireLA, a show that airs on LA Channel 36, Wednesdays at 10pm.

Steven M. Thompson Loan Repayment Program Recipient

Jolene Collins, M.D. is an Attending in Pediatrics at the AltaMed General Pediatrics Clinic at Children's Hospital Los Angeles. She has always been a strong proponent of bridging the gap between academic institutions and the community. While studying at University of California, San Francisco she created curriculum for PRIME-US to engage medical students in the community from the onset of their medical training.

"I believe the best way to improve the health of the community and to attract more doctors into this field is by increasing the partnership between academic institutions and their community at all levels of training, so that we can learn from each other." After studying Spanish for years and honing her medical Spanish while on an exchange in Mexico, she now sees primarily Spanish speaking patients. "The two most common questions I get from my patients' families are 'de donde eres?' and 'how old are you?' I am not the person they initially expect but we have a great relationship and it gives me the opportunity to be a role model for my patients." In the upcoming years she looks forward to teaching trainees in the community setting and working to improve the quality of pediatric care provided.

"I am grateful to receive the Steven M. Thompson Loan Repayment because it allows me to focus on my passions of education and community medicine."

The following notice is now being mailed out by the Division of Workers' Compensation as an aid to avoid workers' compensation fraud. In an effort to assist in reaching physicians and surgeons licensed by the Medical Board, we are printing this important notice in its entirety.

Warnings About Workers' Compensation Fraud

October 1, 2013

To:
All California Medical Providers

From:
Destie Overpeck, Acting Administrative Director, Division of Workers' Compensation

Subject:
Workers' Compensation Fraud

To promote awareness and eliminate fraud in the workers' compensation system, the legislature enacted Labor Code section 3822 to provide every employer, claims adjuster, third party administrator, physician and attorney who participates in the workers' compensation system, an annual notice warning against committing workers' compensation fraud, and advising of the penalties for fraud. This is an annual notice to all California medical providers and is not targeted to any specific entities or individuals. Please distribute a copy of this notice to all of your employees with responsibilities for your participation in workers' compensation.

Workers' compensation fraud is a drain on California's economy. Workers' compensation fraud harms employers by contributing to the high cost of workers' compensation insurance and self-insurance and it harms employees by undermining the perceived legitimacy of all workers' compensation claims. Workers' compensation fraud is not limited to claimant fraud. The workers' compensation program can also be victimized by fraud committed by medical providers, employers, claims adjusters and attorneys.

WHAT CONSTITUTES MEDICAL PROVIDER FRAUD?

- Billing fraud
- Employing individuals to solicit new patients
- Unnecessary treatment or self-interested referrals
- Failing to report a work injury

WORKERS' COMPENSATION FRAUD IS A CRIME

Under Insurance Code section 1871.4, it is a felony to make or cause to be made a knowingly false or fraudulent material statement or material representation to obtain or deny any compensation, as defined in Labor Code section 3207, or present or cause to be presented a knowingly false or fraudulent material statement in support of, or in opposition to, any claim for compensation to obtain or deny any compensation, as defined in Labor Code section 3207. It is a crime to knowingly assist, abet, conspire with, or solicit any person in an unlawful act of workers' compensation insurance fraud. It is also a crime to make or cause to be made a knowingly false or fraudulent statement with regard to entitlement to benefits with the intent to discourage an injured worker from claiming benefits or pursuing a claim.

Workers' compensation fraud may be punished by imprisonment in county jail for over one year, or in a state prison, for two to five years. A fine may also be imposed not exceeding $150,000, or double the amount of the fraud, whichever is greater. If someone is convicted of workers' compensation fraud, the court is required to order restitution, including restitution for any medical evaluation or treatment services obtained or provided. A person convicted under Insurance Code section 1871.4 may be charged the costs of the investigation at the discretion of the court. Insurance Code section 1871.5 provides that any person convicted of workers' compensation fraud pursuant to section 1871.4 or Penal Code section 550 shall be ineligible to receive or retain any compensation, as defined in Labor Code section 3207, where that compensation was owed or received as a result of a violation of section 1871.4 or Penal Code section 550 for which the recipient of the compensation was convicted.

WORKERS' COMPENSATION FRAUD IS A SERIOUS MATTER

Workers' compensation fraud increases the cost of doing business and can result in decreases (or no increases) in employee salaries, laying off employees or even going out of business. Workers' compensation fraud can also increase health care costs and the cost of insurance for all Californians. If you would like to obtain more information about workers' compensation fraud, or would like to report workers' compensation fraud, please call the Department of Insurance Fraud Division's hotline number: (800) 927-4357. You can also access the Fraud Division's website at: ***http://www.insurance.ca.gov/0300-fraud/0100-fraud-division-overview/*** to obtain more information and locate the telephone number for the Fraud Division office nearest to you. If you have questions about this notice, please contact the Division of Workers' Compensation.

Acetaminophen – Association with Risk of Serious Skin Rashes

Acetaminophen has been associated with a risk of rare but serious skin reactions. These skin reactions, Stevens-Johnson Syndrome (SJS), toxic epidermal necrolysis (TEN), and acute generalized exanthematous pustulosis (AGEP), can be fatal. These reactions can occur with first-time use of acetaminophen or at any time while it is being taken. Other drugs used to treat fever and pain/body aches carry the risk of causing serious skin reactions; this risk is described in the warnings section of their drug labels.
http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm363519.htm?source=govdelivery

Fluoroquinolones – Risk of Peripheral Neuropathy

The drug labels and Medication Guides for all fluoroquinolone antibacterial drugs have been updated to better describe the serious side effect of peripheral neuropathy. This side effect may occur soon after these drugs are taken and may be permanent. The risk of peripheral neuropathy occurs only with fluoroquinolones that are taken orally or by injection. Approved fluoroquinolone drugs include levofloxacin (Levaquin), ciprofloxacin (Cipro), moxifloxacin (Avelox), norfloxacin (Noroxin), ofloxacin (Floxin), and gemifloxacin (Factive). The topical formulations are not known to be associated with this risk.
http://www.fda.gov/downloads/Drugs/DrugSafety/UCM365078.pdf

Mefloquine Hydrochloride – Risk of Serious Psychiatric and Nerve Side Effects

Mefloquine hydrochloride now has a boxed warning to advise the public about strengthened and updated warnings regarding neurologic and psychiatric side effects associated with the drug. FDA has revised the patient Medication Guide to include this information and the possibility that the neurologic side effects may persist or become permanent. The neurologic side effects can include dizziness, loss of balance, or ringing in the ears. The psychiatric side effects can include feeling anxious, mistrustful, depressed, or having hallucinations.
http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm362887.htm?source=govdelivery

Nizoral (Ketoconazole) – Potentially Fatal Liver Injury, Risk of Drug Interactions & Adrenal Gland Problems

Nizoral (ketoconazole) oral tablets, should not be a first-line treatment for any fungal infection. This drug should be used for the treatment of endemic mycoses only when alternative antifungal therapies are not available or tolerated. Nizoral can cause severe liver injuries and adrenal gland problems, and can lead to harmful drug interactions with other medications. FDA has approved label changes and added a new Medication Guide to address these safety issues.
http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm362672.htm?source=govdelivery

Fascinating Fun Facts

1. In 2012, what was the medical education qualification, US and International breakdown of the 134,450 California licensed physicians?
2. In 2012, what was the US medical education qualification, age group breakdown for the following:
   - <30 years
   - 30-50 years
   - >50 years
3. In 2012, what was the International medical education qualification, age group breakdown for the following:
   - <30 years
   - 30-50 years
   - >50 years

See page 14 for the answers!

