

# Action Report

## Medical Board of California

October 1994 Vol. 51  
A Quarterly Publication

### NEW, EASY GUIDELINES ON PRESCRIBING

Adopted unanimously by the Medical Board on July 29, 1994.

*"No physician and surgeon shall be subject to disciplinary action by the board for prescribing or administering controlled substances in the course of treatment of a person for intractable pain."*

—Business and Professions Code §2241.5(c)

#### 1. HISTORY/PHYSICAL EXAMINATION

A medical history and physical examination must be accomplished. This includes an assessment of the pain, physical and psychological function, substance abuse history, assessment of underlying or coexisting diseases or conditions, and should also include the presence of a recognized medical indication for the use of a controlled substance. Prescribing controlled substances for intractable pain in California, as noted in the definition in the text of the Report, also requires evaluation by one or more specialists.

#### 2. TREATMENT PLAN, OBJECTIVES

The treatment plan should state objectives by which treatment success 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. The physician should tailor drug therapy to the individual medical needs of each patient. Several treatment modalities or a rehabilitation program may be necessary if the pain has differing etiologies or is associated with physical and psychosocial impairment.

#### 3. INFORMED CONSENT

The physician should discuss the risks and benefits of the use of controlled substances with the patient or guardian.

#### 4. PERIODIC REVIEW

The physician should periodically review the course of opioid treatment of the patient and any new information about the etiology of the pain. Continuation or modification of opioid therapy depends on the physician's evaluation of progress toward treatment objectives. If the patient has not improved, the physician should assess the

appropriateness of continued opioid treatment or trial of other modalities.

#### 5. CONSULTATION

The physician should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. In addition, physicians should give special attention to those pain patients who are at risk for misusing their medications including those whose living arrangements pose a risk for medication misuse or diversion. The management of pain in patients with a history of substance abuse requires extra care, monitoring, documentation and consultation with addiction medicine specialists, and may entail the use of agreements between the provider and the patient that specify the rules for medication use and consequences for misuse.

#### 6. RECORDS

The physician should keep accurate and complete records according to items 1-5 above, including the medical history and physical examination, other evaluations and consultations, treatment plan objectives, informed consent, treatments, medications, agreements with the patient, and periodic reviews.

#### 7. COMPLIANCE WITH CONTROLLED SUBSTANCES LAWS AND REGULATIONS

To prescribe controlled substances, the physician must be appropriately licensed in California, have a valid controlled substances registration and comply with federal and state regulations for issuing controlled substances prescriptions. Physicians are referred to the Physicians Manual of the U.S. Drug Enforcement Administration and the Medical Board's Guidebook to Laws Governing the Practice of Medicine by Physicians and Surgeons for specific rules governing issuance of controlled substances prescriptions.

(The preamble and postscript of the Report are on page 8.)

#### THE MISSION OF THE MEDICAL BOARD OF CALIFORNIA

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

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'93-94 ANNUAL REPORT

The Medical Board's 1993-94 Annual Report is contained in the orange insert.

Medical Board of California Meeting Dates/Locations 1994

November 3-4 San Diego

1995

February 3-4 San Francisco

May 11-12 Sacramento

July 28-29 Los Angeles

November 2-3 San Diego

# More Reforms Enacted, Lawsuits Continue,...

by

*Bruce H. Hasenkamp, J.D.*

*President of the Board*

These pages are filled with reports of major Board decisions which will have a direct effect on physicians.

The lead story is the publication of new guidelines on prescribing — guidelines designed to help physicians. The guidelines represent an effort on our part to “make a deal” with the physician community. Follow these common sense, good medical practice rules and you get no trouble from us. In fact, follow these procedures and no drug enforcement entity would ever have a case against you.

## MEDICAL EXPERTS

The second major story (pp. 4-6) represents perhaps the most far-reaching reform of any adopted by the Board in our almost two-year effort to become the most modern medical board in the nation. It reports (in outline format) the Board’s adoption of a brand new statewide system for the future use of medical experts and consultants in our enforcement process. The outline is the result of 15 months of deliberations by a Board task force that held nine public hearings, ordered and then evaluated four studies and reviewed nearly 18 hours of testimony, including some by out-of-state experts.

Elsewhere there is an announcement of the Governor’s Summit to enhance recruitment of appropriately trained primary care providers for under served areas of our growing and increasingly diverse state. There is also a report on our participation in a study to computerize the triplicate procedure, and the second phase of our study to develop more efficient and better understood enforcement priorities is under way.

## 1994 LEGISLATION

This year’s legislative results added emphasis to the Board’s enforcement program. SB 1775 (Presley II-A) contained a major new provision for suspending licenses of physicians convicted of (or pleading *nolo contendere* to) felonies that relate to the practice of medicine. Four felonies (murder, rape, selling drugs, and child molestation) are conclusively presumed to relate to the practice; other felonies will be reviewed by a Division of Medical Quality panel to determine that relationship on a case-by-case basis. A provision also was added to SB 1775 to clarify the residency requirements for doctors of podiatric medicine, at the request of the Board of Podiatric Medicine.

Other Presley II-A provisions were important technical changes to last year’s Omnibus Medical Board Reform Act

(SB 916), such as quorum voting requirements on certain actions of the DMQ and changes relating to statistical reporting by the Medical Board to the Legislature.

In addition the Legislature passed AB 595 by

Assemblywoman Jackie Speier (D-South San Francisco), culminating a two-year negotiated effort to regulate out-of-hospital surgery settings for the first time in California. The Medical Board accepted the task of creating a credentialing system with strict but reasonable standards for all such settings. Veterans of out-of-hospital setting issues will attest that this authority will add a major new arrow to the Board’s enforcement quiver by providing sanctions against the facilities of errant operators in addition to potential actions against their licenses.



*Bruce H. Hasenkamp, J.D.*

Finally, the Legislature enacted two other Board-sponsored bills: AB 3260 by Assemblywoman Julie Bornstein (D-Palm Springs), which contained provisions setting protocols for HMO operation of so-called “shot card” systems and SB 799 by Senator Robert Presley (D-Riverside), which was an important technical bill confirming the Board’s fee increase of last year. SB 799 also permits the Board to reduce that fee by about \$25 over the next two years, as the cost-effective way to return to physicians the \$2.5 million recovered from the state’s General Fund as a consequence of the successful California Medical Association (CMA) lawsuit prohibiting transfer of special funds to the state’s General Fund.

## LAWSUITS

Legislative success and major reforms bring out critics at the same time, however, and we are still locked in lawsuits which conflict with each other. The CMA still has its suit to enjoin the Board from carrying out its new information disclosure policy, especially the referral of cases to the Attorney General. The CMA thinks we disclose too much about doctors.

On the other hand, several of the state’s major newspapers (*The Los Angeles Times*, *The Sacramento Bee*, and the *San Jose Mercury News*) are suing the Board for raw computer data on doctors. They think we don’t disclose enough!

## 1995 LEGISLATION

At its November meeting the Board will review legislative proposals for next year which may generate controversy anew. Once again the Board will consider proposals to

## ...New Legislation, Challenges for 1995

disclose information on Business and Professions Code section 805 reports from hospital peer reviews. This time the proposal will focus on only the most egregious cases and only on those where the reported physician has lost the confidence of his/her peers after contesting the proceedings.

Additional research to bolster a previous proposal to obtain interim suspension orders by a single or double signature will be presented to the Board. Proposals to outlaw EDTA Chelation Therapy and to codify a resolution to the "Kees decision" regarding diversion will also be made. A new measure on special licensing, that is bound to attract the attention of the state's medical schools, will be reviewed.

Finally the Board will consider two measures to enhance the equity to physicians of its procedures: (1) whether to impose upon itself a statute of limitations (not now law in administrative procedures) that would require any charge under the Medical Practice Act to be brought within a set number of years, and (2) a measure that would require that judgments be made on the basis of medical standards in existence at the time of an alleged violation of the Medical Practice Act in "quality of care" cases

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***"Perhaps the greatest challenge to the Board in 1995 will be to defuse the announced attempt by the CMA and the CPIL to weaken the Board's Division of Medical Quality... (leaving it) as little more than an advisory committee."***

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rather than using standards in effect at the time the charge of violation is made. (This latter is now the usual practice, but it is not required by law.) Both proposals are the result of discussions I and other Board members have had as we visited groups of physicians around the state this year.

