



Medical Board of California Newsletter

A Quarterly Publication

www.mbc.ca.gov

Vol. 135, Summer 2015



IN THIS ISSUE

President's Message	3
Legislator Profile	5
You Asked For It	6
Loan Repayment Program Profile	7
Former Board Members Honored	8
Guidelines for Psychotropic Drug Use with Youth in Foster Care	9
Reporting Lapses in Consciousness	10
Standard of Care for Prescribing Opioids	11
New Uniform Standards for Substance-Abusing Licensees	12
New Chief of Enforcement	13
Upcoming Scholarship and Loan Repayment Deadlines	14
Medical Board Wins Two Statewide Awards for Videos	15
News 2 Use / Tech Med Corner	17
Administrative Actions	18
Newsletter Survey Link	26
Board Members and Executive Director	27
Contact Us	27
Meetings	27



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CURES Update

What Is The CURES System?

California's Prescription Drug Monitoring Program (PDMP), Controlled Substance Utilization Review and Evaluation System (CURES), allows authorized physicians, law enforcement, and regulatory agencies to view information on Schedule II – IV controlled substances dispensed to patients in California. Pharmacists and direct dispensers are required to report information on all Schedule II – IV controlled substances dispensed, and must do so within seven days of dispensing. The information is then uploaded into CURES. The CURES system has provided prescribers and dispensers with Schedule II – IV prescription data via an online web portal since 2009. The system, as currently configured, provides authorized prescribers and dispensers who have registered on the system with prescription detail for an individual patient's prescription records (Patient Activity Report, or PAR), which includes the patient's name, date of birth, and address; drug name, form, strength, quantity, dispensing pharmacy name and license number; prescriber DEA Certificate number; prescriber name, prescription number; refill number; and date of dispense. A physician can use this information for multiple purposes, including identifying a patient who may be a "doctor shopper," viewing medications dispensed to the patient that were prescribed by other physicians, and providing a complete picture of Scheduled drugs dispensed to a patient.



The CURES system can be an extremely helpful tool for physicians who are prescribing controlled substances. The Medical Board's newly revised [Guidelines for Prescribing Controlled Substances for Pain](#) emphasizes that physicians should use the CURES PDMP to identify patients who obtain drugs from multiple sources as

CURES (continued on Page 3)

The Mission of the Medical Board of California

The mission of the Medical Board of California is to protect health care consumers through the 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 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.

All editions are available as digital publications via email or
viewable on the Board's website: <http://www.mbc.ca.gov>.
Additionally, the Winter edition is printed in hard copy for
distribution via the U.S. Postal Service to those physicians or
interested parties without an email.

To subscribe or unsubscribe, please use the following link:
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Submission of original articles is welcome, but all submissions
become the property of the Medical Board of California and are
subject to editing.

Medical consultants needed

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Especialty from San Bernardino, San Diego, San Dimas, and Valencia areas
Are you interested in being an integral part of the Medical Board
of California enforcement process? Do you have the ability
to conduct interviews, exercise sound judgment in reviewing
conflicting medical reports and preparing opinions, analyzing
problems and taking appropriate action? This is an excellent
opportunity to help your community and obtain valuable
experience. The Department of Consumer Affairs, Division
of Investigation, Health Quality Investigation Unit is seeking
well-qualified individuals to be Medical Consultants. Interested
individuals must submit an application for examination; see link
for additional information and instructions (<http://jobs.ca.gov/JOBSGEN/1CADD.PDF>). If you have any questions, please contact
Division of Investigation, Health Quality Investigation Unit
Commander John Hirai at (562) 402-4668.

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 dermatology,
nephrology, neurosurgery pain medicine, pathology, toxicology
and transplant surgery. For more information regarding
compensation and how to apply, please visit: http://www.mbc.ca.gov/Enforcement/Expert_Reviewer/.

Editor's Spotlight

By Susan Wolbarst

Welcome to the Summer issue of the Medical Board of
California's Newsletter. I hope you will find it packed
with useful information. Here are a few words about
some articles in this issue:

I invite you to check out "The Standard of Care for
Prescribing Opioids" on page 11, by Dr. James Nuovo.
A professor and Associate Dean of Graduate Medical
Education at the University of California, Davis, Dr.
Nuovo has worked as an Expert Reviewer, reviewing
potential disciplinary cases for the Medical Board. His
perspective is informed by this experience.

On page 9, you will find a description of the "*California
Guidelines for the Use of Psychotropic Medication with
Children and Youth in Foster Care*," as well as a link to
the *Guidelines*. Stakeholders are encouraged to review
and comment on the *Guidelines*; comments will be
considered in the planned annual revision.

The Training, Research and Education for Driving
Safety (TREDS) program at the University of California,
San Diego, offers resources to assist physicians in the
identification and management of patients with age-
related driving impairments. Learn more about the
program, and about physician responsibilities to report
lapses of consciousness, on page 10.

Upcoming scholarship and loan repayment
opportunities in fiscal year 2015-16 for health
professional students and graduates working in
underserved areas are described on page 14.

As always, your feedback is appreciated. Please contact
me at susan.wolbarst@mbc.ca.gov.

Need A Speaker?

If you would like a speaker from the Medical Board
of California to address your group or organization,
please contact Public Affairs Manager Cassandra
Hockenson at Cassandra.hockenson@mbc.ca.gov.

President's Message



David Serrano Sewell, J.D.

During this past year as President of the Medical Board, I've had the pleasure of watching legislation that we sponsored go into effect. Legislation that not only allowed graduates of accelerated and competency-based medical school programs to be eligible for licensure in California, but legislation that promoted more transparency by posting serious disciplinary actions on the Board's website as long as they are public record.

On February 26, 2015, I had the pleasure of participating, along with

other Board members and staff, in a Legislative Day. We visited legislative offices to provide information on the Board and its roles and duties. The group met with legislative members including Senator Hernandez, Senator Hill, Senator Bates, Assemblywoman Bonilla, Senator Wieckowski, Senator Jackson, Assemblyman Bloom, and staff from Assemblyman Bonta, Woods, Gatto, and Mendoza. The group also met with the Board's Legislative Deputy at the Governor's Office.

In addition, our Prescribing Task Force developed new [Guidelines for Prescribing Controlled Substances for Pain](#) designed to assist physicians and protect consumers. The Board also updated its [Marijuana for Medical Purposes](#) guidelines to better serve physicians and consumers.

Finally on July 1, 2015, regulations took effect to implement [Senate Bill 1441](#) (Ridley-Thomas, Statute of 2008, Chapter 548), which was designed to protect the public by monitoring physicians (and other healing arts professionals) who are

impaired by drug or alcohol abuse. These regulations are designed not only to protect the public but to help the licensee. These uniform standards outline specific language for conditions that can be imposed on a physician who is issued a probationary order by the Board. They include detailed requirements for biological fluid testing, worksite monitors, support group meetings, etc. Violations of any listed condition could result in further action by the Board. You can read an article about these new regulations on Page 12.

As a member of this Board, I want to stress that our mission is public protection through the proper licensing and regulation of California's physicians. However, these regulations are also in the best interest of the physician, as they assist substance-abusing physicians to get the help they need.

In closing, I want to say that I have enjoyed serving as the Board's President during this past year and being a member of this Board. I hope you all enjoy the rest of your summer.

CURES (continued from Page 1)

part of the Patient Evaluation and Risk Stratification process. The Guidelines also recommend that physicians document, in their medical records, that they requested a Patient Activity Report (PAR) from CURES and the outcome of such report.

Upgrading CURES: CURES 2.0

The CURES system is in the process of being upgraded. Over the last two years, the Department of Justice (DOJ) selected a vendor, identified what stakeholders thought an upgraded CURES system should include, and designed "CURES 2.0."

CURES 2.0 is going to enhance the information that a physician can obtain from the system. In addition to the functionality of the current system, CURES 2.0 will provide an improved user interface and an analytics engine that will provide physicians with critical information regarding at-risk patients. An example of a new feature with the upgraded CURES 2.0 is that prescribers will be able to specify patients with whom

All physicians prescribing Schedule II, III or IV controlled substances must have applied to the DOJ to register in CURES by January 1, 2016.