New Continuing Medical Education Courses

California Medical Association; SCOPE of Pain

Medical-legal online education

The California Medical Association's (CMA) Institute for Medical Quality (IMQ) is offering new online medical-legal courses for continuing medical education (CME) credits.

The currently available courses include two developed by the CMA legal department that cover commonly asked legal questions on medical records retention and the termination of the physician-patient relationship. Additional courses are currently in development and notification will be provided when they are available.

IMQ Online Education provides access to courses for *AMA PRA Category 1 Credit™* and helps physicians maintain their licenses and meet board certification requirements. California physicians are required to complete 50 CME hours during every two-year licensure period, with reporting deadlines based on the physician's personal license renewal date (the last day of the month of the physician's birthday).

The IMQ courses can be accessed from anywhere on any internet-enabled device. The system also offers easy and convenient tracking of course participation and credit. Discounts are available for CMA members.

Browse the IMQ Online Education catalog and register for courses at ***http://imq.inreachce.com***.

Pain management online education

The California Medical Association's Institute of Medical Quality (IMQ) is now offering online pain management courses that will help physicians meet their continuing medical education (CME) requirements.

California licensed physicians are required to complete 12 hours of CME in pain management within four years of licensure or by the second license renewal date, whichever comes first.

IMQ Online Education provides access to courses for *AMA PRA Category 1 Credit™* and helps physicians maintain their licenses and meet board certification requirements. The courses can be accessed from anywhere on any internet-enabled device. The system also offers easy and convenient tracking of course participation and credit. Discounts are available for CMA members. Browse the IMQ Online Education catalog and register for courses at ***http://imq.inreachce.com***.

SCOPE of Pain: Safe and Competent Opioid Prescribing Education

This program, which is sponsored by the Boston University School of Medicine, will take place on Saturday, January 18th, 2014, from 7:30am – 1:30pm at the Embassy Suites Hotel in San Rafael, Marin County, and will provide physicians with the opportunity to claim up to 4.75 *AMA PRA Category 1 Credits™*.

To register, visit: ***http://www.scopeofpain.com/in-person-training/meeting-locations.php***.

Hotel reservations can be made at: ***http://embassysuites3.hilton.com/en/hotels/california/embassy-suites-san-rafael-marin-county-SFORFES/index.html***.

Medical Board of California Hosts Chinese Delegation

On August 21, 2013 the Medical Board of California (Board) had the pleasure of hosting a delegation of 11 physicians from the Health Department of the Hubei Province in China. Most of the physicians that visited were also hospital administrators.

The delegation was greeted by Interim Executive Director Kimberly Kirchmeyer and the rest of the Board's executive staff. The purpose of the delegation's visit was to learn about California's system of licensing physicians, as well as how they are regulated. The Board's executive staff also explained how the Board handles disciplinary actions and enforcement.

The visit was arranged through the US-China Business Training Center. Established in 1992 and based out of Los Angeles, the US-China Business Training Center is a China State Administration of Foreign Experts (SAFEA) certified provider of professional training programs for Chinese officials, industry professionals, and business executives. This organization helps arrange exchanges with institutions, universities, and speakers across the US to facilitate academic, business, and cultural discussion.

China - Health Information

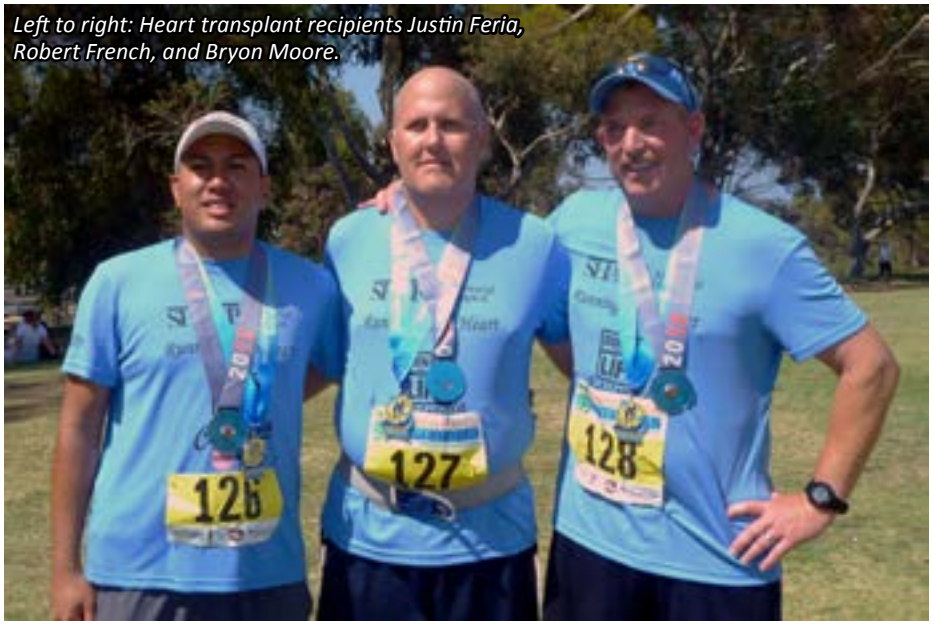
Total population:	***1,390,000,000***
Life expectancy at birth M/F (years):	***74/77***
Physicians (per 10,000 patients):	***14.6***
Nurses & Midwives (per 10,000 patients):	***15.1***
Obesity % M/F (age 20+):	***4.6/6.5***
Tobacco use % (age 15+) M/F:	***51/2***

Source: World Health Organization; www.who.int/

Debunking the Myths About Organ Donation

Donate Life California

Approximately 120,000 people in the United States are on the national transplant waiting list for a life-saving organ transplant. More than 21,000 - or 18 percent - are California residents. While 90 percent of Americans say they support donation, less than one in three Californians are registered on the Donate Life California Organ & Tissue Donor Registry. Why the discrepancy? Myths and misconceptions about donation and transplantation exist, creating barriers to increasing the number of designated donors. Later this year, Donate Life California will launch a specialty license plate, the sales of which will go towards outreach and education programs about organ, eye and tissue donation to dispel myths, such as the ones listed below, and inspire more donors.