**"THE UNHOLY ALLIANCE"**  
Perhaps the greatest challenge to the Board in 1995 will be to defuse the announced attempt by the CMA and

the Center for Public Interest Law (CPIL) to weaken the Board's Division of Medical Quality by eliminating, by legislation, the Division's judicial functions. In my view, this would leave the DMQ as little more than an advisory committee.

Some CMA and CPIL officials took umbrage when I called this joint effort an "unholy alliance," but how else can it be viewed? CPIL, for its part, has always advocated that only lawyers should judge doctors—or anybody else for that matter. But the CMA has traditionally protected, almost as religion, the direct involvement of doctors in judging other doctors. Removing that involvement should be a hard sell by CMA leadership to its members, but they are determined to proceed. A few days ago, however, I answered a letter from a member of CMA's House of Delegates who had never heard of the plan, much less approved it.

This joint attack comes when the Board has become more effective and efficient at physician discipline than ever. Just when our reforms kick into high gear, these two traditional competitors join to thwart success. Why? No one has made a case for this change. CPIL's data is two years old now and I have seen no data to bolster CMA's turnaround. Yet both groups seem to prefer a system of physician discipline that relies solely on civil service-protected administrative law judges, many of whom, despite a new provision in the law, still judge a wide variety of cases rather than specializing in physician or even health care cases.

The Board will hold a retreat at the Mandalay Beach Hotel in Oxnard on October 6-8. Unlike the CMA and CPIL, which are private organizations, our meetings are open to the public. Most of our program will be educational, but our discussion will also focus on "the unholy alliance." You are welcome to attend and listen.

### **AMA President-Elect To Speak at Medical Board Meeting**

Lonnie R. Bristow, M.D., president-elect of the American Medical Association (AMA) will address the Nov. 4 meeting of the Medical Board in San Diego. He is an internist from San Pablo, and was elected president-elect of the AMA in June 1994. Dr. Bristow has written and lectured extensively on medical science as well as on socioeconomic and ethical issues related to medicine.



# Board Adopts Major Overhaul...

(Final report adopted on July 29, 1994.)

In March 1993, a Medical Summit was held in Burbank at the request of the Governor. It was sponsored by the State and Consumer Services Agency together with the Medical Board, and attendees included representatives from:

The Medical Board of California  
The State Assembly and State Senate  
California Medical Association  
Other Medical and Allied Health Organizations  
Community Organizations  
Center for Public Interest Law and other Consumer Advocates  
Law Enforcement Agencies  
Academics and Generalists

Over a two-day period, presentations were made and discussed in depth. In response to the final recommendations made by the summit participants, the Board created this Task Force (among others) and charged it with reviewing the use of medical resources in the enforcement process and making recommendations to the Board.

The Task Force has met publicly on nine occasions in both Northern and Southern California over the past 16 months. It has received testimony from invited guests and interested parties, and its members have read and analyzed hundreds of pages of reports, figures, plans, and comments submitted to them, notably four reports ordered by the Task Force, including a study of the duties and functions of district medical consultants by an outside analyst. They have discussed all of the points raised and consulted with staff as well as with others having specialized expertise in pertinent areas of law.

This report summarizes the Task Force's recommendations to the Board. We believe that it builds on the strengths of the existing system and will allow the Board to craft an enforcement process that is more consistent, more objective, more efficient, more responsible, and more manageable. It creates a systematic approach to the qualifications, appointment, training, oversight, evaluation, and functions of the physicians who collectively constitute the Board's medical resources. It clarifies reporting relationships and facilitates communication among the investigator, Deputy Attorneys General, District Medical Consultants, and medical experts who are the vital organs of our enforcement team. It provides greater management flexibility while emphasizing lines of communication with local and

statewide medical communities. It should lead to more timely disposition of cases with the enforcement process while protecting the public and ensuring fairness to licensees. Program oversight is maintained with an increased level of participation by Board members. The recent reallocation of workload as a result of Board organization makes this not only possible—but practical.

In closing, the Task Force expresses its thanks to staff for their assistance; and to the many District Medical Consultants and others who have given generously of their time, energy, and constructive criticism in our deliberations. We also thank former Board member, Michael Weisman, M.D., who originally chaired this task force, for his dedication and insights.

Alan E. Shumacher, M.D. (Chair)  
Clarence Avery, M.D.\*  
Robert del Junco, M.D.  
Bruce Hasenkamp, J.D.  
Karen McElliott  
Jacquelin Trestrail, M.D.

\* Dr. Avery was present and voted for Parts I and II of this report but was absent for the vote on Parts III and IV.

## I. UTILIZATION OF MEDICAL EXPERTS

### A. Minimum Qualifications

1. Board certification (one of 24 ABMS Boards) or an "emerging" specialty, subspecialty or qualifications that are equivalent or superior under special circumstances
2. License in good standing; no prior discipline, no current accusation pending, no complaints "closed with merit,"
3. Minimum of five years in practice in area of specialty
4. Active practice (defined as at least 80 hours/month in direct patient care or clinical activity or teaching, at least 40 hours of which is direct patient care) or non-active for no more than two years at time of appointment to panel. Under special circumstances, this qualification may be waived, and
5. Peer review experience (hospital, medical society, or equivalent) (recommended, not required)

### B. Appointment

1. Appointed by Division of Medical Quality (DMQ) after meeting qualifications, successfully completing training and signing a written agreement to serve and to testify as

# ...Improvements in Use of Experts, Consultants

needed in any case in which a written opinion is provided. Under special circumstances, such as the immediate need for a rebuttal witness in court, this procedure may be waived.

2. Appointed to a 2-year term
3. May be reappointed to subsequent terms after positive evaluation and continued qualification.
4. Appointment agreement includes obligation to testify or complete testimony on cases pending at the time term expires.

## C. Training

1. Minimum of 8 hours
2. Training faculty consists of Supervising Investigator, Deputy Attorneys General (DAG), and District Medical Consultants
3. Utilizes statewide, standardized course outline developed by faculty
4. Retraining required every four years

## D. Oversight and Evaluation

1. DMQ establishes written standards of performance (completeness of reports, clarity, objectivity, timeliness, capability as a witness, etc.)
2. Statewide panel of experts maintained by Board staff on data base
3. Oversight Committee composed of two members of DMQ (of which at least one must be a physician) and representatives from the Health Quality Enforcement Section/Attorney General (HQES/AG), District Medical Consultants, and Enforcement management which performs initial evaluations and evaluations of performance prior to reappointment.

## E. Assignment to Cases

1. Made by District Medical Consultant from the statewide panel of experts
2. Board certification or area of practice should match that of respondent's specialty or area of practice under review
3. Ordinarily only one expert will be assigned per case in non-quality of care cases except when it is necessary to add a specialty or subspecialty in complex cases. In quality of care cases a second expert may be engaged to confirm potential violations of the Medical Practice Act.
4. Expert should not have, or appear to have, any conflict of

interest which could be construed as economically competitive or have any professional, personal or financial association which could be construed as undue influence on independent judgement.

5. All quality of care cases shall be reviewed at a meeting (in person or by teleconference) among the investigator, the supervising DAG or the DAG assigned to a specific case, if assigned, and the District Medical Consultant prior to referral to the Attorney General for filing of an accusation. The expert shall be available to participate in this meeting, if required, after he/she has filed a written opinion. The same reviewers shall meet in similar fashion to conduct a retrospective review and analysis of cases that are not successful.

## II. PEER REVIEW PANELS

### A. Minimum Qualifications

1. Same as Medical Experts

### B. Appointment

1. Appointed by District Medical Consultant
2. From pool of eligible local physicians

### C. Training (Same as Medical Experts)

### D. Oversight and Evaluation

1. Overseen by and report to District Medical Consultant
2. Evaluation same as for Medical Experts

### E. Functions

1. Constituted in groups of 3-5, as needed
2. Provide counseling to local physicians who receive letters of concern or letters of reprimand
3. Assist in probation monitoring and in monitoring of practice restrictions
4. Administer or assist with clinical competency examinations
5. May serve as Medical Expert
6. Along with District Medical Consultant, provide outreach to local medical and public groups about the mission and functions of the Board

### F. Compensation

1. Travel expenses per State schedule

(Cont. on p. 6)

### III. UTILIZATION OF DISTRICT MEDICAL CONSULTANTS

#### A. Minimum Qualifications

1. Same as for Medical Experts, except
2. Active practice, as defined, is optional at the choice of the consultant
3. Should possess skills in interviewing and conflict resolution and have demonstrated administrative skills, and
4. If working part-time as a physician outside of employment with the Board, any perception of conflict of interest must be eliminated by the maintenance of strict confidentiality and by the recusing of himself/herself from cases presenting economic, professional, or personal conflict. The Expert Oversight Committee (I, D, 3) shall develop and publish a Code of Ethics to define conflict issues/parameters for consultants.