CURES (continued on Page 4)

they have pain management agreements to signal to other providers that additional prescribing of controlled substances to these patients could be potentially counter-productive or harmful. The new CURES 2.0 will also provide alerts to physicians if a patient meets certain criteria, such as a patient who has obtained prescriptions from four or more prescribers and four or more pharmacies during the prior twelve months. These alerts will be viewable on the physicians' dashboard when they sign on to the CURES 2.0 system.

SB 809: Requirement to Register by January 1, 2016

CURES 2.0 is expected to provide faster, more reliable service to a much larger medical practitioner base, sufficient to accommodate the hundreds of thousands of prescribers and dispensers in the state who are required by [*Senate Bill \(SB\) 809*](#) (DeSaulnier, Chapter 400, Statutes of 2014) to register with the system by January 1, 2016.

This new system was finalized on July 1, 2015. In order to ensure a smooth transition from the current system, CURES 2.0 will be rolled out to users in phases over the next several months, beginning with early adoption by a select group of users who currently use CURES and meet the CURES 2.0 security standards, including minimum browser specifications. With the new CURES 2.0, users will be required to use Microsoft Internet Explorer Version 11.0 or greater, Mozilla FireFox, Google Chrome, or Safari when accessing the system.

The DOJ is currently identifying prescribers and dispensers who meet these criteria and will contact them and coordinate their enrollment into CURES 2.0. For all other current users, access to CURES 1.0 will not change and no action is needed at this time.

Physicians not currently enrolled in CURES have two options:

- 1) Submit an application form electronically (https://pmp.doj.ca.gov/pmpreg/Signup_input.action?at=12) and then mail a notarized copy of the printed and signed Application Confirmation, along with copies of the following supporting documents to the California Department of Justice, PDMP/ CURES, P.O. Box 160447, Sacramento, CA 95816 or email it to pmp@doj.ca.gov:

- Drug Enforcement Administration registration certificate,



- medical license, and
 - a government-issued photo identification
- 2) Or, wait until a streamlined application and approval process for access to the CURES 2.0 becomes available within the next two months. This streamlined process will be online and will eliminate the need for a notary.

Pursuant to SB 809, passed by the legislature and signed by the Governor in 2014, a physician authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances must have submitted an application to the DOJ for registration into the CURES system by January 1, 2016. Physicians not currently enrolled in CURES should follow the instructions above to ensure they are registered by the deadline.

The Medical Board will be posting frequently asked questions about CURES 2.0 and the registration process on its website once the streamlined process has been completed and more information on the upgraded system is available.

Legislator Profile

Senator Mike Morrell



Senator Mike Morrell
23rd Senate District

Mike Morrell was elected to the California State Senate in March 2014 after serving three years in the State Assembly. Senator Morrell holds that the right to private property, free enterprise, and government by consent are central tenets to our state and nation's continued prosperity. Having been a small business owner for more than 25 years, he is committed to eliminating unnecessary regulation, growing the economy, and restoring fiscal responsibility.

Senator Morrell currently serves as the Vice Chair of the Senate Committee on Public Employment and Retirement. As a key member of this committee, his attention is directed at the state's estimated \$340 billion in unfunded pension liabilities. He believes the state should prioritize paying down these costs and ensure that they are not left for future generations to face.

Additionally, Senator Morrell serves as a member of the Senate Committee on Energy, Utilities, and

Communications, and the Senate Committee on Banking and Financial Institutions. He also serves as the Chair of the Southern California Inland Empire Caucus, a bipartisan and bicameral group of legislators representing San Bernardino and Riverside Counties. Together, the members discuss issues impacting this growing region and advocate on its behalf in Sacramento.

During his time in the Legislature, Senator Morrell has made government accountability and transparency a cornerstone of his work. This year, he has authored Senate Constitutional Amendment (SCA) 3 to require any legislation to be in print and available online for at least 72 hours before a vote of either house. SCA 3 is intended to protect taxpayers by providing adequate time to review measures that propose to spend their tax dollars, particularly if such measures are related to the state budget.

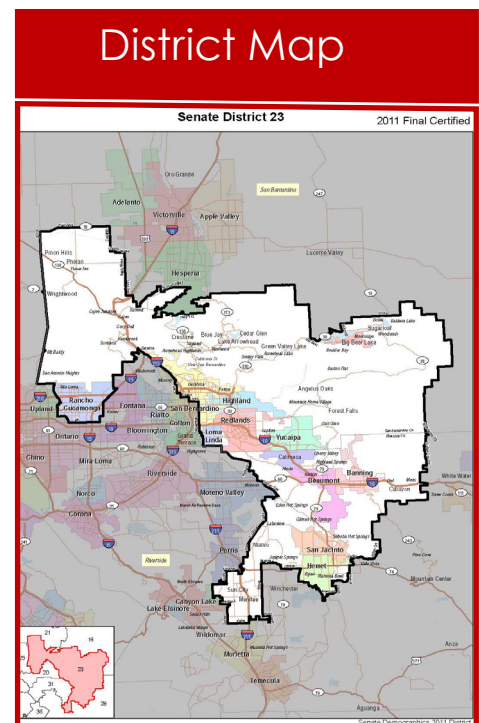
Senator Morrell is also authoring legislation (Senate Bill 408) this session that would recognize the position of "midwife assistants" by establishing training requirements and defining the duties they can perform under the supervision of licensed midwives. Current law establishes these same parameters for medical assistants. The bill is sponsored by the Medical Board of California.

Active in the community, Senator Morrell has consistently lent his time and talents to local organizations in the Inland Empire, a Southern California region located east of Los Angeles which includes Riverside and San Bernardino counties. He has served on the Board of Directors for the Building Industry Association,

Rancho Cucamonga YMCA, and the Gary Anderson School of Business at UC Riverside. He was also a key member of the Inland Empire Economic Partnership and the Legislative Committee for the Citrus Valley Association of Realtors. Senator Morrell co-founded the Inland Empire Prayer Breakfast, has contributed to Inland Empire leadership for the City of Hope, and acts on the Advisory Board to the Pacific Justice Institute.

In 2014, Senator Morrell was recognized by the California Senior Legislature for his work on behalf of older Californians, receiving the organization's Henry J. Mello Award.

Senator Morrell is a graduate of Damien High School in La Verne and earned his B.A. in business at the University of La Verne. He and his wife Joanie live in Rancho Cucamonga and have three adult children.



You Asked For It

Questions received from the Web

By Christine Valine, Public Information Analyst

Q. As the treating physician, what is my duty regarding the signing of a death certificate?

A. The treating physician is required to sign a death certificate within 15 hours of the patient's death. If the physician is unavailable, another physician, acting in consultation with the treating physician and who has access to the records, may be designated. If there is a coroner inquiry, the coroner must sign the death certificate within three days after examination of the body. If the extent of the coroner's inquiry is limited, such as a hospice patient who died a predictable death at home, and it has been over 20 days since the physician last saw the patient, the treating physician may sign the death certificate; however, this is not required by law.

Q. I would like to open a medical spa and partner with an esthetician. What is required by the Medical Board?

A. Any facility where medical procedures are being performed must be owned at least 51% by one or more physician(s). The remaining 49% can be owned by other licensed medical professionals, as listed in [California Corporations Code §13401.5](#). No lay person or entity may own any part of a medical facility. If the facility has a name other than the physician's own name, then the physician must obtain a fictitious name permit from the Medical Board. If you plan to hire an esthetician for your medical cosmetic practice, you must have an establishment license issued by the Board of Barbering and Cosmetology (BBC). For information on this license, please visit the BBC's website at www.barbercosmo.ca.gov.

Q. I am a retired physician. Can I still write prescriptions?

A. No. If your license is in retired status, you cannot practice medicine and you cannot write prescriptions. Physicians who maintain their license in active status by paying the full renewal fee of \$820, and physicians who maintain their license in voluntary status and work as authorized by this status and pay the required renewal fee of \$37, are permitted to write prescriptions.