Left to right: Heart transplant recipients Justin Feria, Robert French, and Bryon Moore.

Myth: If I am registered as an organ donor, the hospital staff won't work as hard to save my life.

Truth: It is only after every attempt has been made to save a patient's life, and death has been declared, that the donation process begins. The doctors who work to save the patient's life are not the same doctors involved in the recovery and transplantation of donated organs. Only if the patient is medically suitable to donate and after the family has been informed of the patient's imminent death, is the opportunity to donate discussed with the family. After the family has been presented with documentation of the patient's donor designation – which legally grants authorization to recover organs and/or tissues – or in cases where there is no registration or donor card present, and the family grants authorization, does the process move forward.

Myth: My family will be charged if I am an organ or tissue donor.

Truth: There is no cost to the donor's family for organ, eye and tissue donation. All costs related to donation are paid by the organ procurement organization (OPO). Expenses related to saving the individual's life and funeral costs remain the responsibility of the donor's family.

Myth: Organ and tissue donors cannot have an open casket funeral.

Truth: Funeral arrangements, including an open casket, will not be affected by the decision to donate. Additionally, donation does not delay funeral services.

Myth: I am too old (or too young) to donate.

Truth: There is no age limit for organ and tissue donation. Anyone age 13 or older can register online at anytime, although the final decision is that of the legal guardian(s) until age 18. Conversely, no one should rule themselves out because they are "too old." There has been a 93-year-old kidney donor and a 99-year-old cornea donor!

Organ Donation Myths *(continued on page 13)*

Organ Donation Myths *(continued from page 12)*

Myth: My health is not very good. Nobody would want my organs or tissues.

Truth: Anyone can be considered for organ and tissue donation. At the time of death, medical professionals will determine a person's eligibility to become an organ and/or tissue donor. Eighty-five percent of all people will be able to donate life-enhancing tissue, which includes skin, corneas, heart valves, tendons, ligaments, bone and more. Even cancer patients or those positive for hepatitis can potentially donate, and there are cases of donors in their late nineties.

Myth: I cannot specify which organs or tissues I'd like to donate.

Truth: Checking "YES!" to donation on your driver license application or renewal form indicates your consent for all organs, eyes and tissues, for transplant and research. If you would like to specify which organs and tissues you would like to donate, or if you change your mind about donation, you can make changes via the Donate Life California Web site, ***www.donateLIFEcalifornia.org***.

Myth: My religion does not support organ, eye and tissue donation.

Truth: Donation is supported by all major religions as a final act of generosity towards others. If you are unsure or have any questions, please speak with your religious leader.

Myth: Celebrities and wealthy people on the waiting list receive priority for receiving an organ.

Truth: To be placed on the national organ transplant waiting list, medical data must be presented documenting the individual's need for a transplant. Organs are then allocated to those on the national waiting list according to medical need, blood and tissue type, height and weight. Celebrity status and wealth are not considered.

Organ, eye and tissue donation can truly make a difference in someone's life. One organ donor can save up to eight lives, and a tissue donor can impact the lives of up to 50 with their life-enhancing gifts. With such gifts, organ and tissue recipients have the opportunity to live healthy, active lives. Moreover, families and loved ones of organ and tissue donors often say that organ donation helped provide comfort to them during a difficult time in their lives.

For more information about organ, eye and tissue donation, please visit:

www.donateLIFEcalifornia.org

To reserve your California Donate Life specialty license plate, please visit:

www.donateLIFEcalifornia.org/plates

Medical Board Requires Physician Availability Regarding Elective Cosmetic Procedures

As of July 1, 2013, there is a new regulation when it comes to elective cosmetic procedures. Whenever a cosmetic procedure is done using a laser, or an intense pulse light device, by a properly licensed health care provider, there shall be a properly trained physician immediately available.

Immediately available means the physician must be reachable by electronic or telephonic means without delay.

For more information on the new regulation go to: ***http://www.mbc.ca.gov/laws/regs_physician_availability_text.pdf***

Donate Life California Launches License Plate Program

By Frank Miller

On October 24, 2013, Donate Life California and the California Highway Patrol announced that a special license plate bearing a pink dot, which symbolizes an organ donor, is now available for reservation. Plates can be ordered online at ***www.pinkdotplate.org*** or by calling (866) 815-8127 to request an order form.

Prices range from $50 for a sequential plate (letters and numbers are chosen for you by the Department of Motor Vehicles) or $98 for a personalized or conversion plate (pick or keep your own plate) and proceeds go to Donate Life California's statewide outreach and education programs on organ and tissue donation.

The program needs 7,500 paid reservations before production of the special license plates can begin. It is expected to take up to a year to reach the goal and another 9 to 12 months after that for the plates to be produced and distributed.

The program is a way to raise awareness for the need for organ and tissue donors. More than 21,000

The pink dot license plate is revealed at a news conference at the state capitol.

Californians are in need of organ transplants. Last year, nearly 1,100 people died in California waiting for an organ transplant.

A single deceased donor can save up to eight lives from organ donation and enhance the lives of 50 people through tissue donation.

Additional information can be obtained at Donate Life California's Web site: ***www.donatelifecalifornia.org*** and ***www.pinkdotplate.org***.

Fascinating Fun Facts Answers

1. In 2012, the medical education qualification breakdown for the 134,450 California licensed physicians were:

   102,513 US medical education qualification (76%)

   31,937 International medical education qualification (24%)

2. In 2012, the US medical education qualification, age group breakdown was:

< 30 years:	*2,124 (2%)*
30-50 years:	*47,940 (47%)*
> 50 years:	*52,449 (51%)*

3. In 2012, the International medical education qualification, age group breakdown was:

< 30 years:	*138 (less than 1%)*
30-50 years:	*13,889 (43%)*
> 50 years:	*17,910 (56%)*

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.

Screen all Baby Boomers for Hepatitis C: Recommendations from USPSTF and CDC

By Julie Stoltey, M.D., M.P.H, Rachel McLean, M.P.H, and Kyle Rizzo
Sexually Transmitted Diseases Control Branch, Division of Communicable Disease Control, Center for Infectious Diseases, California Department of Public Health

The United States Preventive Services Task Force (USPSTF) published their final hepatitis C virus (HCV) testing guidelines in June 2013, and issued a grade B recommendation in support of one-time, universal HCV screening for all individuals born during 1945-1965.[1]

Members of this birth cohort, often referred to as "baby boomers," account for 76 percent of all HCV cases nationally and 60 percent of newly reported HCV infections in California.[2,3] HCV is the most common reason for liver transplantation and the leading cause of hepatocellular carcinoma in the United States.[4] In California, HCV-related hospitalization charges have increased from $1.6 billion in 2007 to $2.3 billion in 2011.[5] Nationally, HCV-related deaths have now surpassed deaths related to HIV.[6]

These recommendations have been made for several reasons:

- Existing risk-based screening strategies have limited effectiveness in identifying undiagnosed infections.
- New treatments are available for HCV that produce an increased likelihood of sustained virologic response.
- HCV screening in persons who have been infected for 20-30 years may identify infected patients at earlier stages of the disease who could benefit from treatment before developing complications from liver damage.