#### B. Appointment (Civil Service)

1. "Permanent intermittent"\* employees of the Board
2. Selected by the Supervising Investigator of the District Office in which the Consultant is to perform duties with the advice and consent of a selection committee appointed by the Board, and
3. Drawn from a list of qualified applicants certified through civil service testing

#### C. Oversight and Evaluation

1. Report to Supervising Investigators of each District Office
2. Annual evaluation by Supervising Investigators, with the advice of the Expert Oversight Committee, (I, D, 3—but not including the District Medical Consultants) based on performance standards to be developed and published by the Chief of Enforcement

#### D. Duties and Functions

1. Review records
2. Consult with investigators, DAGs, and medical experts as a part of the case management team during investigation and, through investigators, advise on case disposition, including retrospective review of case management and utilization of medical experts (can advise DAGs independently when asked)
3. Supervise local peer review panels and participate in same activities
4. Participate in regular case conferences and case tracking
5. Perform administrative duties as assigned
6. Provide outreach about the mission and functions of the

- Board, and
7. Participate, as appropriate, in regular meetings of District Medical Consultants, Supervising Investigators, Supervising DAGs, and headquarters' personnel

#### E. Compensation

1. Per civil service classification

### IV. MEDICAL CONSULTANT(S) TO THE BOARD

#### A. Qualifications

1. Same as District Medical Consultants

#### B. Appointment (Civil Service)

1. The position of Chief Medical Consultant is abolished and is replaced by "Medical Consultant(s) to the Board" in the category of "permanent intermittent"\* civil service.
2. Selected by Executive Director with the advice and consent of the Board

#### C. Oversight and Evaluation

1. Reports to Executive Director
2. Annual evaluation by the Executive Director and the Executive Committee of the Board

#### D. Duties and Functions

Under the general supervision of the Executive Director:

1. Advises Board and/or Executive Director on issues affecting the Board, such as:
  - Health resources (under served areas)
  - Scope of practice issues
  - Licensure issues
  - Educational programs, such as introductory training for administrative law judges, training for medical students and counselling in the MBC Diversion Program
2. Researches specified issues (or recommend research) so as to better inform the Board
3. Reviews proposed accusations prior to signature and advises the Executive Director on quality of care cases, and
4. Testifies before legislative committees or other governmental entities on health issues affecting the Board, as requested

#### E. Compensation

1. Per civil service classification

\* "Permanent Intermittent" — a civil service position or appointment which the employee is to work periodically or a fluctuating portion of the full-time schedule.

## A Clarification— Reporting Requirements

In our last *Action Report*, we published an article about physicians' newly expanded duty to report criminal conduct to law enforcement (Penal Code section 11160). We have received a few calls from our licensees seeking clarification. The following is information in response to three of the most common inquiries.

- Regarding the enumerated "assaultive or abusive conduct" which physicians must report, the sexual acts listed refer to acts which constitute crimes under existing law (e.g., with a minor or against the will of an adult). Under existing law, sexual conduct between consenting adults normally does not constitute criminal conduct, and therefore need not be reported.
- All physicians, including solo practitioners, are required to report under the new law.
- The new law did not change the existing requirement that physicians must report self-inflicted wounds or injuries, which may include suicide attempts.

For more information, please write to: **Medical Board of California, Executive Office, 1434 Howe Avenue, Suite 100, Sacramento, CA 95825.**

## Dementia Patients Must be Reported to DMV

The Department of Motor Vehicles (DMV) has implemented new guidelines for evaluating people reported with Alzheimer's disease or other types of dementia by their doctors. Physicians licensed to practice in California are mandated by Health and Safety Code section 410 to



Theresa Claassen of San Francisco (left) and Jacquelin Trestrail, M.D., of San Diego recently completed two terms each as members of the Medical Board. At the July 29 meeting of the Board, each was presented with a State Senate Resolution honoring her service. Ms. Claassen served as Secretary of the Board's Division of Medical Quality, and Dr. Trestrail served as President of the Board's Division of Allied Health Professions and as President of the Board (1993).

## Governor's Summit on Health Care: Work Force Resources



Secretary Joanne Kozberg

The Medical Board's Task Force on Health Resources has been transformed into a "Governor's Summit," signifying that several state agencies have joined to develop an action agenda on common goals.

At the July meeting of the Board, State & Consumer Services Secretary Joanne Kozberg announced the Governor's "call" in response to the Board's request (see *Action Report*, July 1994).

The Summit will result in legislative recommendations for 1995 to address current shortages in primary care providers, particularly in underserved areas of California.

immediately report patients they have diagnosed as having a disorder characterized by a lapse of consciousness, including Alzheimer's disease or other related disorders. All reports must be submitted by the physician to the local county health officer. The health officer in turn sends the report to the nearest DMV Driver Safety Office.

A doctor's report of a patient with dementia does not automatically mean the patient will lose his/her driver's license. The Dementia Guidelines assist Driver Safety Hearing Officers to evaluate these individuals fairly and in a consistent manner. However, only individuals diagnosed as having dementia in the mild stage will be evaluated. People with a moderate or severe dementia diagnosis lack the skills necessary for safely operating a motor vehicle. Their drivers' licenses will be revoked.

The evaluation process for those with mild dementia involves four steps. (1) The reported person must authorize release of his/her medical information to the DMV (the DMV must maintain its confidentiality). (2) DMV reviews the medical documentation received from the physician. (3) The person is given a written knowledge test. If he/she does well, a reexamination interview is held. (4) A driving test is given to those who do well during the reexamination.

Any person who loses his/her driver's license may appeal the decision and request a hearing. For further information, please contact **Patti Caraska, Driver Control Policy Unit, Department of Motor Vehicles, at (916) 657-5979.**

# Text of “Guideline for Prescribing Controlled Substances for Intractable Pain”

## PREAMBLE

On May 6, 1994, the Medical Board of California formally adopted a policy statement entitled “Prescribing controlled substances for pain.” (*Action Report*, July 1994) The statement outlines the Board’s proactive approach to improving appropriate prescribing for effective pain management in California, while preventing drug diversion and abuse. The policy statement is the product of a year of research, hearings and discussions. California physicians are encouraged to consult the policy statement and these guidelines.

The Medical Board recognizes that inappropriate prescribing of controlled substances including the opioids can lead to drug abuse and diversion. Inappropriate prescribing can also lead to ineffective management of pain, unnecessary suffering of patients and increased health care costs. The Board recognizes that some physicians do not treat pain properly due to lack of knowledge or concern about pain. Fear of discipline by the Board may also be an impediment to medically appropriate prescribing for pain. This Guideline is intended to encourage effective pain management in California, and help physicians reach a level of comfort about appropriate prescribing by clarifying the principles of professional practice that are endorsed by the Board.

## “A HIGH PRIORITY”

The Board strongly urges physicians to view effective pain management as a high priority in all patients, including children and the elderly. Pain should be assessed and treated promptly, effectively and for as long as pain persists. The medical management of pain should be based on up-to-date knowledge about pain, pain assessment and pain treatment. Pain treatment may involve the use of several drug and non-drug treatment modalities, often in combination. For some types of pain the use of drugs is emphasized and should be pursued vigorously; for other types, the use of drugs is better de-emphasized in favor of other therapeutic modalities. Physicians should have sufficient knowledge or consultation to make such judgments for their patients.

Drugs, in particular the opioid analgesics, are considered the cornerstone of treatment for pain associated with trauma, surgery, medical procedures, and cancer. Physicians are referred to the U.S. Agency for Health Care Policy and Research Clinical Practice Guidelines which have been endorsed by the Board as a sound yet flexible approach to the management of these types of pain.