Q. As a licensed physician, can I write prescriptions for family members?

A. There is no law that prohibits a physician from treating family members; however, this practice is discouraged. When treating a family member, the physician may be compromised because of personal feelings that could influence his or her professional medical judgment. If a physician does treat a family member, the physician must follow the same protocol as for any other patient. Before prescribing, there must be an appropriate prior examination and medical indication, and a medical record maintained for the patient.

Q. What is the new law regarding medical assistants now being allowed to hand medications to a patient?

A. As of January 1, 2015, a medical assistant is permitted to hand to a patient a properly labeled and pre-packaged **non-controlled** prescription drug. The properly labeled and pre-packaged **non-controlled** prescription drug must have the patient's name affixed to the package, and the supervising physician, physician assistant, nurse practitioner, or nurse-midwife must verify that it is the correct medication and dosage for the specific patient and provide the appropriate patient consultation prior to the medical assistant handing the medication to the patient.

Have a question?

If you have a question, write to Webmaster@mbc.ca.gov. Although only some questions may be featured here in "YOU ASKED FOR IT," all questions will receive an email response, so let us hear from you.



Steven M. Thompson Loan Repayment Program Recipient

Dr. Carolina Covarrubias is a Latina psychiatrist for the Department of Mental Health in Los Angeles County. Her clinic serves Central Los Angeles, including Watts, South Central, and Leimert Park.

Dr. Covarrubias came from humble beginnings. She was born in Santa Ana, California, the second eldest of eight daughters. She was raised primarily by her grandparents -- Mexican immigrants who worked in factories and farms in Southern California. She set the goal of becoming a physician when she was nine years old, and it was always her intention to help and heal the underprivileged Latino community. She is the first physician in her family.

Her first experience in the medical field was at the age of 16. She began volunteering at a small community clinic and became an employee, working there for nine years until she had to leave for medical school. It was then that she solidified her decision to continue working with that patient population, and more specifically, the Latino community.

She graduated from UCLA Medical School in 2009. She received various awards and scholarships for her dedication to working with underserved populations.



Dr. Carolina Covarrubias

Dr. Covarrubias applied for residency at Harbor-UCLA Medical Center (formerly Los Angeles County-Harbor General Hospital) and received excellent training there. She worked with the most destitute and underserved patients in Los Angeles with little to no resources. It was a natural transition to become employed by Los Angeles County so she could continue her service there.

She currently works full time and goes to school part time to learn the art of psychoanalysis. It is one of the first known methods of psychotherapy developed by Sigmund Freud in the 1890s. She decided that being trained in this technique would complete her education, after which she would have all the necessary tools to give her patients the most appropriate and holistic care that she could.

Free CME Activities on FSMB Opioid Prescribing Policies

In collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA), the Federation of State Medical Boards (FSMB) has created learning activities to educate state medical boards and the physicians and other health care providers they license on the FSMB's updated responsible opioid prescribing and office-based opioid treatment policies. These free CME activities are a valuable resource for physicians seeking education related to opioid addiction as well as the appropriate use of opioid analgesics in the treatment of pain. For more information, contact Kelly Alfred at kalfred@fsmb.org.

Former MBC Board Members Honored by FSMB



Bruce Hasenkamp, above left, and Hedy Chang, above, far right, received awards from the Federation of State Medical Boards. Pictured with Ms. Chang is Dr. Humayun Chaudhry, President and CEO of the FSMB.

Former members of the Medical Board of California (MBC) Hedy Chang and Bruce Hasenkamp were honored for their service at the Federation of State Medical Boards (FSMB) Annual Meeting on April 25, 2015, in Fort Worth, Texas.

Ms. Chang, who served on the MBC for more than 10 years, “has a long history of valuable and versatile service to the medical regulatory community on both the state and national levels,” according to the FSMB. She served as Secretary of the MBC, and on the Access to Care, Application Review, and Education Committees.

As chair of the MBC’s Cultural and Linguistic Competency (CLC) Workgroup, she oversaw an initiative to include an element of CLC in all continuing medical education programs to help increase access to care for all patients in the state. She has also served in various capacities with FSMB, including as a member of the FSMB Board of Directors. She is currently treasurer of the FSMB Foundation.

Bruce Hasenkamp, J.D., served as a public member on the MBC from 1987 to 1995. During his tenure, he was elected to the positions of secretary, vice president and president.

Mr. Hasenkamp “made significant and long-lasting contributions to the infrastructure and financial strength of the FSMB during his dedicated service to the organization,” according to the FSMB. Elected to the FSMB Board of Directors in 1988, he served two full terms as treasurer during a period of rapid growth after the organization’s partnership with the National Board of Medical Examiners and the beginning of the United States Medical Licensing Examination (USMLE).

While he was treasurer, the FSMB purchased its present headquarters building in Euless, Texas as well as a new computer system. Hasenkamp also served as a member of the Editorial Board of the *Journal of Medical Licensure and Discipline*, the USMLE Governing Board and the National Commission of Certification of Physician Assistants.



New California Guidelines for Use of Psychotropic Medication with Children and Youth in Foster Care

By Pauline Chan

Senior Pharmacist Consultant,
Department of Health Care Services

The Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) announce the release of "[*California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care*](#)."

In October 2012, DHCS and CDSS initiated a joint Foster Care Quality Improvement Project (QIP), with the goal of improving oversight and monitoring of psychotropic medication use in children and youth in foster care. This inter-departmental effort produced the *Guidelines* as part of the QIP.

While these guidelines are not codified mandates for providers of mental health and/or social services, they were developed for use in conjunction with existing mandatory state regulations for the population addressed. This document is comprised of 19 pages of guidelines with four appendices. The *Guidelines* describe basic principles and values, a guide to developing a treatment

plan summarizing best practices from national guidelines, other states' guidelines, and California counties' mental health services policies and protocols. Appendix A is a set of prescribing standards for psychotropic medication by age groups. Appendix B is adopted from the Los Angeles County Department of Mental Health (LACDMH) parameters for psychotropic medication indications, dosing and monitoring. Appendix C lists recommendations to address challenges in the management of complex cases, and Appendix D is a decision tree excerpted from the *Guidelines*, to be used by prescribers.

As part of the dissemination and education and training effort to bring awareness of the *Guidelines* to all stakeholders within the foster care community, we encourage providers to review and discuss the *Guidelines* with care teams and to integrate them into daily practice. We also encourage comments from all stakeholders for consideration in the annual revision.

For more information, please contact Lori Fuller at lori.fuller@dss.ca.gov or Pauline Chan at Pauline.chan@dhcs.ca.gov.

Reporting Lapses of Consciousness – What is Your Legal Responsibility?

By Linda Hill, M.D., MPH

Your 34-year-old diabetic patient reports a hypoglycemic episode resulting in temporary disorientation and near loss of consciousness. If the patient drives, are you required to notify the health department of the diagnosis?

Based on [California Health and Safety Code section 103900](#), the answer is yes. The code states that every physician and surgeon shall notify the local health officer when they have diagnosed a patient with a disorder characterized by lapses of consciousness.

Lapses of consciousness pose a particular threat to motorists and others who share the road. Such conditions are characterized by:

- marked reduction of alertness or responsiveness to external stimuli;
- inability to perform one or more activities of daily living; or
- impaired sensory motor functions used to operate a motor vehicle.

Examples of conditions that may, but do not always, cause the functional impairment included in the definition of lapses of consciousness are syncope, hyper- and hypoglycemia, seizures, dementia (including Alzheimer's disease), brain neoplasms, post-CVA status, narcolepsy and sleep apnea. Making the decision to report a patient depends



on whether the lapse of consciousness is related to an ongoing condition or a one-time event. For example, a one-time loss of consciousness due to a single event, such as a sport-related concussion, is likely not reportable, unless there is residual impairment.

Physicians are protected from liability for making good-faith reports. Indeed, failing to report may have consequences if a patient with a qualifying condition subsequently experiences a motor vehicle crash. The California Department of Public Health has a specific form for reporting lapses of consciousness; it is the



[Confidential Morbidity Report Form 110C](#). The form requests information that pertains to driving and will be forwarded to the California Department of Motor Vehicles.