The USPSTF has also issued a grade B recommendation for clinicians to provide HCV screening to persons at risk of HCV infection, including persons with a history of blood transfusions prior to 1992, and to provide periodic screening to persons with continued HCV risk, such as injection drug users.[1]

Of particular interest to patients, clinicians, and health plans, the Patient Protection and Affordable Care Act requires that health plans cover preventive services with a USPSTF grade 'A' and 'B' without patient cost-sharing.

The Centers for Disease Control and Prevention (CDC) published updated HCV testing guidelines in August 2012, also recommending one-time, universal screening for HCV among persons born during 1945-1965.2 The new CDC guidelines supplement prior guidelines, which recommend HCV testing in the following groups: [2,7]

- Persons with behavioral risk factors, including those who ever injected illegal drugs, including just once many years ago.
- Individuals with selected medical conditions, including those with unexplained persistently elevated alanine aminotransferase (ALT) levels; those who ever received long-term hemodialysis; recipients of transfusions or organ transplants before 1992 or clotting factor concentrates made before 1987; and HIV-positive individuals.
- Individuals with a recognized exposure, such as children born to HCV-positive mothers or healthcare workers who have sustained needle sticks involving known HCV-positive blood.

The updated USPSTF and CDC recommendations have important clinical and public health implications, including the potential to increase the proportion of persons with HCV who are aware of their infection and may be linked to care. In clinical settings, a testing recommendation based on date of birth could facilitate the incorporation of automated HCV antibody testing prompts into electronic health records. Likewise, risk-based screening could improve access to testing and linkages to care for underserved populations, including injection drug

Hep-C *(continued on page 17)*

Hyperbaric Oxygen Therapy: Don't Be Misled

U.S. Food and Drug Administration

No, hyperbaric oxygen therapy (HBOT) has not been clinically proven to cure or be effective in the treatment of cancer, autism, or diabetes. But do a quick search on the Internet, and you'll see all kinds of claims for these and other diseases for which the device has not been cleared or approved by FDA.

HBOT involves breathing oxygen in a pressurized chamber. The Food and Drug Administration (FDA) has cleared hyperbaric chambers for certain medical uses, such as treating decompression sickness suffered by divers.

HBOT has not, however, been proven to be the kind of universal treatment it has been touted to be on some Internet sites. FDA is concerned that some claims made by treatment centers using HBOT may give consumers a wrong impression that could ultimately endanger their health.

"Patients may incorrectly believe that these devices have been proven safe and effective for uses not cleared by FDA, which may cause them to delay or forgo proven medical therapies," says Nayan Patel, a biomedical engineer in FDA's Anesthesiology Devices Branch. "In doing so, they may experience a lack of improvement and/or worsening of their existing condition(s)."

Patients may be unaware that the safety and effectiveness of HBOT has not been established for these diseases and conditions, including:

- AIDS/HIV
- Alzheimer's Disease
- Asthma
- Bell's Palsy
- Brain Injury
- Cerebral Palsy
- Depression
- Heart Disease
- Hepatitis
- Migraine
- Multiple Sclerosis
- Parkinson's Disease
- Spinal Cord Injury
- Sport's Injury
- Stroke

Patel says that the FDA has received 27 complaints from consumers and health care professionals over the past three years about treatment centers promoting the hyperbaric chamber for uses not cleared by the FDA.

How HBOT Works

HBOT involves breathing oxygen in a pressurized chamber in which the atmospheric pressure is raised up to three times higher than normal. Under these conditions, your lungs can gather up to three times more oxygen than would be possible breathing oxygen at normal air pressure.

Patel explains that your body's tissues need an adequate supply of oxygen to function. When tissue is injured, it may require more oxygen to heal. "Hyperbaric oxygen therapy increases the amount of oxygen dissolved in your blood," says Patel. An increase in blood oxygen may improve oxygen delivery for vital tissue function to help fight infection or minimize injury.

Hyperbaric chambers are medical devices that require FDA clearance. FDA clearance of a device for a specific use means FDA has reviewed valid scientific evidence supporting that use and determined that the device is at least as safe and effective as another legally U.S.-marketed device.

Hyperbaric Oxygen Therapy *(continued on page 17)*

Hyperbaric Oxygen Therapy *(continued from page 16)*

Thirteen uses of a hyperbaric chamber for HBOT have been cleared by FDA. They include treatment of air or gas embolism (dangerous "bubbles" in the bloodstream that obstruct circulation), carbon monoxide poisoning, decompression sickness (often known by divers as "the bends"), and thermal burns (caused by heat or fire).

What are the Risks?

Patients receiving HBOT are at risk of suffering an injury that can be mild (such as sinus pain, ear pressure, painful joints) or serious (such as paralysis, air embolism). Since hyperbaric chambers are oxygen rich environments, there is also a risk of fire.

"If you're considering using HBOT, it's essential that you first discuss all possible options with your health care professional," Patel says. "Whatever treatment you're getting, you need to understand its benefits and risks. Your health care professional can help you determine which treatment is your best option."

Any problems experienced with these devices can be reported to MedWatch, the FDA safety information and adverse events reporting program: ***http://www.fda.gov/Safety/MedWatch/default.htm***.

This article appears on FDA's Consumer Updates page which features the latest on all FDA-regulated products: ***http://www.fda.gov/ForConsumers/ConsumerUpdates/default.htm***.

Hep-C *(continued from page 15)*

users. While beyond the scope of the CDC and USPSTF recommendations, future interferon-sparing treatment regimens may make HCV easier to treat—and cure—in a primary care setting.[8] However, the potential for increased HCV screening, diagnosis, and linkages to care can only be realized if these recommendations are widely adopted in clinical settings. For these reasons, the California Department of Public Health encourages primary care providers and other clinicians in California to implement USPSTF and CDC screening guidelines for one-time HCV screening for persons born during 1945-1965 and routine HCV screening for other persons at increased risk for HCV infection, including injection drug users.

For more information about who to test for HCV infection, as well as tips on viral hepatitis prevention and clinical management, see the *Hepatitis B and Hepatitis C Screening Toolkit for Primary Care Clinicians*, which is available to download for free at: ***http://www.cdph.ca.gov/programs/Pages/HepatitisCGuidelines.aspx***.