The prescribing of opioid analgesics for other patients with intractable non-cancer pain may also be beneficial,

especially when efforts to remove the cause of pain or to treat it with other modalities have been unsuccessful.

Intractable pain is defined by law in California as: “a pain state in which the cause of the pain cannot be removed or otherwise treated and which in the generally accepted course of medical practice no relief or cure of the cause of the pain is possible or none has been found after reasonable efforts including, but not limited to, evaluation by the attending physician and surgeon and one or more physicians and surgeons specializing in the treatment of the area, system, or organ of the body perceived as the source of the pain.” (Section 2241.5(b) California Business and Professions Code)

Physicians who prescribe opioids for intractable pain should not fear disciplinary action from any enforcement or regulatory agency in California if they follow California law (section 2241.5 (c)), which reads, “No physician and surgeon shall be subject to disciplinary action by the board for prescribing or administering controlled substances in the course of treatment of a person for intractable pain.” Also, physicians should use sound clinical judgment, and care for their patients according to the following principles of responsible professional practice:

## GUIDELINES

(Complete text of the guidelines is on page 1.)

## POSTSCRIPT

Under federal and state law, it is unlawful for a physician to prescribe controlled substances to a patient for other than a legitimate medical purpose (for example, prescribing solely for the maintenance of opioid addiction), or outside of professional practice (for example, prescribing without a medical examination of the patient).

It is lawful to prescribe opioid analgesics in the course of professional practice for the treatment of intractable pain according to federal regulations and California Business and Professions Code Section 2241.5, the California Intractable Pain Treatment Act (CIPTA). However, the CIPTA does not apply to those persons being treated by the physician and surgeon for chemical dependency because of their use of drugs or controlled substances (Section 2241.5(d)), and does not authorize a physician or surgeon to prescribe or administer controlled substances to a person the practitioner knows to be using drugs or substances for nontherapeutic purposes (Section 2241.5(e)).



# The Death Certificate: A Primer For Physicians

by

George R. Flores, M.D., M.P.H.

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In California, a licensed physician is legally obligated to file a death certificate within 15 hours of the natural death of his or her patient. Disposition of remains cannot occur until the certificate has been filed. However, it comes as no surprise to funeral directors or to county registrars of vital records that most physicians in California have never received formal instruction in completing a certificate of death. These sources estimate that one in four certificates filed by physicians are unacceptable at first. Consequently, a staggering number of problem certificates must be re-done.

Since January of this year, the certificate has taken on a new format. The section for which physicians are responsible has been re-numbered and includes an additional line for listing cause of death.

The Death Certificate is a legal document as well as a public document. Its information is relied upon by insurers, by tax officials, and by the family of the deceased. Its demographic and cause of death information is used to compile a body of epidemiologic knowledge, for scientists and policy makers to initiate research or to fund health and social programs. Death certificates must be completed well and in a timely fashion.

Physicians need file a death certificate only for deaths from *natural* causes. Physicians should not initiate a certificate for death under the following circumstances, but should immediately report it to the county coroner for possible investigation:

- unattended death
- when the attending physician is unable to state the cause of death
- death due to injury, poisoning, suicide or SIDS
- death resulting from criminal acts
- death from occupational causes or from highly communicable diseases

The physician signing the certificate does not have to be the attending physician (the physician who last saw the patient alive in a professional capacity), although this is preferred. When the attending physician is unavailable within the specified time after death, an authorized physician covering the practice may sign the certificate, being careful to include the appropriate information about cause of death from the attending physician's records.

The physician's primary responsibility in death registration is to certify the cause of death and related factors. This requires an expert *opinion*, a concise and reasonable judgement of what led to death, based on the preponderance of available evidence. Absolute certainty is neither required nor expected.

The *immediate* cause of death listed in item #107(A) of the new certificate is the disease, injury, or complication that directly preceded death. Then listed on lines B, C, and D of item #107 is the *underlying* cause which is the antecedent or pathologically related condition that set in motion the chain of events that lead to death. The condition of shortest duration is listed first; the longest duration is listed last. The figure below gives an example of cause of death properly listed on the new certificate:

CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (A)	pneumonia	24 hours
	DUE TO (B)	metastatic cancer to the liver	3 mos.
	DUE TO (C)	carcinoma of the head of the pancreas	7 mos.
	DUE TO (D)		
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107			
chronic alcoholism			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.			

*Mechanism* of death should not be listed as cause of death; it is the physiologic abnormality or symptom brought about by the cause of death, such as: congestive heart failure, gastrointestinal hemorrhage, and cardiac arrest. Virtually everyone incurs "cardiopulmonary arrest" when they die, so listing it on the certificate is meaningless. Risk factors, such as "smoking" for atherosclerosis, or "alcohol intoxication" for automobile collision are most appropriately included in item #112 "Other Significant Conditions."

A new video, "the Physician's Guide to Proper Completion of the Certificate of Death," is available for viewing from local funeral directors and county registrars. It gives case examples and makes important points such as use black ink only; make no alterations or corrections; and never sign a blank certificate.

For more information about completing death certificates or for assistance in deciding what to list as "cause of death," contact the medical examiner in your county coroner's office, or a local forensic pathologist; the Registrar of Vital Statistics in your county (usually the county Public Health Department); or the Department of Health Services Office of Vital Records and Statistics, (916) 445-2684.

## New Studies Ordered

# Enforcement Priorities, Triplicate Prescriptions

July Board actions included the start of Phase II — the “prospective” part — of the Schubert & Associates Study on Priorities, and participation in the study to computerize the system for triplicate prescription procedures maintained by the Bureau of Narcotic Enforcement of the Department of Justice.

Schubert, Phase II, will test the risk assessment model developed in the “retrospective” study completed earlier this year when statisticians reviewed the last three years’ actual disciplinary case files. New (“prospective”) cases will be matched against the model over the next year to test the model’s validity.

By an action of the Board, however, the international medical school of graduation will be removed as a factor in the “prospective” part of the study. Inclusion of the international school created controversy over possible discrimination; thus, the Board ordered that the IMG factor be removed from Part II. Later, the statistical difference of removing it can be matched against the previous data of Part I.

Physicians and pharmacists are used to, even aggravated by, the triplicate prescription procedure requiring the filing of forms every time narcotics are prescribed. The so-called triplicate program is law enforcement’s guard against illegal use of volumes of drugs.

It is also the last major enforcement program not yet fully computerized. After a year of evaluation, the Board of Pharmacy contracted for a \$136,500 study to bring the



Shirley Svorny, Ph.D. accepts the Federation of State Medical Board’s 1993 Editorial Board Award for Excellence from Medical Board President Bruce Hasenkamp at the Board’s July meeting in Burbank. Her award-winning article, “Advances in Economic Theories in Medical Licensure,” appeared in Volume 80, Number 1, of the *Federation Bulletin: The Journal of Medical Licensure and Discipline*. Dr. Svorny is a professor of economics at California State University, Northridge.

triplicate program under the wing of the Justice Department’s respected Hawkins Data Center. The end result will be enhanced efficiency for physicians, pharmacists and enforcement officials alike. The Medical Board authorized a \$44,500 appropriation to fund one-third of the cost of the study.

## Explanation of Disciplinary Language

1. **“Revoked”**— The license is canceled, voided, annulled, rescinded. The right to practice is ended.
2. **“Revoked - Default”**— After valid service of the Accusation (formal charges), the licensee fails to file the required response or fails to appear at the hearing. The license is forfeited through inaction.
3. **“Revoked, stayed, 5 years’ probation on terms and conditions, including 60 days’ suspension”**— “Stayed” means the revocation is postponed, put off. Professional practice may continue so long as the licensee complies with specified probationary terms and conditions, which, in this example, includes 60 days’ actual suspension from practice. Violation of probation may result in the revocation that was postponed.
4. **“Suspension from practice”**— The licensee is benched and prohibited from practicing for a specific period of time.
5. **“Temporary Restraining Order”**— A TRO is issued by a Superior Court Judge to halt practice immediately. When issued by an Administrative Law Judge, it is called an ISO (Interim Suspension Order).
6. **“Probationary Terms and Conditions”**— Examples: Complete a clinical training program. Take educational courses in specified subjects. Take a course in Ethics. Pass an oral clinical exam. Abstain from alcohol and drugs. Undergo psychotherapy or medical treatment. Surrender your DEA drug permit. Provide free services to a community facility.
7. **“Gross negligence”**— An extreme deviation from the standard of practice.
8. **“Incompetence”**— Lack of knowledge or skills in discharging professional obligations.
9. **“Stipulated Decision”**— A form of plea bargaining. The case is negotiated and settled prior to trial.
10. **“Voluntary Surrender”**— Resignation under a cloud. While charges are pending, the licensee turns in the license — subject to acceptance by the relevant Board.
11. **“Probationary License”**— A conditional license issued to an applicant on probationary terms and conditions. This is done when good cause exists for denial of the license application.
12. **“Effective date of Decision”**— Example: “July 8, 1994” at the bottom of the summary means the date the disciplinary decision goes into operation.
13. **“Judicial Review recently completed”**— The disciplinary decision was challenged through the court system—Superior Court, maybe Court of Appeal, maybe State Supreme Court—and the discipline was upheld. This notation explains, for example, why a case effective “June 10, 1990” is finally being reported for the first time four years later in 1994.