The Training, Research and Education for Driving Safety (TREDS) program at the University of California, San Diego (UCSD), has resources to assist physicians in the identification and management of patients with age-related driving impairments. A short [video](#), Physician Mandated Reporting of Drivers in California, reviews medical conditions that require reporting and provides case examples. An easy reference [pocket guide](#) with screening and reporting guidelines is available at no charge.

While discussions about driving may be difficult to initiate, compliance with these requirements protects patients, their families and our communities from harm. For additional information, visit the [TREDS website](#) or call 858-534-9330.

(Dr. Hill, the director of TREDS, is a professor at UCSD and chairs the Graduate Medical Education Committee, American College of Preventive Medicine.)

Please take our Newsletter survey to let us know how we can improve.
Click on: https://www.surveymonkey.com/s/mbc_newsletter_survey

The Standard of Care for Prescribing Opioids

By Dr. James Nuovo, Professor and Associate Dean of Graduate Medical Education, UC Davis

I have reviewed possible disciplinary cases for the Medical Board of California (Board) as part of the Expert Reviewer Program. This program allows physicians to assist the Board by providing reviews and opinions on specific cases. A number of these cases involve allegations of excessive prescribing, particularly of opioids.

The initial complaint typically comes to the attention of the Board from a concerned family member, a pharmacist, or from another physician who subsequently saw the patient. The documents available for review often include the following: the initial complaint, the response by the physician to the allegations of excessive prescribing and the patient's medical records. In cases that go to a District Office for further investigation, it is common to have the Controlled Substances Utilization Review and Evaluation System (CURES) Report as well as an interview of the physician by a Health Quality Investigation Unit (HQIU) investigator.

As a reviewer, it is important to state that each case is unique and all documents must be reviewed in order to evaluate the concerns that were brought forward. However, one common theme that I have seen relates to the quality of the medical records. Ideally, the records should include the following elements:

History and Prior Examination:

The standard of care when prescribing controlled substances for pain is that a medical history and appropriate prior examination must be accomplished. This includes an assessment of the pain, physical and psychological function; a substance abuse history; history of prior pain treatment; an assessment of underlying or coexisting diseases or conditions; and documentation of the presence of a recognized medical indication for the use of a controlled substance.

Treatment Plan Objectives:

The standard of care in a patient receiving controlled substances should include a treatment plan which should state objectives by which the treatment plan can be evaluated, such as pain relief and/or improved physical and psychosocial function, and indicate if any further diagnostic evaluations or other treatments are planned.

Informed Consent:

The standard of care when prescribing controlled substances should include documentation in which the physician discusses the risks and benefits of the use of controlled substances and other treatment modalities with the patient.

Periodic Review:

The standard of care in a patient receiving controlled substances should include a periodic review of the course of the pain treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of controlled substances for pain management therapy depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

The standard of care is that the physician should keep accurate and complete records, including the medical history and physical examination, other evaluations and consultations, treatment plan objectives, informed consent, treatments, medications, rationale for changes in the treatment plan or medications, agreements with the patient and periodic review of the treatment plan.

In many of the cases I have reviewed, the reality is that the treating physician failed to incorporate most of these elements into their medical records. It is common to be faced with handwritten records that are disorganized and unreadable. It is common, when comparing the CURES report to the patient's medical records, to see few if any entries in the records that list the prescription or justify long-term prescribing of an opioid. It is also common to see long gaps of time between office visits with little documentation other than the refill requests.

Documentation is an essential component of safe and effective opioid prescribing. All physicians must ensure compliance with documentation requirements. Careful documentation of all the elements of the care you have provided, as described above, is the best way to demonstrate that you have prescribed controlled substances responsibly and appropriately, should a complaint ever be filed.

Rollout of Uniform Standards for Substance-Abusing Licensees

Anyone would agree that the demands of working in health care delivery are significant and the stress that clinical care providers experience can, at times, be overwhelming for the thousands of licensed physicians who have chosen a career that requires working long hours to help those with physical, mental, and/or emotional ailments. If the stress is not dealt with constructively, physicians may seek relief from drugs or alcohol to cope with the daily pressures of the profession. Sadly, too many physicians who have sought refuge or relief from alcohol or drugs have had their licenses either revoked, suspended, or placed on probation for unprofessional conduct involving the use of illegal drugs and the abuse of drugs and/or alcohol.

To address the concern about substance abuse by health care professionals, the California Legislature in 2008 enacted Senate Bill 1441, which was designed to protect the public by establishing a framework for monitoring physicians and other healing arts professionals impaired by drug and alcohol abuse. The law mandated the creation of a Substance Abuse Coordination Committee comprised of executive directors from each healing arts board, the Director of the Department of Consumer Affairs (DCA), and a representative from the California Department of Drugs and Alcohol Programs, and directed the Committee to develop uniform standards for addressing evaluation, monitoring, rehabilitation, and discipline of substance-abusing



licensees. The Medical Board of California (Board) adopted the Committee's standards into Section 1361.5 in Title 16 of the California Code of Regulations, entitled ***Uniform Standards for Substance-Abusing Licensees*** and the new regulations took effect on July 1, 2015.

Key elements of the new regulations include the following: A substance-abusing licensee may be required to undergo a clinical diagnostic evaluation by a licensed physician and the licensee must cease practicing medicine pending the review of the evaluation by the Board; with few exceptions, the licensee will be required to undergo random biological fluid testing (acquisition of urine, blood, breath or hair for testing) at least two times per week, including weekends and holidays; the use of an impartial worksite monitor to report to the Board any suspected

substance abuse by the licensee as well as provide monthly reports describing the licensee's attendance or change in behavior and/or personal habits that might indicate the suspected continuation of substance abuse; and may require the licensee to attend support group meetings. All costs associated with the evaluation, biological fluid testing, workplace monitoring, and participation in support meetings are incurred by the licensee.

The regulations also require a licensee who is on probation to provide contact information for his or her employer or supervisor to the Board and must provide written consent for the Board, the worksite monitor, and his or her employer or supervisor to communicate freely about the licensee's work status, performance, and monitoring activities.

Uniform Standards (continued on page 13)

New Chief of Enforcement Christina Delp Joins Medical Board of California



Christina Delp joined the Medical Board of California (Board) in July as the Chief of Enforcement. She comes to the Board from the Department of Consumer Affairs Contractors State License Board (CSLB), where she served as CSLB's Deputy Chief of Enforcement. In that capacity, she oversaw the operations of the Intake Mediation Centers, Investigative Centers, Statewide Investigative Fraud Team, Disciplinary Services, and the Peace Officer Special Investigations Unit.

Prior to working at the CSLB, Ms. Delp worked at the California Department of Justice (DOJ). During her tenure at the DOJ, Ms. Delp was the Program Manager of the statewide Cal-ID automated fingerprint identification and Quality Control Programs. She has more than 26 years of state experience working in multidisciplinary programs.

"With her knowledge of state enforcement functions, including experience performing investigations and complaint review, she will be a great addition to the Board," said Kimberly Kirchmeyer, Executive Director.

Uniform Standards (continued from page 12)

Lastly, the new regulations define what disciplinary actions the Board may take against a licensee as a consequence of abusing substances while on probation; set conditions which must be met before a substance-abusing licensee may return to practice; establish requirements for laboratories/testing locations and specimen collectors for testing substance-abusing licensees; and describe what statistical information the Board must report annually to DCA and the Legislature relating to licensees with substance-abuse problems who are on probation.

The legislation, and regulations, are designed both to carry out the Board's primary mission of consumer protection, and at the same time, to provide physicians who have been identified and disciplined for substance abuse an opportunity for rehabilitation and safe return to clinical practice.

For a full description of the enacted regulations please visit:

[https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=ICEF3F891DAA211E4855D80D8FB36B988&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=ICEF3F891DAA211E4855D80D8FB36B988&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))

Any

physician with an email account is required by law per [Business and Professions Code section 2021\(d\)](#) to notify the Board of his or her email address. Please visit http://www.mbc.ca.gov/Licensees/Address_of_Record.aspx. Email addresses will be considered confidential and not subject to public disclosure.