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Protect Vulnerable Infants From Pertussis

California Department of Public Health

Pertussis, also known as whooping cough, is a continuing threat to Californians, though the magnitude of the threat varies by year as the number of susceptible people in the population waxes and wanes. Over 9,100 cases of pertussis, including 10 fatal infant cases, were reported in California during 2010 - the most in more than a half-century. Consistent with historical cycles of 3-5 years between years of higher incidence, cases are likely to increase between 2013 and 2015 in comparison to 2011 and 2012.[1]

Immunize Pregnant Women with Tdap during Every Pregnancy

Infants younger than two months of age are most susceptible to hospitalization or death from pertussis, but immunization against pertussis is not recommended until at least 6 weeks of age. However, infants can be protected by maternal antibodies that are transferred through the placenta. Early evidence suggests that vaccinating pregnant women with Tdap during the third trimester of pregnancy can prevent pertussis in young infants.

Optimal Timing of Maternal Tdap Administration

To maximize protection of young infants, the federal Advisory Committee on Immunization Practices (ACIP) recommends that all women should be administered Tdap during every pregnancy, regardless of previous Tdap status, preferably between 27 and 36 weeks' gestation:[2]

- Women immunized with Tdap during a prior pregnancy or during the first or second trimester of a current pregnancy appear to have low levels of pertussis antibodies at delivery.[3]
- Transplacental transport of antibodies occurs mainly after 30 weeks' gestation.
- At least two weeks are needed for a maximal response to immunization.[2]

If Tdap is not administered during pregnancy, it should be given immediately postpartum. This will not provide direct protection to the infant, but may prevent transmission of pertussis from mother to infant.[2]

Other Close Contacts of Infants

Anyone who lives or works (e.g., parents, siblings, grandparents, childcare providers, and healthcare personnel) with infants younger than 12 months of age should receive Tdap if they have not already done so.[2] ACIP is currently considering whether Tdap boosters are indicated for contacts of infants.

Recognize and Appropriately Treat Pertussis in Young Infants[4]

When pertussis has not been prevented and a young infant is infected, prompt diagnosis and appropriate treatment are critical. However, many young infants with pertussis are seen by clinicians multiple times without a diagnosis of pertussis being considered.

Very young infants with pertussis may look deceptively well with a runny nose but little or no fever or cough. The lack of fever and the mildness of initial symptoms often results in clinicians underestimating the potential severity of the illness, which leads to a delay in diagnosis and effective treatment.

Parents may report episodes where the infant has:

- Gagged or gasped
- Stopped breathing (apnea)
- Turned blue (cyanosis), red or purple in the face
- Vomited after coughing

Pertussis in infants should be diagnosed by culture or polymerase chain reaction (PCR) using a properly collected nasopharyngeal specimen (swab or aspirate).[5] A high white blood cell count (leukocytosis)

Pertussis *(continued on page 19)*

Pertussis *(continued from page 18)*

of ≥20,000 cells/mm3 with ≥50% lymphocytes (lymphocytosis) in any young infant with a cough illness is a strong indication of B. pertussis infection.[4]

If pertussis is a possible diagnosis in a young infant, treatment with azithromycin should be started immediately.[6] All young infants (3 months old or younger) with possible pertussis should be admitted to the hospital, and many will require intensive care.

There are no clinical exam findings that help predict which infants will progress to severe, life-threatening disease; all infections in infants, particularly those 3 months old or younger, should be considered serious until observation during antimicrobial treatment suggests otherwise.

Consider Pertussis Regardless of Age or Immunization Status

Because the pertussis vaccines, DTaP or Tdap, are not completely effective, pertussis can still occur in fully immunized persons, contributing to its spread. Remain alert for the symptoms of pertussis in infants, children or adults regardless of their immunization status, and test for pertussis when symptoms are consistent. Most pertussis infections, especially in adults, are undiagnosed.

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5. California Department of Public Health. Pertussis Laboratory Testing. February 2011. http://www.cdph.ca.gov/programs/immunize/Documents/PertussisLaboratoryTesting.pdf
6. California Department of Public Health. Pertussis Public Health Investigation. June 2013. http://www.cdph.ca.gov/HealthInfo/discond/Documents/CDPHPertussisQuicksheet.pdf

Safe Opioid Prescribing Phone Application

A safe opioid prescribing phone application for iPhone and Android is now available. This resource brings together information that is currently available to clinicians for the safe and effective use of opioid medications. The app includes:

- Information on the assessment of pain, including universal precautions to be used for patients receiving opioids;
- Information on opioid management including links to medical guidelines on clinical use in treatment of chronic pain (e.g.: VA/DoD Clinical Practice Guidelines);
- An example of a treatment agreement;
- A discussion of opioid side effects;
- Several clinical tools for assessing level of pain, depression, and risk of opioid abuse;
- Links to guidelines for treatment of specific pain conditions; and
- Contact information for organizations that may be able to provide further information or assistance.

To access on iPhone: Open the App Store on your iPhone. Search "Safe Opioid Prescribing." Click the "FREE" button. Click the green "Install App" button. When the app has downloaded click the PCSS-O icon to open.

To access on Android: Click the Google Play Store, click the search icon, enter "Safe Opioids," click the first app which appears "Safe Opioids," click "Install," and click "Accept." When the app has downloaded click "Open" to access the app.

Visit ***www.safeopioids.org*** to view the web version of the app.

An Alternative Medical License May Be What "The Doctor Ordered"

By Cassandra Hockenson

Every two years California physicians renew their license, pay the renewal fee of $808, and provide a signed statement certifying under penalty of perjury that they have completed 50 hours Continuing Medical Education, in order to practice in the state. But did you know there are five alternate licenses available if you need them? A Disabled License, Military License, Inactive License, Retired License, and a Voluntary Service License are all available as long as certain criteria is met.

"By going into any of these license statuses you maintain a license with the California Medical Board, and [possibly] save the cost of a full renewal," said Josephine Fernandez, who manages the alternate licensing for the Board.

The Retired License is the most common alternate license. Anyone can place their California medical license in retired status at any time. If you place your license in retired status, you cannot practice at all. Although the great majority of your licensing fees will be waived, you will be required to pay $25 upon issuance or renewal for the Physician Loan Repayment Program, but no CME credits are required. If you decide you want restore your license to practice, you will need to pay the full licensing fee and have your required 50 hours of CME completed before being fully licensed and allowed to go back to practicing.

"The $25 fee for all alternate and regular licenses is mandatory under California Business and Professions Code section 2436.5, which requires the fee at the time of issuance or renewal," Fernandez said. "The money goes to the Physician Loan Repayment Program, and provides repayment of medical school loans for newly licensed physicians in exchange for practicing in an underserved area in California for a minimum of three years."

A Disabled License is available if a licensee becomes disabled in any way, and unable to practice. With a Disabled License, the licensee must demonstrate to the satisfaction of the Board that he or she is unable to practice due to a disability. The licensee can also request a waiver of fees, but will be required to pay the $25 for the Physician Loan Repayment Program. CME credits are required unless a waiver is requested due to the disability. A physician can apply to restore the license to either an active status with limitations on their practice or to full practice. If applying for a limited license, he or she signs an agreement with the Board under penalty of perjury in which they agree to limit their practice in the manner prescribed by a reviewing physician. A limited license allows the licensee to continue to practice with limitations, therefore the full licensing fee and CME hours would need to be maintained. In order to return to full practice the physician must prove to the satisfaction of the Board that the disability no longer exists, or does not affect their ability to practice medicine safely.