## Disciplinary Actions: May 1, 1994 to August 31, 1994

### Decisions: Physicians and Surgeons

**BARNES, CHESTER R., M.D. (A-28934) Los Angeles, CA**  
B&P Code §§490, 725, 2242, 2236, 2234 (b),(c),(d). Stipulated Decision. Conviction for illegal distribution of controlled substances. Gross negligence and incompetence in prescribing practices, including excessive prescribing and prescribing without prior exam and medical indication. Revoked, stayed, 5 years' probation on terms and conditions. May 25, 1994.

**BROWN, STEVEN M., M.D. (A-49127) Dallas, TX**  
B&P Code §§480, 2234(e), 2261, 2239, 2236. Stipulated Decision. 3 substance abuse convictions in Texas, 1985 to 1988; failed to disclose them in his application for California license in 1989. Revoked, stayed, 5 years' probation on terms and conditions. July 14, 1994.

**CALDWELL, JUDITH, M.D. (G-71774) Bakersfield, CA**  
B&P Code §2305. Record of federal discipline. Revoked. Default. June 24, 1994.

**COMAR, DAVE, M.D. (A-17667) Los Angeles, CA**  
B&P Code §2234 (b),(c),(d). Stipulated Decision. Gross negligence, incompetence, and repeated negligent acts by general surgeon in the inadequate diagnosis and treatment of a gunshot wound patient admitted in the emergency room. Revoked, stayed, 5 years' probation on terms and conditions. July 4, 1994.

**CHEZ, DENNIS, M.D. (G-24790) Truckee, CA**  
B&P Code §§725, 4232. Prescribed excessive quantities of the controlled substance Hydrocodone. Failed to keep adequate records of his inventory of controlled substances. Revoked, stayed, 5 years' probation on terms and conditions. June 3, 1994.

**CHU, CHENG-CHI, M.D. (A-30024) Kings Point, NY**  
B&P Code §2305. Disciplined by New York Board for mismanagement in pediatric practice. California: Revoked. Default. May 19, 1994.

**COHEN, MELVIN WARREN, M.D. (C-37394) Brooklyn, NY**  
B&P Code §2305. Disciplined by New Jersey Board for conviction for prescribing violations. California: Revoked. Default. May 26, 1994.

**COMINGS, DAVID E., M.D. (G-11736) Duarte, CA**  
B&P Code §§725, 2234 (b),(c),(d). Excessively prescribed controlled substances to his wife and thereby committing gross negligence, incompetence and repeated negligent acts. Revoked, stayed, 5 years' probation on terms and conditions. June 3, 1994.

**DIMMICK, JENS W., M.D. (G-26557) Rolling Hills Estates, CA**  
B&P Code §§2264, 2234(a), 2655.7. Stipulated Decision. Used unlicensed persons and a licensed Physical Therapy Assistant to perform physical therapy without proper supervision by a Registered Physical Therapist. Revoked, stayed, 5 years' probation on terms and conditions. May 27, 1994.

**DUBLEMAN, ALAN, M.D. (G-32505) Denver, CO**  
B&P Code §2305. Discipline by the Colorado Board. California: Revoked. Default. June 27, 1994.

**ECCOFF, ARTHUR, M.D. (A-29185) Denver, CO**  
B&P Code §2305. Summary Suspension by Colorado Board on allegations of sexual misconduct. California: Suspended for 1 year depending on outcome of pending Colorado case. May 26, 1994.

**FRAZIER, SHERVERT H., Jr., M.D. (C-14112) Waverly, MA**  
B&P Code §2305. Stipulated Decision. Public reprimand by Massachusetts Board for committing plagiarism by publishing articles on psychiatric topics which failed to properly credit the original authors. New Jersey accepted his surrender of license. California: Public Reprimand. July 11, 1994.

**GRAHAM, CURTIS, M.D. (G-9793) Kalamazoo, MI**  
B&P Code §§2236, 2234(e), 2305. Federal conviction for mail fraud in falsifying at least 10 mortgage applications mailed to HUD. Restrictions placed on his Arizona license by the Arizona Board. Revoked, stayed, 5 years' probation on terms and conditions. August 10, 1994.

**HECK, BARRY, M.D. (A-31068) Fairfield, CT**  
B&P Code §2305. Disciplined by Connecticut Board for sexually assaulting two female patients. California: Revoked. Default. August 5, 1994.

**HO, RICHARD KAY-YIN, M.D. (G-38504) Santa Clara, CA**  
B&P Code §2234 (b),(c). Stipulated Decision. Gross negligence and repeated negligent acts in ophthalmology practice. Revoked, stayed, 5 years' probation on terms and conditions, including 6 months' actual suspension. May 26, 1994.

**HOLLIMAN, DANIEL, M.D. (G-71617) San Andreas, CA**  
B&P Code §2305. Discipline by Wisconsin Board for alcohol and drug abuse. California: Revoked. Default. May 13, 1994.

**HOWARD, BARRY, M.D. (G-42894) Boulder, CO**  
B&P Code §2305. Disciplined by Colorado Board for writing false prescriptions to obtain Percodan and Percocet for self use. California: Revoked. Default. August 24, 1994.

**HURTADO, MONICA WATTS, M.D. (G-69245) Woodland Hills, CA**  
B&P Code §§2234(e), 2236, 2238, 2239, 2261, 2262, 4390. Conviction for attempting to pass, as genuine, an altered prescription for Vicodin ES, a controlled drug. Heroin abuse. False documents. Diverted Demerol intended for patients for self use. Revoked. Default. June 12, 1994.

**JOHNSON, HAROLD ZAY, M.D. (G-18683) Long Beach, CA**  
B&P Code §2305. Discipline by Washington State Board based on alleged impairment due to alcoholism. Texas discipline based on above action. Revoked. Default. May 1, 1994.

**JULIAN, VENUS NAVARRO, M.D. (A-41783) Van Nuys, CA**  
B&P Code §2234 (b),(c),(d). Stipulated Decision. Gross negligence, incompetency and repeated negligent acts in the management of a pregnant patient (8th month) at the emergency room. Revoked, stayed, 5 years' probation on terms and conditions, including 30 days' actual suspension. June 22, 1994.

**KRAMER, JAMES JOSEPH, M.D. (G-37961) Jackson, MS**  
B&P Code §§2236, 2239. Stipulated Decision. Conviction for obtaining Dilaudid by deceit for self abuse. Deep-seated drug problem, undergoing recovery program. Revoked, stayed, 5 years' probation on terms and conditions, including 30 days' actual suspension. May 5, 1994.

**LAKE, ALAN S., M.D. (G-31864) Long Beach, CA**  
B&P Code §§2234(e), 2236, 2239. Alcohol abuse. Convictions for driving under the influence of alcohol, including a felony conviction involving an injury that led to a 2-year state prison sentence. Revoked, stayed, 3 years' probation on terms and conditions. July 21, 1994.

**LATONN, EDWARD D., M.D. (G-15030) Wilmington, DE**  
B&P Code §2305. Disciplined by Delaware Board for over prescribing or inappropriate prescribing to 24 patients. California: Revoked. Default. July 15, 1994.

**MAGNUS, VERNON J., M.D. (G-22438) Lodi, CA**  
B&P Code §2234(c). Stipulated Decision. Repeated negligent acts in abdominal surgery; failing to manage the patient's clotting complication adequately; having too long a clamp time; keeping poor operative records; negligent rough handling of tissue during colectomy surgery. Revoked, stayed, 5 years' probation on terms and conditions. August 29, 1994.