Free Online Course on Military Culture For Health Care Professionals

A free eight-hour online course called Military Culture: Core Competencies for Health Care Professionals is being offered nationwide by the U.S. Departments of Veterans Affairs and Defense. The continuing education class aims to help health care professionals become more culturally aware by providing education, tools and resources for their clinical practice, according to the Center for Deployment Psychology website.

The course covers a variety of topics through interactive features, video vignettes, case examples and treatment planning scenarios. Each of the four modules within the course was developed using research, surveys and extensive interviews with service members and veterans.

For more information about the course, visit
<http://www.DeploymentPsych.org/Military-Culture>.

Upcoming Scholarship and Loan Repayment Opportunities

The Health Professions Education Foundation (HPEF) improves access to health care in underserved areas of California by providing **scholarships** and **loan repayments** to health professional students and graduates who are dedicated to working in those areas. Dates for the upcoming Annual Application Cycles are below. Please click on each program listing for more information or call HPEF at 916-326-3640 or email at hpef-email@oshpd.ca.gov

Health Professions Education Foundation Upcoming Annual Application Cycle Dates

Mental Health Loan Assumption Program (MHLAP) & Licensed Mental Health Services Provider Education Program (LMHSPEP)	Aug. 3 - Sept. 30
All Other Loan Repayment Programs	Sept. 9 - Nov. 2
Steven M. Thompson Physician Corps Loan Repayment Program (STLRP)	Jan. 4 - Feb. 29
All Scholarships	Jan. 4 - Feb. 29

Report Lost or Stolen Prescription Pads

Reminder – If you suspect your prescription pad has been lost or stolen, **report the loss immediately to local police**. It is important to make an incident report to your local law enforcement agency in order to protect yourself, should fraudulent prescriptions be written using your stolen prescription pad.

You must also report the theft or loss of any tamper-resistant prescription forms to the Department of Justice (DOJ) Controlled Substance Utilization Review and Evaluation System (CURES) program.

A law enforcement agency report number is required when submitting a report of lost or stolen prescription forms to CURES. This notification may be accomplished electronically by logging into your CURES account, or by emailing SecurityPrinter@doj.ca.gov to obtain a report to file with the California Department of Justice, CURES Program, P.O. Box 160447, Sacramento, CA 95816. For additional information, please call (916)227-4704 or email SecurityPrinter@doj.ca.gov.

Next, notify the Board of Pharmacy at BOPcomplaint@dca.ca.gov. The Board of Pharmacy recently launched a Web page listing physicians whose prescription pads have been reported stolen: http://www.pharmacy.ca.gov/licensing/stolen_fraudulent_rx_forms.shtml. This information is available 24/7 to pharmacists, law enforcement and the public.

You should also notify the Medical Board of California (Board) that your prescription pads have been lost or stolen by sending an email to complaint@mbc.ca.gov or a letter to the Board describing the circumstances and actions taken in response to the suspected theft. The letter should be written on your professional letterhead, signed, and mailed to: Medical Board of California, Central Complaint Unit, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815. For more information, call (800) 633-2322.

Medical Board Wins Two Statewide Awards

Medical Board of California Public Information Officer Cassandra Hockenson (pictured, right) received two awards for excellence in state government communications from the State Information Officers Council (SIOC). She received a silver award for the video “*Educating Physicians on Prescribing*” in the Training or Education category. Board Member Dr. Michael Bishop narrated the video. Hockenson also received a gold award for a Public Service Announcement (PSA) about prescription drug abuse which urges physicians and consumers alike to “*Spread the Word ... One Pill Can Kill.*” The PSA features swimmer Natalie Coughlin, who has won 12 Olympic medals.

Hockenson served as executive producer on both projects. In each of the projects, Bryce Penney of the Department of Consumer Affairs (DCA) served as photographer/editor and Cesar Victoria of DCA served as production assistant.



Operation Pangea VIII: International Effort to Keep Illegal Drugs and Devices Off the Market

The U.S. Food and Drug Administration (FDA), in partnership with international regulatory and law enforcement agencies, recently took action against more than 1,050 websites that illegally sell potentially dangerous, unapproved prescription medicines and medical devices to consumers. These actions include the issuance of regulatory warnings to the operators of offending websites and seizure of illegal medicines and medical devices worldwide.

The action occurred as part of the Eighth Annual International Internet Week of Action (IIWA), a global cooperative effort, led by INTERPOL, to combat the unlawful sale and distribution of illegal and potentially counterfeit medical products on the Internet. The FDA sent warning letters to the operators of 400 websites offering unapproved or misbranded prescription medicines to U.S. patients and to nine firms distributing unapproved or uncleared medical devices online.

The goal of Pangea VIII – which involves law enforcement, customs and regulatory authorities from 115 countries – was to identify the makers and distributors of illegal prescription drug products and medical devices and to remove these products from the supply chain. “Our efforts to protect the health of American patients by preventing the online sale of potentially dangerous illegal medical products will not cease,” said George Karavetsos, director of the FDA’s Office of Criminal Investigations.

In addition to health risks, illegal online pharmacies and illegal online medical device retailers pose other risks to consumers, including credit card fraud, identity theft and computer viruses. The FDA encourages consumers to report suspected criminal activity at www.fda.gov/oci and to check out [BeSafeRx: Know Your Online Pharmacy](#) for advice to find a safe online pharmacy.

Athletic Commission Seeks Ringside Physicians

The California State Athletic Commission (Commission) regulates professional and amateur boxing, kickboxing, and mixed martial arts throughout the state by licensing all participants and supervising the events. The Commission is dedicated to the health, safety and welfare of participants in regulated competitive sporting events through ethical and professional service.

The Commission is currently seeking ringside physicians in Northern California (from San Jose to Redding) to work approximately 10-20 hours per month, mostly on Fridays and Saturdays.

Applicants must possess: (a) a current and unrestricted license issued by the Medical Board of California or the Osteopathic Medical Board of

California and (b) staff privileges in medicine, surgery, or emergency medicine in a general acute care facility accredited by the Joint Commission on Accreditation of Health Care Organizations. For compensation details, please visit the Commission's website at: http://www.dca.ca.gov/csac/forms_pubs/publications/official_payscale.shtml.

If interested, please complete an Application for Ringside Physician at http://www.dca.ca.gov/csac/forms_pubs/forms/ringsidephys.pdf and mail it to the Commission at 2005 Evergreen Street, Suite 2010, Sacramento, CA 95815. Please submit additional questions via email to csac@dca.ca.gov.



Geriatric Care CME Recommended as Country's Demographics Shift

Are you an emergency room physician? If so, you might benefit from taking a continuing medical education (CME) class in the subject of geriatric care.

According to former Assemblyman Steve Fox, who authored [Assembly Bill 2214](#) (Statutes of 2014, Chapter 422), "California faces a critical shortage of physicians with geriatric care expertise. For many elderly, the emergency room is where the first signs of major health complications are revealed, but often they are not recognized or properly diagnosed."

An article, "Emergency Rooms are No Place for the Elderly," printed March 13, 2014 in *The New York Times*,

described a coming demographic shift, "The number of older people seeking health care is expected to increase significantly over the next 40 years, doubling in the case of those older than 65, potentially tripling among those over 85. In a health care system already critically short of primary care providers and geriatrics specialists, many of these older patients will likely end up in emergency rooms."

California physicians are required to take 50 units of Category 1 Credit(s)[™]



CME every two years in order to renew their license to practice medicine. For more information, please visit: http://www.mbc.ca.gov/Licensees/Continuing_Education/.

Entire Family Needs Vaccination Check Before Travel Abroad

The Centers for Disease Control and Prevention (CDC) advises anyone planning international travel to get all necessary vaccinations before going abroad. Measles, for example, remains common in parts of Europe, Asia, the Pacific and Africa. How common? "About 20 million people get measles each year; about 146,000 die," according to the CDC website. Anyone not properly vaccinated risks infection. Before leaving the country, infants 6-11 months old should receive one dose of MMR (measles-mumps-rubella) vaccine; children 12 months or older should receive two doses of MMR vaccine separated by at least 28 days. Teens and adults with no evidence of immunity against measles need two doses at least 28 days apart. For more information, visit <http://www.cdc.gov/measles/travelers.html>.