An Inactive License is another option. A licensee requesting an inactive license does not have to meet California CME requirements since they are not practicing. However, to maintain their California license they must pay the full licensing fee every two years. If and when they decide to practice in California they will need to complete all 50 hours of CME credits before returning to a full license.

A Military License restricts the licensee to practicing only on military bases and facilities, and only on military patients. You cannot engage in private practice. However, the Federal Government requires that the licensee maintain an unrestricted license in at least one state. The licensee must complete the 50 CME hours required in California, and pay $25 for the Physician Loan Repayment Program upon issuance or renewal. Upon discharge the licensee needs to notify the Board and return to full California license status, or another license status if appropriate.

Alternate Licensing *(continued on page 21)*

Alternate Licensing *(continued from page 20)*

The Voluntary License is available to licensees, who are California residents, and provide their services free of charge, volunteering their time and work. CME must be kept up and the $25 fee applies.

If your license is current, you can still make that status change and you will not have to pay anything until your renewal cycle.

Under current provisions of the law an expired license may be renewed within a period of five years after expiration. The licensee must pay the delinquency fee, penalty fee, and any other accrued renewal fees. In addition a certification of compliance with the CME requirement and disclosure of financial-interest in health related facilities will be required. If the license is not renewed within that five year period, it is automatically cancelled. The licensee will then have to apply for a new license and meet the current licensure requirements.

"This licensing information always accompanies renewal forms," Fernandez said. "When you receive it and you have questions please call."

By choosing one of these alternate licenses, you preserve your status as a licensed California physician. For questions, please contact Josephine Fernandez at ***Josephine.Fernandez@mbc.ca.gov*** or (916) 263-2462.

In Memoriam: Janet Salomonson, M.D.

It is with great sadness that the Medical Board of California informs you of the passing of former Board Member Janet Salomonson, M.D.

Dr. Salomonson passed away on September 10, 2013, after a brief illness.

Dr. Salomonson served on the Medical Board from 2006 until July 2013, and was a huge asset. She was the Chair of the Licensing Committee, served as Vice President, and was a member of several other Board Committees. Dr. Salomonson's hard work and dedication was so appreciated and valued by the Board. In addition, Dr. Salomonson did incredible charity work for children in Central America every year. Dr. Salomonson will be greatly missed by the Medical Board and all whom her life touched.

Breast Cancer Awareness

As of 2009, female breast cancer was the second-leading form of cancer among new cancer cases in California.[1] It was also the third-leading cause of cancer death.[1]

October is Breast Cancer Awareness Month and the Medical Board of California would like to point out several helpful resources available to assist you with obtaining additional information about breast cancer as well as where to seek out a screening.

The Medical Board offers a brochure, "A Woman's Guide to Breast Cancer," that you can view and download from its Web site here: ***http://www.mbc.ca.gov/publications/breast_cancer.html***.

In California, Every Woman Counts (EWC), provides free cancer screenings to women who meet certain criteria. For breast cancer screenings, women qualify if they:

- Are 40 years old or older;
- Have low income (***EWC Income Criteria***);
- Have no or limited insurance;
- Are not getting these services through Medi-Cal or another government-sponsored program; and
- Live in California.

EWC can be contacted at (800) 511-2300, Monday – Friday, from 8:30 AM to 5:00 PM.

You can also visit the National Breast Cancer Awareness Month Web site for a list of participating organizations via their Web site: ***http://nbcam.org/***.

[1] California Cancer Data: ***http://apps.nccd.cdc.gov/statecancerfacts/state.aspx?state=California***.

California Healthline (californiahealthline.org)
CDC Studies Assess Effects of Antibiotic-Resistant Infections
More than two million U.S. residents develop antibiotic resistant infections annually, and at least 23,000 die as a result, according to a CDC study.
(September 17, 2013)
http://www.californiahealthline.org/articles/2013/9/17/cdc-studies-assess-effects-of-antibioticresistant-infections-mrsa

GlobalData (healthcare.globaldata.com)
Obesity to Affect 213 Million People by 2022, with the US Continuing to Lead, Brazil to Follow
According to a new report, the number of people affected by obesity in the nine major markets will increase from 167 million in 2012 to 213 million in 2022.
(August 30, 2013)
http://healthcare.globaldata.com/media-center/press-releases/pharmaceuticals/obesity-to-affect-213-million-people-by-2022-with-the-us-continuing-to-lead-brazil-to-follow

The New York Times (nytimes.com)
FDA Urging a Tighter Rein on Painkillers
The Food and Drug Administration recommended tighter controls on how doctors prescribe the most commonly used narcotic painkillers, changes that are expected to take place as early as next year.
(October 24, 2013)
http://www.nytimes.com/2013/10/25/business/fda-seeks-tighter-control-on-prescriptions-for-class-of-painkillers.html

USA Today (usatoday.com)
New salmonella outbreak in chicken resists antibiotics
A salmonella outbreak linked to raw chicken from California involves several antibiotic-resistant strains of the disease and has put at least 42% of the victims in the hospital.
(October 8, 2013)
http://www.usatoday.com/story/news/nation/2013/10/08/salmonella-chicken-outbreak/2941783/

Tech Med Corner

iHealthBeat (ihealthbeat.org)
95M U.S. Adults Using Mobile Health Technology, Study Finds
A record number of U.S. residents are using mobile phones to access health information, according to a Manhattan Research Cybercitizen Health study.
(October 28, 2013)
http://www.ihealthbeat.org/articles/2013/10/28/95m-us-adults-using-mobile-health-technology-study-finds

Los Angeles Times (latimes.com)
Google launches healthcare company Calico to extend life
The tech giant is a major investor in the California Life Co., or Calico, which will work on combating aging and disease.
(September 18, 2013)
http://www.latimes.com/business/la-fi-google-aging-20130919,0,3691955,full.story

iHealthBeat (ihealthbeat.org)
Physicians Divided on Cloud-Based EHRs
The use of cloud-based electronic health records is spreading, especially among small physician practices, observers say.
(September 9, 2013)
http://www.latimes.com/business/la-fi-google-aging-20130919,0,3691955,full.story

Administrative Actions:
May 1, 2012 – July 31, 2013

Attention: Due to the Board's recent switch to the BreEZe system, some administrative action documents are temporarily unavailable. We apologize for any inconvenience.