(Cont. on p. 12)

**Disciplinary Actions: May 1, 1994 — August 31, 1994 (Cont. from p. 11)**

**MONROE, BYRON LEE, M.D. (G-25794) Santa Barbara, CA**  
B&P Code §§2234, 2236, 2237, 2238, 2239, 2240. Conviction for unlawful possession of controlled drugs and drug paraphernalia. Drug and alcohol abuse. Intoxicated while seeing patients at hospital. Revoked. May 13, 1994.

**MOONEY, HERBERT S., M.D. (A-19982) Longmont, CO**  
B&P Code §2305. Stipulated Decision. Discipline by Colorado Board for engaging in 2 or more acts which failed to meet generally accepted standards of medical practice while treating 3 emergency room patients. Revoked, stayed, 5 years' probation on terms and conditions. August 17, 1994.

**MEYERS, GEORGE C., M.D. (C-36092) Bellevue, WA**  
B&P Code §2305. Action by Washington State Board related to charges of impaired physical and cognitive functioning to the extent that safe practice cannot be rendered. California: Revoked. Default. July 18, 1994.

**MEYERS, RONALD A., M.D. (G-70050) Port Angeles, WA**  
B&P Code §2305. Stipulated Decision. Action by Florida Board on allegations of failure to maintain proper documentation of required continuing medical education credits and fraudulent misrepresentation of compliance with CME requirements. California: Revoked, stayed, 5 years' probation on terms and conditions. August 17, 1994.

**MURAKAMI, CLIFFORD, M.D. (A-27799) Los Angeles, CA**  
B&P Code §§725, 2234 (b),(c),(d), 2236, 2242. Stipulated Decision. Conviction for prescribing controlled drugs without a legitimate medical purpose. Indiscriminate prescribing of Valium, Fastin, Dalmane, Tylenol #3 with Codeine without prior exam and medical indication, constituting gross negligence, incompetence, and excessive prescribing. Revoked, stayed, 5 years' probation on terms and conditions. June 22, 1994.

**NEWBERG, WALDO L., M.D. (A-9881) San Francisco, CA**  
B&P Code §2234 (b),(d). Stipulated Decision. Gross negligence and incompetence in the diagnosis and delayed treatment of an elderly patient with hyperparathyroidism. Revoked, stayed, 5 years' probation on terms and conditions. May 26, 1994.

**NOONAN, CHARLES A., M.D. (C-37051) Concord, CA**  
B&P Code §2234(c). Repeated negligent acts in continuing to prescribe ever-increasing doses of vitamin B6, to a toxic level to a psychiatric patient for the treatment of a mental illness. Revoked, stayed, 5 years' probation on terms and conditions. May 26, 1994.

**NOVAK, FREDDIE P., M.D. (G-61059) Portland, OR**  
B&P Code §2305. Stipulated Decision. Discipline by Oregon Board for impairment due to excessive use of controlled drugs. Revoked, stayed, 5 years' probation on terms and conditions. May 26, 1994.

**PERMEN, LAWRENCE E., M.D. (C-27101) Oxnard, CA**  
B&P Code §§725, 2234 (b),(c),(d), 2242. Stipulated Decision. Excessive prescribing without prior exam and medical indication, constituting gross negligence and incompetent prescribing practices. Revoked, stayed, 5 years' probation on terms and conditions. June 24, 1994.

**PITMAN, KATHRYN A., M.D. (A-40247) Brea, CA**  
B&P Code §2305. Discipline by Alabama Board for substance abuse, with record of recidivism. California: Revoked. May 16, 1994.

**RHA, MYUNG K., M.D. (A-33238) Palos Verdes, CA**  
B&P Code §§726, 2234(c). Multiple acts of sexual misconduct with 4 female patients. Revoked. Default. May 17, 1994.

**PRAKASH, OM, M.D. (C-39398) Modesto, CA**  
B&P Code §§2234(e), 2262. Stipulated Decision. Dishonesty in making false chart notes for 8 patients in Modesto hospital when in fact he was visiting New York during that time. Revoked, stayed, 5 years' probation on terms and conditions, including 30 days' actual suspension. August 17, 1994.

**ROTTSCHAEFER, ROBERT T., M.D. (A-12387) Palm Desert, CA**  
B&P Code §2234(b), (d). Stipulated Decision. Gross negligence and incompetence in managing an overweight patient with high blood pressure and hypertension. Aldoril was refilled for 4 years without a physical exam and blood pressure monitoring. Fastin was contraindicated for a patient with hypertension, resulting in a stroke. Revoked, stayed, 3 years' probation on terms and conditions. August 4, 1994.

**SCHULTE, JEROME L., M.D. (C-35364) Atascadero, CA**  
B&P Code §2234 (b). Stipulated Decision. Gross negligence in the diagnosis and treatment of a psychiatric patient with mental deterioration. Revoked, stayed, 3 years' probation on terms and conditions. June 13, 1994.

**SCOLARO, MICHAEL J., M.D. (G-11083) Los Angeles, CA**  
B&P Code §2234 (b)(c)(d). Stipulated Decision. Engaged in unsupervised research for experimental treatment of terminally ill AIDS patients through inoculations under a "viruses compete theory." He failed to follow well-established standard research protocols, and failed to submit his research to an independent institutional review committee before conducting human experimentation. 90 days' suspension, stayed, 3 years' probation on terms and conditions. July 1, 1994.

**SENER, PHYLLIS, M.D. (G-34906) Santa Rosa, CA**  
B&P Code §§725, 2234, 2238, 2242. Stipulated Decision. Multiple prescribing violations for supplying excessive amounts of narcotics and other controlled drugs to her abusive late husband, an addict who ultimately died — apparently from another drug overdose. Revoked, stayed, 3 years' probation on terms and conditions. August 26, 1994.

**SHARPE, SHELTON E., M.D. (G-51390) Carmichael, CA**  
B&P Code §2234. Stipulated Decision. Dishonesty in receiving double compensation for moonlight work during hours paid for psychiatric residency work. Revoked, stayed, 2 years' probation on terms and conditions. June 13, 1994.

**SHERWOOD, HAROLD R., M.D. (C-8095) Culver City, CA**  
B&P Code §§2236, 2237. Stipulated Decision. Conviction for prescribing controlled substances without legitimate medical purpose. Revoked. Default. May 17, 1994.

**SHETH, ALKA, M.D. (A-35689) Del Mar, CA**  
B&P Code §§2234 (e), 2236. Stipulated Decision. Conviction for misdemeanor petty theft billing for nasal culture tests not performed. Revoked, stayed, 5 years' probation on terms and conditions. June 13, 1994.

**SILVER, DANIEL M., M.D. (C-31379) Los Angeles, CA**  
B&P Code §654.2. Stipulated Decision. Orthopedic surgeon had a significant beneficial interest in an orthopedic brace retail shop. He failed to disclose his interest to patients he referred to this shop for knee braces, as required by state law—B&P Code §654.2. 1 year suspension, stayed, 3 years' probation on terms and conditions. August 20, 1994.

**SMILEY, EVELYN J., M.D. (C-20354) Lamesa, TX**  
B&P Code §2305. Disciplined by the Texas Board for failing to practice medicine in an acceptable manner consistent with public health and welfare in the care and treatment of 3 patients. Suspended 1 year, stayed, 5 years' probation on terms and conditions. June 30, 1994.

**SOL, PETER, M.D. (A-36298) San Jose, CA**  
B&P Code §§480, 2234 (a) (e) (f). Stipulated Decision. Dishonesty in removing a supply of vaccines from the Kaiser Hospital premises without permission, and then selling some of these drugs for profit. Revoked, stayed, 5 years' probation on terms and conditions. August 18, 1994.

**SWENSEN, ALAN D., M.D. (A-16156) Bodega Bay, CA**  
B&P Code §2234 (b)(d). Stipulated Decision. Gross negligence and incompetence in managing a patient with gastrointestinal symptoms by continuously prescribing Combid Spansules or generic Combagen

(Cont. on p. 13)

**Disciplinary Actions: May 1, 1994 — August 31, 1994 (Cont. from p. 12)**

Capsules for 9 years, and failing to vigilantly monitor for tardive dyskinesia which developed from this long-term use of Combid, despite the warning issued by the drug's manufacturer. Revoked, stayed, 5 years' probation on terms and conditions. August 18, 1994.