Hormonal Contraception Available Without M.D. Prescription

As early as October 1, 2015, pharmacists will be able to furnish self-administered hormonal contraception to women without a physician's prescription in accordance with a protocol approved by the California State Board of Pharmacy and the Medical Board of California.

This authority was established by [Senate Bill 493](#) (Hernandez, Chapter 469), which passed in 2013, amending sections of the state's Business and Professions Code relating to pharmacy.

The protocol requires women to fill out a brief health questionnaire to be reviewed by the pharmacist; answers are clarified if necessary. The pharmacist is required to measure and record the patient's seated blood pressure. If it is determined that a self-administered hormonal contraceptive is not appropriate for the patient, the pharmacist will refer the woman to her primary care provider or a nearby clinic for further evaluation.

If the woman is a suitable candidate for birth control, the pharmacist shall review use of the product with the patient, including dosage, effectiveness, potential side effects, and safety, as well as the importance of receiving recommended preventative health screenings and the fact that self-administered hormonal contraception does not protect against sexually transmitted infections. The pharmacist is required to answer patient questions and provide the patient with informational materials.

The new law applies to all hormonal contraceptives approved by the Food and Drug Administration, including oral, transdermal, vaginal and injection.

The pharmacist shall notify the patient's primary care provider of any drug(s) or device(s) furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, or is unable to provide contact information for his or her primary care provider, the pharmacist shall provide the patient with a written record of the drug(s) or device(s) furnished and advise the patient to consult an appropriate health care professional of the patient's choice.

For more information, visit the Board of Pharmacy's website at <http://www.pharmacy.ca.gov>.

Tech Med Corner

iHealthBeat (iHealthBeat.org)

Algorithm Boosts Kidney Donation Numbers

An algorithm developed by Al Roth, a Stanford University economics professor, is dramatically increasing the number of paired kidney transplants in the U.S. "A paired kidney exchange occurs when a willing donor is incompatible with the recipient, and so instead exchanges kidneys with another donor and recipient pair," according to a description of the process. "The algorithm uses troves of data from all the transplant centers in the U.S. to help match willing donors and patients." Use of the algorithm has increased the number of paired donation transplants from two per year to about 600 per year. (June 18, 2015)

<http://www.ihealthbeat.org/articles/2015/6/18/algorithm-helps-facilitate-pairing-of-kidney-patients-donors>

Wall Street Journal (wsj.com)

Californians Work Out Most, but Not So Much

2014 data from the 22 million users of MapMyFitness, a popular smartphone app used to track workouts, showed that people work out more in California than any other state. Workouts included running, walking, cycling and "other." "California topped all states in exercise with 87 workout minutes per week per user," according to the WSJ. "The national average was 73.2 minutes of exercise a week. However, that's less than half of the 150 minutes a week of moderate-intensity aerobic activity recommended by the Centers for Disease Control and Prevention." The GPS-based app measures minutes according to where the workout occurred, not the residence of the exerciser. For example, a South Dakota resident bicycling while on vacation in California would have his or her minutes counted in California. In case you were wondering, the District of Columbia tallied the fewest workout minutes per week: 43.2. (May 26, 2015)



Administrative Actions: February 1, 2015 – April 30, 2015

Physicians and Surgeons

ABAD-SANTOS, CRISELDA CALAYAN, M.D. (A 105195)

Woodland Hills, CA

Revoked, stayed, probation extended for an additional year with terms and conditions

April 1, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=105195>

ABRAMOWITZ, JOSEPH MICHAEL, M.D. (C 43166)

Chula Vista, CA

Revoked, stayed, placed on 5 years probation with terms and conditions, including a condition precedent to the practice of medicine

February 13, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=43166>

ABRAMS, HARVEY (G 65423)

New York, NY

License Surrendered

February 4, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=65423>

BAILEY, DAVID WAYNE (G 78854)

Loma Linda, CA

License Revoked

April 3, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=78854>

BENJAMIN, ZAN, M.D. (A 54540)

Anaheim Hills, CA

Revoked, stayed, placed on 7 years probation with terms and conditions, including 60 days actual suspension, and a condition precedent to the practice of medicine

February 6, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=54540>

BOGERTY, SHARON, M.D. (G 27618)

San Jose, CA

Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233

March 4, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=27618>

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, 5 years probation with 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.

BONHAM, MARVIN LAWRENCE (C 38511)

Los Gatos, CA

License Surrendered

March 27, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=38511>

BUSS, RICHARD FREDERICK, M.D (G 52995)

Pine Grove, CA

Revoked, stayed, placed on 5 years probation and terms and conditions

March 20, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=52995>

CANDELARIA, YESSENNIA, M.D. (C 52575)

Rocklin, CA

Revoked, stayed, placed on 7 years probation with terms and conditions

April 24, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=52575>

CATLETT, STEVEN EUGENE, M.D. (A 43342)

Coachella, CA

Revoked, stayed, placed on 4 years probation with terms and conditions

February 26, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=43342>

CHAN, YEN HOANG, M.D. (A 85761)

Los Angeles, CA

Public Reprimand with conditions

February 20, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=85761>

CHODAK, LISA DIANE, M.D. (C 52473)

El Dorado Hills, CA

Public Reprimand with conditions

April 16, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=52473>

CLARK, KARLA LASHUN (G 89213)

Chicago, IL

License Revoked

April 23, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=89213>

COHN, LEON FRANK, M.D. (C 31713)

Plantation, FL

Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233

April 2, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=31713>

CONTRERAS, VICTOR DELGADO, M.D. (G 52723)

Santa Paula, CA

Revoked, stayed, placed on 10 years probation with terms and conditions

February 20, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=52723>

DAVIS, RAMONA E.V. (A 14966)

Oakland, CA

License Surrendered

February 20, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=14966>

FOSTER, LAWRENCE H., JR. (A 19345)

South Lake Tahoe, CA

License Surrendered

April 21, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=19345>

FRIEDBERG, BARRY LYNN, M.D. (G 29706)

Newport Beach, CA

Revoked, stayed, placed on 3 years probation with terms and conditions

February 19, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=29706>

GAO, XING, M.D. (A 123096)

Livermore, CA

Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233

February 17, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=123096>

GOMEZ, REYNALDO O. (A 51395)

Palm Springs, CA

License Surrendered

March 10, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=51395>

GOODMAN, DANIEL MARC, M.D. (G 63650)

Redding, CA

Public Reprimand with terms and conditions

March 27, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=63650>

GOUDY, BRIAN DAVID, M.D. (A 134709)

San Francisco, CA

Probationary License issued with 5 years probation and terms and conditions

February 20, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=134709>

HARARI, DAVID, M.D. (G 50027)

La Mesa, CA

Revoked, stayed, placed on 3 years probation with terms and conditions

April 9, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=50027>

HASSAN, ALLEN C., M.D. (C 29816)

Sacramento, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

February 13, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=29816>

HEDIN, ANDREA LOUISE, M.D. (G 46755)

San Rafael, CA

Public Reprimand with terms and conditions

March 6, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=46755>

HOOPER, GREGORY FITZGERALD, M.D. (G 68160)

Sunnyvale, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

March 12, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=68160>

HORIAGON, THOMAS M. (G 57696)

Highlands Ranch, CO

License Surrendered

March 17, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=57696>

HUANG, MILTON PEECHUAN (C 50791)

Soquel, CA

License Surrendered

March 3, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=50791>

JEFFRIES, REX GORDON, M.D. (C 30352)

Citrus Heights, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

April 10, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=30352>

JESSOP, CAROL JOANNE (G 44754)

Oakland, CA

License Surrendered

April 1, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=44754>

KADESKY, YALE MITCHELL, M.D. (C 50002)

Escondido, CA

Revoked, stayed, placed on 3 years probation with terms and conditions

February 11, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=50002>

KHUDATYAN, HRACH, M.D (A 60871)

Glendale, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

March 11, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=60871>

KILEY, ANTUAN, M.D. (G 74952)