Physicians and Surgeons

ALLEN, EVERETT DOUGLAS, M.D. (G 54881)
Crescent City, CA
Revoked, stayed, placed on 10 years probation with terms and conditions
July 5, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=54881

BANGAR, SATNAM SINGH, M.D. (A 125821)
Dinuba, CA
Probationary License issued with 3 years probation and terms and conditions
May 15, 2013

BELL, JAYSON PATRICK, M.D. (A 126315)
Sacramento, CA
Public Letter of Reprimand
July 1, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=126315

BONSTEEL, ALAN, M.D. (A 50164)
Tiburon, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
June 6, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=50164

BOONE, HOWARD ABNER, JR. (C34390)
Truckee, CA
License Surrendered
June 26, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=34390

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.

BROWN, TERRILL EUGENE (G 53967)
Visalia, CA
License Surrendered
June 24, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=53967

BURT, GREGORY WARREN, M.D. (A 55166)
Colusa, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
June 14, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=55166

CHAMBERS, RICHARD BYRON, M.D. (G 39146)
Downey, CA
Public Reprimand with conditions
June 5, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=39146

CHIN, RUBEN WAH-KEUNG, M.D. (A 53452)
Anaheim, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
May 3, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=53452

CHU, EDMOND KWOK WEI, M.D. (G 34289)
Anaheim, CA
Revoked, stayed, placed on 4 years probation with terms and conditions
June 5, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=34289

COLETTA, CRAIG ANTHONY (G 83011)
Los Angeles, CA
License Surrendered
May 15, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=83011

COSTELLO, LLOYD ALAN, M.D. (G 53195)
Pomona, CA
Public Reprimand with conditions
July 19, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=53195

COVACHA-ROSAL, VIVINA C. (C 40622)
West Bloomfield, MI
License Revoked
July 16, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=40622

COX, B.G., JR., M.D. aka COX, BENJAMIN G., M.D. (G 6433)
Menifee, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
June 5, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=6433

CRANE, LISA RENEE, M.D. (A 54373)
Irvine, CA
Public Letter of Reprimand pursuant to Business and Professions Code section 2233
June 20, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=54373

CRUSOR, JULIE MICHELE, M.D. (A 55170)
Atlanta, GA
Revoked, stayed, placed on 4 years probation with terms and conditions
July 19, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=55170

DeCAMP, CHRISTOPHER DONALD, M.D. (G 68825)
Albany, NY
Public Letter of Reprimand pursuant to Business and Professions Code section 2233
July 26, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=68825

DICK, DALLAS MICHAEL, M.D. (A 125825)
Loma Linda, CA
Probationary License issued with 3 years probation and terms and conditions
May 15, 2013

DULKANCHAINUN, SATHIT B. (A 62004)
Porter Ranch, CA
License Surrendered
July 30, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=62004

EDROZO, JOHNNY AGUINALDO (C 51509)
Anaheim, CA
License Surrendered
July 30, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=51509

EISENBERG, JAMES WILLIAM, M.D. (G 23834)
Los Angeles, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
May 24, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=23834

FENDERSON, KEITH ARLYN (G 42277)
Meadow Vista, CA
License Surrendered
May 27, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=42277

FINLEY, DYKE WILLIAM (G 39515)
Renton, WA
License Revoked
May 16, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=39515

FIELD, FREDERICK GEORGE (A 79324)
The Dalles, OR
License Revoked
June 6, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=79324

FROHNA, PAUL A., M.D. (A 80895)
Solana Beach, CA
Revoked, stayed, placed on 2 years probation with terms and conditions
May 24, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=80895

FUNG, GREGORY, M.D. (G 41709)
San Francisco, CA
Public Reprimand with conditions
May 10, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=41709

GALFFY, LASZLO ZSOLT, M.D. (A 53830)
Glendale, CA
Public Letter of Reprimand pursuant to Business and Professions Code section 2233
July 16, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=53830

GERMINE, MARK (G 73538)
Mount Shasta, CA
License Revoked
June 28, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=73538

GOLDENBERG, THOMAS ALAN (GFE 42112)
South Lake Tahoe, CA
License Surrendered
July 16, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=42112

GUERRERO, MAURA O. (A 23078)
Fresno, CA
License Revoked
July 11, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=23078

GUIAMELON, RITA PARAISO, M.D. (A 84265)
Northridge, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
May 17, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=84265

HATLESTAD, CHRISTOPHER LIEN (G 88309)
Portland, OR
License Revoked
July 29, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=88309

HOLDY, KALMAN EUGEN, M.D. (G 26103)
San Diego, CA
Public Reprimand with conditions
May 16, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=26103

HOLMES, RICHARD J. (A 28516)
Mecca, CA
License Revoked
July 18, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=28516

HOHAG, DAVID EARL (GFE 29744)
Bishop, CA
License Revoked
May 23, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=29744

JACOBS, IRA ALLEN, M.D. (C 52759)
Roseland, NJ
Revoked, stayed, placed on 35 months probation with terms and conditions
June 14, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=52759

JOHANNESSEN, HELGE EDWARD, M.D. (A 52478)
Walnut Creek, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
June 28, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=52478

JOHNSON, KENNETH DELFORD (G 26947)
San Diego, CA
License Revoked
June 12, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=26947

KAO, GARY CHINGHUEI, M.D. (A 53740)
Irvine, CA
Public Reprimand with conditions
June 7, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=53740

KATIBY, NAIM SAFIULLAH (A 50826)
San Leandro, CA
License Surrendered
July 3, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=50826

KAUFMAN, MARK F. (G 13603)
Indian Wells, CA
Licensed Surrendered
June 25, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=13603

KILGORE, BYRON WILLIAM (C 31188)
San Francisco, CA
License Surrendered
May 28, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=31188

KILMANN, STEVEN MICHAEL, M.D. (A 87627)
Los Angeles, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
June 14, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=87627

LANDSMAN, HENRY REINHOLD (G 44389)
Las Vegas, NV
License Revoked
July 29, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=44389

LAUTERBACH, STEPHEN RICHARD, M.D. (A 74720)
Utica, NY
Revoked, stayed, placed on 5 years probation with terms and conditions
May 10, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=74720

LEON, RONALD LAWRENCE, M.D. (A 40420)
Antioch, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
June 19, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=40420

LEE, SHERRI JIA-LIANG, M.D. (A 82295)
Mission Viejo, CA
Public Letter of Reprimand pursuant to Business and Professions Code section 2233
July 30, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=82295

Mc ELDOON, WESLEY ALAN (C 42996)
Signal Hill, CA
License Revoked
June 21, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=42996

MEHRIZI, NASSER, M.D. (A 48610)
Paramount, CA
Public Letter of Reprimand pursuant to Business and Professions Code section 2233
June 12, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=48610

MELCHER, STEPHEN FRANCIS (A 51177)
Sacramento, CA
License Surrendered
July 31, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=51177

MARY, MIGNONNE C., M.D. (C 53425)
New Orleans, LA
Public Reprimand
June 28, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=53425