**VERBRUGGE, JOSEPH, M.D. (C-34826) Englewood, CO**  
B&P Code §2305. Stipulated Decision. Disciplined by Colorado for gross negligence in anesthesiology practice; falsified medical records and failed to include essential entries in patient records. Revoked, stayed, 5 years' probation on terms and conditions. July 25, 1994.

**WATSON, LLOYD, M.D. (A-20719) Grand Terrace, CA**  
B&P Code §§2236, 2237, 2238, 2242. Conviction for prescribing a controlled substance without a legitimate medical purpose. Revoked, stayed, 3 years' probation on terms and conditions. May 18, 1994.

**WESENBERG, RICHARD L., M.D. (C-38221) Mobile, AL**  
B&P Code §2305. Stipulated Decision. Surrender of Oregon license accepted by Oregon Board in lieu of further proceedings. California: Revoked, stayed, 3 years' probation on terms and conditions. June 15, 1994.

**WILLIAMS, FENTON A., M.D. (C-32305) Kansas City, KS**  
B&P Code §2305. Disciplined by Kansas Board. California: Public Reprimand, stayed for 1 year subject to future proceedings in Kansas. June 20, 1994.

**WILSON, JOHN D., M.D. (C-42303) Eugene, OR**  
B&P Code §2305. Stipulated Decision. Discipline by Oregon Board. California: Public Reprimand. June 24, 1994.

**WINELAND, RICHARD, M.D. (A-28629) Burbank, CA**  
B&P Code §2234. Stipulated Decision. Failed to evaluate a patient in need of emergency services prior to transferring to another hospital, in violation of Health and Safety Code §1317.2 (a). Revoked, stayed, 5 years' probation on terms and conditions. June 13, 1994.

**WOLKOFF, KENNETH A., M.D. (G-27484) Palm Beach Gardens, FL**  
B&P Code §2305. Disciplined by Utah Board for excessive prescribing of Oxycodone or Hydrocodone to 3 patients. California: Revoked, stayed, 5 years' probation on terms and conditions. August 15, 1994.

**WINSTON, STEPHEN J., M.D. (A-28363) Los Angeles, CA**  
B&P Code §§725, 810, 2234, 2261, 2262. Fraudulently billed insurance companies for excessive diagnostic procedures and tests which were performed without medical indication, justification or documentation. Gross negligence, incompetence, dishonesty, false documents, deceptive alteration of records. Revoked. Default. June 15, 1994.

**ZIMMERMAN, JOSEPH, M.D. (A-19234) Antioch, CA**  
B&P Code §2234 (d). Stipulated Decision. Incompetence in OB-GYN practice: used a prostaglandin suppository at a higher dose than would have been appropriate for cervical ripening in a patient with a live fetus. Revoked, stayed, 5 years' probation on terms and conditions. July 21, 1994.

**NOTICE OF CORRECTION**

In the January 1994 *Action Report*, the disciplinary status of Yusef Gurovich, M.D. was reported: "Probation is continued with further conditions imposed." This status was in error. In fact, Dr. Gurovich's license was clear and current, having completed his probation as of the time of that publication. We regret the error.

**ADDENDUM**

In the last *Action Report*, a default revocation was reported for Joel Fine, M.D. (A-42331) Watertown, N.Y. This default decision for revocation was ordered vacated by stipulation following an appeal to Superior Court by respondent and set aside on August 24, 1994. The Accusation will be scheduled for a regular hearing on the merits. Dr. Fine is now located in Hawaii.

**ACUPUNCTURISTS**

**BAE, SANG KOOK, C.A. (AC-1456) Los Angeles, CA**  
B&P Code §§496, 4955. Conviction for misdemeanor bribery in connection with payment to an official for advance answers to the state Acupuncture exam in 1983. Revoked. Default. July 14, 1994.

**CHA, HAN SOK, C.A. (AC-4789) Los Angeles, CA**  
B&P Code §4955. Stipulated Decision. Conviction for destroying evidence related to unlawful payment for examination answers. License granted on probationary basis for 18 months on terms and conditions. May 6, 1994.

**CHAN, KUN CHUN, C.A. (AC-343) San Diego, CA**  
B&P Code §§651, 4955. Stipulated Decision. False, deceptive, and misleading advertisements of Acupuncture services: nonsurgical tummy tucks, breast enlargements, face lifts, impotence, spot weight reduction. Revoked, stayed, 5 years' probation on terms and conditions. July 27, 1994.

**CHANG, DON HYUN, C.A. (AC-2244) Westlake Village, CA**  
B&P Code §4955. Stipulated Decision. Unlawfully purchased examination answers to pass the 1983 state Acupuncture licensing exam. Probation for 18 months, subject to reexamination. June 27, 1994.

**CHOI, JIN HO, C.A. (AC-1485) Santa Ana, CA**  
B&P Code §4955. Stipulated Decision. Unlawful payment for advance answers to pass 1983 state Acupuncture licensing examination. Probation for 18 months. Required to retake exam and pass. June 17, 1994.

**CHOU, CHIN TZU, C.A. (AC-3258) Los Angeles, CA**  
B&P Code §4955. Stipulated Decision. Conviction for destruction of evidence based on payment of money in return for advance answers to the 1988 state Acupuncture licensing examination. Probation for 18 months. Required to retake the exam and pass. June 14, 1994.

**CHUNG, RONALD, C.A. (AC-2245) Pacoima, CA**  
B&P Code §4955. Stipulated Decision. Unlawfully bought answers to pass the 1983 state Acupuncture licensing examination. Probation for 18 months, subject to reexamination. June 27, 1994.

**IM, SUN JOO, C.A. (AC-1509) Downey, CA**  
B&P Code §§496, 4955. Unlawful payment for advance answers to state Acupuncture licensing examination. Revoked. Default. May 26, 1994.

**JUN, HYUN CHUL, C.A. (AC-1202) New York, NY**  
Stipulated Decision. Complicity in funneling money paid to obtain advance answers to state Acupuncture licensing examinations. Probation for 18 months, subject to reexamination. June 15, 1994.

**KIM, JUNG KI, C.A. (AC-2425) Fresno, CA**  
B&P Code §4955. Stipulated Decision. Unlawful payment for advance answers to pass 1984 state Acupuncture examination. Probation for 18 months, subject to reexamination. June 15, 1994.

**LEE, CHUNG KYU, C.A. (AC-120) Los Angeles, CA**  
B&P Code §4955. Stipulated Decision. Unlawful purchase of answers to pass the 1983 state Acupuncture licensing examination. Probation for 18 months. Must retake and pass the exam. May 16, 1994.

**LEE, HWY ZUNG, C.A. (AC-2485) Granada Hills, CA**  
B&P Code §4955. Stipulated Decision. Complicity in funneling money received for answers to state Acupuncture licensing examination. Probation for 18 months on terms and conditions. May 6, 1994.

**LEE, KANG JOON, C.A. (AC-3383) Los Angeles, CA**  
B&P Code §4955. Stipulated Decision. Conviction for destruction of evidence related to the unlawful payment for answers to the 1988 state Acupuncture licensing examination. Probation for 18 months. Must retake and pass the exam. June 27, 1994.

(Cont. on p. 14)

**Disciplinary Actions: May 1, 1994 — August 31, 1994 (Cont. from p. 13)**

**LEE, KWANG OK, C.A. (AC-2755) Los Angeles, CA**  
B&P Code §§490, 4955. Conviction for misdemeanor bribery in connection with payment to an official for advance answers to the state Acupuncture licensing exam. Revoked. Default. July 15, 1994.

**LEE, HYON WOO, C.A. (CA-2840) Lancaster, CA**  
B&P Code §4955. Stipulated Decision. Unlawful payment for advance answers to 1986 state Acupuncture licensing examination. Probation for 18 months, subject to reexamination. June 14, 1994.

**LEE, MYOUNG SOO, C.A. (AC-2756) Westminster, CA**  
B&P Code §4955. Stipulated Decision. Unlawful payment for advance answers to 1986 state Acupuncture licensing examination. Probation for 18 months, subject to reexamination. June 15, 1994.