Los Angeles, CA

Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233

February 23, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=74952>

KROOP, RICHARD JEFFREY, M.D. (G 36316)

Burbank, CA

Revoked, stayed, placed on 3 years probation with terms and conditions

April 11, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=36316>

LEE, NICK H., M.D. (A 61218)

Monterey Park, CA
Revoked, stayed, placed on 3 years probation with terms and conditions
April 11, 2015
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=61218>

LINKOUS, CLAYTON EUGENE, JR. (G 47583)

Lakeland, FL
License Revoked
March 20, 2015
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=47583>

LUFTMAN, DEBRA BETH, M.D. (G 65273)

Calabasas, CA
Public Reprimand with conditions
February 13, 2015
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=65273>

MADANAHALLI, MALINI BHARADVAJ, M.D. (A 63947)

Cupertino, CA
Revoked, stayed, placed on 5 years probation with terms and conditions
February 20, 2015
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=63947>

MAMTORA, NILIMA, H., M.D. (A 50582)

Anaheim, CA
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
March 12, 2015
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=50582>

MCCABE, BRIAN FRANCIS (G 88374)

Tucson, AZ
License Surrendered
March 11, 2015
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=88374>

MEGWA, JOSEPH MADUABUCHI (C 55352)

Houston, TX
License Revoked
April 19, 2015
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=55352>

MELOFF, KEITH LYON (G 44151)

Toronto, Ontario
License Surrendered
April 21, 2015
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=44151>

MICHAS, CONSTANTINE ALEXANDER (G 18558)

Fresno, CA
License Surrendered
March 23, 2015
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=18558>

MURPHY, JAMES THOMAS (G 89033)

Baraboo, WI
License Revoked
February 26, 2015
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=89033>

NOBLE, RANDOLPH HARVEY, M.D. (A 26017)

Pacific Palisades, CA
Public Reprimand
April 1, 2015
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=26017>

NOROUZI, BRIAN BEHROOZ, M.D. (G 78215)

Orange, CA
Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233
March 4, 2015
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=78215>

OBERLEY, MATTHEW JAMES, M.D. (A 134481)

South Pasadena, CA
Probationary License issued with 5 years probation and terms and conditions
February 3, 2015
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=134481>

OKOYE, CHARLES IKECHUKWU (A 96076)

Carson, CA
License Surrendered
April 22, 2015
<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=96076>

PATTERSON, STANLEY CLAIBORNE, M.D. (A 72314)

Oxnard, CA

Public Reprimand with terms and conditions

March 25, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=72314>

PAYNE, DALE NATHANIEL (A 36084)

Phoenix, AZ

License Surrendered

March 16, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=36084>

PINE, KRISTA (A 83147)

Hayes, VA

License Surrendered

April 21, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=83147>

PUTTA, LAKSHMIDEVI VIJAYA, M.D. (A 77357)

Burbank, CA

Revoked, stayed, placed on 3 years probation with terms and conditions

March 25, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=77357>

RAFANOV, VLADIMIR S., M.D. (A 56344)

West Sacramento, CA

Revoked, stayed, placed on 3 years probation with terms and conditions

February 11, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=56344>

RODRIGUEZ, ELIAS S., M.D. (G 77669)

Watsonville, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

April 2, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=77669>

RODRIGUEZ, MADELINE, M.D. (A 42229)

Oceanside, CA

Public Reprimand with terms and conditions

March 6, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=42229>

ROTH, ROBERT EDWARD (G 30645)

Chico, CA

License Surrendered

February 13, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=30645>

RUSSELL, MICHAEL (G 30873)

Pittsburg, CA

License Surrendered

March 24, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=30873>

SHAH, ANUP JANAK, M.D. (A 135157)

Redlands, CA

Probationary License issued with 3 years probation and terms and conditions

March 19, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=135157>

SMITH, DEAN P. (A 20785)

Chico, CA

License Surrendered

March 11, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=20785>

TRIBBLE, JOHN BENJAMIN, M.D. (A 109949)

Yreka, CA

Revoked, stayed, placed on 5 years probation with terms and conditions including a condition precedent to the practice of medicine

April 3, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=109949>

TUCKER, ANTHONY, M.D. (G 84269)

Salisbury Mills, NY

Public Letter of Reprimand issued pursuant to Business and Professions Code section 2233

April 2, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=84269>

UY, LOLITA MONTOLLO (A 50275)

New York, NY

License Revoked

February 5, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=50275>

VAPNEK, EVAN MICHAEL, M.D. (G 75357)

San Diego, CA

Revoked, stayed, placed on 3 years probation with terms and conditions

February 13, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=75357>

WALD, STEVEN LEWIS (G 89452)

Palm Desert, CA

License Surrendered

March 3, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=89452>

WRIGHT, DAVID CRAIG, M.D. (G 88577)

Pacific Grove, CA

Public Reprimand with conditions

February 20, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=88577>

XIONG, SHIQUAN, M.D. (A 102651)

Bakersfield, CA

Revoked, stayed, placed on 3 years probation with terms and conditions

April 24, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=102651>

YANG, THERESE HUNLEY, M.D. (G 64469)

Santee, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

April 16, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=G&licenseNumber=64469>

Physician Assistants

BENTLEY, DANIEL ALLAN, P.A. (PA 52397)

Bakersfield, CA

Probationary license issued with 1 year probation and terms and conditions

April 3, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=52397>

DILL, ROBERT SCOTT, P.A. (PA 14486)

Colorado Springs, CO

Revoked, stayed, placed on 7 years probation with terms and conditions

March 9, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=14486>

ELLIOTT, DANIEL RAY, P.A. (PA 16841)

Canyon Lake, CA

Revoked, stayed, placed on 3 years probation with terms and conditions

March 9, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=16841>

LOPEZ, JAIME URIEL, P.A. (PA 17906)

Winters, CA

Revoked, stayed, placed on 7 years probation with terms and conditions including a condition precedent to the practice of medicine

March 13, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=17906>

LORENZO, ANGELA LYNN (PA 22301)

Las Vegas, NV

License Revoked

February 11, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=22301>

MARTINEZ, TIMOTHY ANDREW, P.A. (PA 52386)

Tucson, AZ

Probationary license issued with 3 years probation and terms and conditions

December 17, 2014

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=52386>

ORTEGA-ENDAHL, DAVID MATHIAS, P.A. (PA 52425)

Chula Vista, CA

Probationary License issued with 2 years probation or upon successfully completing a Diversion Program plus 1 year, whichever is longer, and additional terms and conditions including a condition precedent to the practice of medicine

April 24, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=PA&licenseNumber=52425>

Podiatrists

ALLEN, KIRK ROBERT (E 1923)

Monterey, CA

License Surrendered

April 29, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=E&licenseNumber=1923>

TAYLOR, MARLEY MELINDA, DPM (E 3426)

Los Altos, CA

Revoked, stayed, placed on 5 years probation with terms and conditions

February 27, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=E&licenseNumber=3426>

Registered Spectacle Lens Dispensers

CORONA, ALIMA CAROL (SL 5481)

Bakersfield, CA

Public Repeal

March 6, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=SL&licenseNumber=5481>

FUNK, SANDRA LYNN (SL 3077 and CL 2198)

El Cajon, CA

Registrations Surrendered

March 27, 2015

<http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=SL&licenseNumber=3077>

Summary Of The Actions For February 1, 2015 – April 30, 2015

The actions were taken include charges or findings based upon the following:

Physicians and Surgeons

Administered deep sedation to patients, in a doctor's office, without adequate documented hands-on airway management training

Administered treatments to a patient in a parking lot or the patient's home

Aided and abetted the unlicensed practice of medicine

Attempted to bribe a patient with medication to commit perjury against a colleague

Began a prolonged course of antibiotic treatment based upon the patient's subjective complaints rather than a confirmed diagnosis

Committed sexual misconduct with a patient

Consumed alcohol and drove his vehicle in a dangerous manner

Convicted of conspiracy to commit a crime, a felony

Convicted of conspiracy to commit health care fraud, a felony

Convicted of modifying a medical record with fraudulent intent, a misdemeanor

Convicted of theft, a misdemeanor

Continued to prescribe opiates for treatment of diarrhea even after documenting such therapy was inappropriate for the medical condition