MILLER, THOMAS C. (A 27881)
Stanton, TX
License Revoked
June 21, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=27881

MIRABADI, PARVIN AMINI, M.D. (C 43302)
Van Nuys, CA
Revoked, stayed, placed on 2 years probation with terms and conditions
May 31, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=43302

MURGUIA, BRANDON OSCAR ROMERO, M.D. (A 126303)
San Francisco, CA
Probationary License issued with 3 years probation and terms and conditions
June 28, 2013

NUGENT, LUIS PHILIP, M.D. (G 47906)
Whittier, CA
Revoked, stayed, placed on 7 years probation with terms and conditions, including 75 days actual suspension
May 3, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=47906

PANCOAST, PENNY SUSAN, M.D. (G 48842)
Escondido, CA
Public Reprimand with conditions
May 29, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=48842

PARHAM, FRED WALTON, M.D. (G 43938)
Vacaville, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
July 19, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=43938

PARK, SAMUEL KYUNG UK, M.D. (A 50474)
Newport Beach, CA
Public Letter of Reprimand pursuant to Business and Professions Code section 2233
May 10, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=50474

PAYNE, WILLIAM BARRETT, M.D. (A 126143)
Santa Monica, CA
Probationary License issued with 3 years probation and terms and conditions
June 11, 2013

PETERSON, RYAN CURTIS, M.D. (A 103097)
Los Angeles, CA
Revoked, stayed, placed on 7 years probation with terms and conditions
June 21, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=103097

POOLE, DAVID VERNON, M.D. (G 63578)
Altamonte Springs, FL
Revoked, stayed, placed on 5 years probation with terms and conditions
May 29, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=63578

RADHAKRISHNA, ROHAN C., M.D. (A 126307)
Oakland, CA
Probationary License issued with 3 years probation and terms and conditions
June 28, 2013

RASAKI, SEGUN M. A. (A 94806)
Carmel, IN
License Revoked
June 14, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=94806

REES, ATSUKO EUBANK, M.D. (C 41745)
San Luis Obispo, CA
Revoked, stayed, placed on 5 years probation with terms and conditions, including 45 days actual suspension
May 17, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=41745

ROSALES, RAMON JAVILLONAR, M.D. (A 51976)
Montvale, NJ
Public Letter of Reprimand pursuant to Business and Professions Code section 2233
July 2, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=51976

RUMINSON, RONALD RAY, M.D. (A 44627)
Dinuba, CA
4 years probation with terms and conditions, including 45 days actual suspension
May 3, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=44627

SAETRUM, BRENT BJORN, M.D. (G 64189)
Stockton, CA
Revoked, stayed, placed on 5 years probation with terms and conditions, including 60 days actual suspension
May 8, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=64189

SAJEDI, EBRAHIM, M.D. (A 62264)
Culver City, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
May 31, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=62264

SHANMUGAM, ANANTH (A 90579)
Sacramento, CA
License Surrendered
July 31, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=90579

SMILEY, DANIEL GORDON, M.D. (G 74108)
San Diego, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
July 26, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=74108

SMITH, KEVIN SANFORD, M.D. (G 70647)
San Diego, CA
Public Letter of Reprimand pursuant to Business and Professions Code section 2233
July 25, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=70647

SMITH, RIPP ALLEN, M.D. (G 88847)
St. Augustine, FL
Public Letter of Reprimand pursuant to Business and Professions Code section 2233
May 15, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=88847

SOIGNIER, WAYNE ALLEN (A 30010)
Dallas, TX
License Surrendered
July 2, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=30010

STANICH, MILES VINCENT (G 24707)
San Diego, CA
License Revoked
May 10, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=24707

SU, WEIYANG STANLEY, M.D. (A 40181)
Newbury Park, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
May 3, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=40181

TANAKA, PEDRO PAULO, M.D. (A 125808)
Stanford, CA
Probationary License issued with 3 years probation and terms and conditions
May 10, 2013

TEEL, DONOVAN DEE, M.D. (G 30879)
Sonora, CA
Public Reprimand with conditions
July 11, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=30879

THORPE, WAYNE KEITH (C 31192)
Roseville, CA
License Surrendered
May 14, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=31192

TRIBBLE, JOHN BENJAMIN, M.D. (A 109949)
Yreka, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
July 19, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=109949

USHER, VERNON HOWARD (G 17327)
Gresham, OR
License Surrendered
May 24, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=17327

VANSOMPHONE, BOUNGKHONG DAVID, M.D. (C 53921)
Las Vegas, NV
Public Letter of Reprimand pursuant to Business and Professions Code section 2233
June 3, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=53921

VARGAS, MICHAEL JOSEPH, M.D. (A 32208)
Temecula, CA
Public Letter of Reprimand pursuant to Business and Professions Code section 2233
July 25, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=32208

VOIGHT, JACK ALBERT (C 33899)
Metairie, LA
License Surrendered
June 17, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=33899

WARENSKI, JAMES CARL, M.D. (A 64340)
Chula Vista, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
May 9, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=64340

WESTFIELD, KENNETH CECIL (G 39544)
Las Vegas, NV
License Surrendered
June 18, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=39544

WILLIAMS, STEVEN DURHAM (C 52111)
Surfside, FL
License Revoked
June 13, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=52111

WYATT, JESSE R., M.D. (A 126356)
Loma Linda, CA
Probationary License issued with 5 years probation and terms and conditions
June 20, 2013

Physician Assistants

ALVARADO, EDUARDO ALBERTO (PA 19273)
Los Angeles, CA
License Revoked
July 1, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=19273

EDWARDS, LAMAR BLAIR (PA 23062)
Houston, TX
Probationary License issued with 5 years probation and terms and conditions
July 3, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=23062

GARRIDO, STANLEY SIOZON (PA 11027)
Spring Valley, CA
License Surrendered
July 24, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=11027

USHIE, ADA CELESTINE (PA 23055)
Inglewood, CA
Probationary License issued with 2 years probation and terms and conditions
June 27, 2013

Doctor of Podiatric Medicine

GLOVER, ALFRED LAWRENCE, D.P.M. (E 4238)
Los Angeles, CA
Revoked, stayed, placed on 5 years with terms and conditions, including 60 days actual suspension
July 25, 2013
http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=4238

MBC Newsletter Survey

Please take a moment to share your thoughts about the Medical Board's Newsletter. Have a particular section that you like or an idea on how to improve our publication? We want to hear from you!
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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 — 2014

(All meetings are open to the public)

February 6 - 7, 2014: San Francisco Bay Area

May 1 - 2, 2014: Los Angeles Area

July 24 - 25, 2014: Sacramento Area

October 23 - 24, 2014: San Diego Area

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Expert Reviewer Program	(818) 551-2129
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Affiliated Healing Arts Professions	
Midwives	(916) 263-2393
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Healing Arts Board and Bureau Complaints	(800) 952-5210

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