Possession or control of matter depicting person under 18 years in sexual conduct

Delayed surgery on a patient with a perforated small bowel

Demonstrated a lack of knowledge for not being able to identify the classifications of overweight, obese and morbidly obese as it relates to body mass index

Demonstrated a lack of knowledge regarding recognition of addiction, including addictive behavior with escalating pain needs, tolerance development and drug seeking behavior when doses are decreased

Demonstrated a lack of knowledge regarding evaluation and treatment of menstrual disorders

Discharged a prenatal patient from the hospital with a low Biophysical Profile, without further testing, while the patient's fetal status was declining rapidly

Disciplined by another state following a conviction of assault

Disciplined by another state following several felony convictions relating to health care fraud

Disciplined by another state for diverting controlled substances for self-use

Disciplined by another state for deviations from accepted standards of care

Disciplined by another state for failing to identify a patient had suffered an acute myocardial infarction even after reviewing the EKG

Disciplined by another state for failing to properly diagnose or treat a patient with a crush injury to his finger or to obtain a consultation with a hand surgeon

Disciplined by another state for issues with substance abuse

Disciplined by another state for misusing equipment, behavior conduct and various incidents involving poor communication	Failed to record the concentration of the ingredients of the mesotherapy solution injected into a patient
Disciplined by another state for use of alcohol in violation of a prior agreement	Failed to refer a patient to mental health providers and/or pain management specialists
Discovered a surgical needle was left inside a patient and decided not to attempt retrieval	Failed to remove a patient's ovaries and perform pelvic washings during a risk-reducing salpingo-oophorectomy
Dispensed Fentanyl patches that had been returned by a previous patient to another patient	Failed to report a misdemeanor conviction for theft to the Board
Failed to address a patient's purpose for visit	Failed to see and properly treat an immunocompromised patient, despite the patient's worsening condition
Failed to adequately monitor and manage a patient's airway during dental implant surgery	Failed to use proven therapies for acute migraine
Failed to adequately treat a patient's chronic pain	History of alcohol dependence
Failed to appropriately evaluate a renal cyst	History of drug dependence
Failed to appropriately review and assess the course of the pain treatment with opiates	Knowingly made or signed documents which contained untrue statements
Failed to consider comorbid medical conditions in the treatment of a patient	Made additional entries to a patient's chart without properly dating the additions
Failed to diagnose and treat a patient with an abscess and a ruptured appendix	Made diagnoses that were not supported by objective findings
Failed to diagnose colon cancer	Made false accusations of sexual assault against the owner of a clinic
Failed to discuss the risks and benefits of a drug treatment regimen and/or alternative therapies/treatments	Mismanaged a patient with a positive Rh sensitization and failed to refer the patient to a perinatologist for evaluation of the positive antibody screen
Failed to document or perform a medical history of a patient	Misused ultrasounds to evaluate patient complaints
Failed to document the directions for use of controlled substances prescribed to a patient	Obtained controlled substances for personal use without a prescription
Failed to document visits and other verbal communications and instructions to patients	Overprescribed opiates containing acetaminophen to a patient
Failed to establish a pain management agreement with a patient	Performed a wrong-site procedure on a patient
Failed to follow-up on an abnormal PSA test	Performed resections on two patients without visualizing the marked/tattooed area
Failed to identify the correct ureter during an operation and properly manage complications that arose after performing the laparoscopic nephroureterectomy	Practiced medicine while under the influence of drugs
Failed to maintain adequate and accurate records in the care and treatment of a patient	Prescribed controlled substances to known addicts
Failed to obtain a patient's informed consent	Prescribed controlled substances without a legitimate medical purpose
Failed to obtain or document a treatment plan to determine the etiology of a patient's complaint of back and ear pain	Prescribed excessive amounts of controlled substances to patients
Failed to order a follow-up CT scan on a patient with a history of smoking and properly monitor the condition of the patient's lungs	Prescribed high dosages of opiates to patients without appropriate prior examination, appropriate monitoring and and/or medical indication
Failed to perform a physical examination of a patient	Provided expert testimony in a case without disclosing his prior relationship with the involved parties
Failed to recognize the urgent need for surgical intervention of a patient with a perforated diverticulitis and pneumoperitoneum	Reviewed and approved all care and treatment a nurse practitioner provided to a patient without seeing the patient

Signed a blank prescription form and failed to secure the signed form from the patient

Tied sutures too tightly within the breast parenchyma which resulted in strangulation of the blood supply to the area

Unable to practice medicine safely due to mental and/or physical impairment

Used a medical group's prescription pads after no longer being employed

Used alcohol and dangerous drugs in a manner injurious to himself or others

Violated the terms and conditions of probation by failing to abstain from the use of alcohol

Violated the terms and conditions of probation by failing the clinical training program

Physician Assistants

Committed acts of sexual misconduct with a patient

Convicted of public indecency/indecent exposure

Disciplined by another state for engaging in unprofessional conduct

Disciplined by another state for inappropriately prescribing, dispensing, and administering dangerous drugs and controlled substances, submitted false insurance claims, and allowing patients to receive treatment and prescription medication from unlicensed personnel at a med spa

Failed to appropriately perform and document a history and examination on a patient

Failed to disclose a conviction on an application for licensure

Failed to maintain adequate and accurate medical records

Prescribed a controlled substances for self-use

Treated or prescribed medication to patients without proper supervision

Podiatrists

Altered patient records upon transcribing the records

Committed unprofessional conduct based on two separate alcohol-related convictions

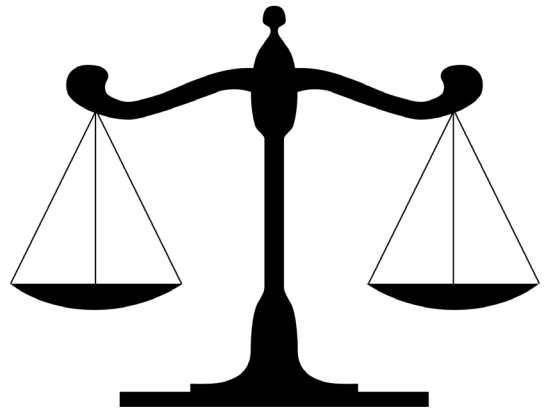
Failed to maintain accurate and complete patient records

Failed to obtain informed consent prior to performing surgery on a patient

Registered Spectacle Lens Dispensers

Convicted of driving under the influence of alcohol and causing bodily injury, a felony

Convicted of driving with a blood alcohol level of .08% or higher on two occasions, misdemeanors



Please Note - All licensees and registrants are required to professionally use the name under which they are licensed or registered with the Medical Board of California. Using any other name may confuse or mislead the public and may be considered by the Board to be unprofessional conduct.

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Medical Board of California
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Business and Professions Code § 2021(b) and (c) require physicians to inform the Medical Board in writing of any name or address change. Go to:
http://www.mbc.ca.gov/Licensees/Address_of_Record.aspx

MBC Meetings — 2015

October 29 - 30, 2015: San Diego Area

(All meetings are open to the public. To the extent possible, meetings will be webcast and offered via teleconference. Visit our website at <http://www.mbc.ca.gov>)

MBC Meetings — 2016

January 21 - 22, 2016: Sacramento Area

May 5 - 6, 2016: Los Angeles Area

July 28 - 29, 2016: San Francisco Area

October 27 - 28, 2016: San Diego Area



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Medical Board of California

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Applications
Health Facility Discipline Reports
Fictitious Name Permits
License Renewals
BreEZe Assistance
Registered Dispensing Opticians

Continuing Education	(916) 263-2645
Expert Reviewer Program	(818) 551-2129
Publications/Outreach	(916) 263-2466

Affiliated Healing Arts Professions

Midwives - all inquiries	(916) 263-2393
Physician Assistants	(916) 561-8780

Department of Consumer Affairs

Healing Arts Board and Bureau Complaints	(800) 952-5210
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