**LU, LAWRENCE, C.A. (AC-927) Thousand Oaks, CA**  
B&P Code §§490, 4955. Conviction for misdemeanor assault and battery on his wife. Another conviction for stealing men's clothing from Fed Mart. Revoked, stayed, 3 years' probation on terms and conditions. June 6, 1994.

**MOON, JOON WOONG, C.A. (AC-3098) Gardena, CA**  
B&P Code §4955. Stipulated Decision. Conviction of misdemeanor bribery involving unlawful payment to obtain answers to the 1986 state Acupuncture licensing examination. Probation for 18 months, subject to reexamination. June 17, 1994.

**NIEN, CHEN YU, C.A. (AC-1245) Sunnyvale, CA**  
B&P Code §§4955, 2052. Stipulated Decision. Conviction for practicing medicine without a license. Revoked, stayed, 5 years' probation on terms and conditions, including 60 days' actual suspension. July 18, 1994.

**OM, JOO HYUN, C.A. (AC-2784) Campbell, CA**  
B&P Code §§490, 4955. Conviction for misdemeanor bribery in connection with payment to an official to obtain advance answers to the state Acupuncture licensing exam. Revoked. Default. July 15, 1994.

**OWH, SOOHOON, C.A. (AC-1386) Santa Ana, CA**  
B&P Code §4955. Stipulated Decision. Complicity in funneling money received for answers to the 1986 state Acupuncture licensing examination. Probation for 18 months, subject to reexamination. May 6, 1994.

**PAK, CHUL KYOO, C.A. (AC-1387) Los Angeles, CA**  
B&P Code §4955. Stipulated Decision. Complicity in funneling money received for answers to state Acupuncture licensing examination. Probation for 18 months, subject to reexamination. June 15, 1994.

**PAK, SHUNG UHN, C.A. (AC-2218) Los Angeles, CA**  
B&P Code §4955. Stipulated Decision. Unlawful payment to qualify for and pass the 1983 state Acupuncture licensing examination. Probation for 18 months. Must retake and pass the exam. June 27, 1994.

**PAK, UN BONG, C.A. (AC-1544) Los Angeles, CA**  
B&P Code §4955. Stipulated Decision. Unlawful payment for advance answers to 1982 state Acupuncture licensing examination. Probation for 18 months, subject to reexamination. June 15, 1994.

**PARK, HYE SUK, C.A. (AC-2577) Los Angeles, CA**  
B&P Code §§480, 4955. Stipulated Decision. Conviction for misdemeanor bribery related to unlawful payment for answers to the 1985 state Acupuncture licensing examination. Probation for 18 months, subject to reexamination. May 16, 1994.

**PARK, JONG YOUNG, C.A. (AC-2433) Torrance, CA**  
B&P Code §§480, 4955. Stipulated Decision. Conviction for misdemeanor bribery related to unlawfully obtaining license without passing the exam legitimately. Probation for 18 months, subject to reexamination. May 16, 1994.

**RHEE, YOON KEUM, C.A. (AC-2572) San Diego, CA**  
B&P Code §4955. Stipulated Decision. Unlawful payment for advance

answers to the 1985 state Acupuncture licensing examination. Probation for 18 months, subject to reexamination. June 15, 1994.

**ROH, JEUNG WOO, C.A. (AC-1556) Honolulu, HI**  
B&P Code §§480, 4955. Stipulated Decision. Conviction for misdemeanor bribery related to payment to pass the 1983 state Acupuncture licensing examination. Probation for 18 months, subject to reexamination. May 16, 1994.

**SHIN, PUNG HO, C.A. (AC-3474) Norwalk, CA**  
B&P Code §§490, 4955. Conviction for misdemeanor bribery in connection with payment to an official for advance answers to the state Acupuncture licensing exam. Revoked. Default. July 14, 1994.

**SONG, BYONG CHAN, C.A. (AC-2808) Los Angeles, CA**  
B&P Code §4955. Stipulated Decision. Conspired to receive illegal assistance to pass the 1986 state Acupuncture licensing examination. Probation for 18 months, subject to reexamination. June 27, 1994.

**YEE, SHIRLEY, C.A. (AC-2835) Los Angeles, CA**  
B&P Code §4955. Stipulated Decision. Unlawful payment to obtain illegal help to obtain a license. Probation for 18 months, subject to reexamination. June 27, 1994.

**YOON, JUNG HEE, C.A. (AC-1602) Los Angeles, CA**  
B&P Code §4955. Stipulated Decision. Conviction for destruction of evidence related to unlawful payment for advance answers to the 1983 state Acupuncture licensing examination. Probation for 18 months, subject to reexamination. June 14, 1994.

**YOON, YOUNG HAE, C.A. (AC-1618) Los Angeles, CA**  
B&P Code §§490, 4955. Conviction for misdemeanor bribery in connection with payment to an official for advance answers to the state Acupuncture licensing exam. Revoked. Default. July 14, 1994.

**PHYSICIAN ASSISTANT**

**FRANK, STEVEN, P.A. (PA-12636) Citrus Heights, CA**  
B&P Code §2261. Stipulated Decision. Made a false statement in his licence application concealing a conviction for possession of marijuana 10 years ago. Public Reprimand. June 24, 1994.

**PHYSICAL THERAPIST**

**CROWTHER, NELSON C. (PT-9764) Lake Havasu City, AZ**  
B&P Code §§726, 2660. Massaging breasts and buttocks of female patients, unrelated to corrective therapy, constituting sexual misconduct and gross negligence. Revoked. Default. June 22, 1994.

**DOCTOR OF PODIATRIC MEDICINE**

**SCHULHOFER, SANFORD DAVID, D.P.M. (E-3943) Mountain View, CA**  
B&P Code §480. Stipulated Decision. 2 convictions involving driving under the influence of alcohol. Probationary license issued, 5 years' probation on terms and conditions. June 24, 1994.

**REGISTERED DISPENSING OPTICIAN**

**DALZELL, REGINALD F. (SL-49 and CL 875) Menlo Park, CA**  
B&P Code §§2540, 2560, 2559.3, 2556, 2563. Stipulated Decision. Fitted patients for contact lenses at a time when he did not possess a valid contact lens dispenser certificate. Revoked, stayed, 2 years' probation on terms and conditions. May 26, 1994.

**PSYCHOLOGISTS**

**HEDBERG, ALLEN (PSY-4208) Fresno, CA**  
B&P Code §2960(i). Unprofessional conduct in failing to report child abuse where there was reasonable suspicion of abuse. Revoked, stayed, 1 year probation on terms and conditions. May 28, 1994.

(Cont. on p. 15)

**Disciplinary Actions: May 1, 1994 — August 31, 1994 (Cont. from p. 14)**

**NAKANO, LOREN (PSY-7265) Sunnyvale, CA**

B&P Code §§2960 (a)(b)(k), 490, 493, 822. Stipulated Decision. Conviction for spousal battery in 1989 and 1990. Alcohol abuse, mental illness impairing safe practice. Revoked, stayed, 3 years' probation on terms and conditions. July 5, 1994.

**PAPEN, JAMES H. (PSY-5124) Rancho Cucamonga, CA**

B&P Code §§822, 2960. Stipulated Decision. Gross negligence in conducting psychological evaluations of clients assigned by Family Court. Personality disorder affecting ability to practice. Revoked, stayed, 5 years' probation on terms and conditions. June 3, 1994.

**SUTTON, WILEY D. (PSY-4467) Lakewood, CA**

B&P Code §§2960, 2961, 2963. Stipulated Decision. Conviction for Medi-Cal fraud. Revoked, stayed, 5 years' probation on terms and conditions, including 30 days' actual suspension. June 2, 1994.

**RESPIRATORY CARE PRACTITIONERS**

**ASHANTI, MICHAEL (RCP 7950) Long Beach, CA**

B&P Code §§492, 3750.5. Stipulated Decision. Unlawful possession of a controlled substance—rock cocaine. Completed court drug diversion program. Revoked, stayed, 5 years' probation on terms and conditions. August 1, 1994.

**BATEMAN, WILLIAM (RCP 10533) Van Nuys, CA**

B&P Code §§2238, 3750, 3750.5. Stipulated Decision. Unlawful possession of controlled drugs, including cocaine, for self-use. Revoked, stayed, 5 years' probation on terms and conditions. June 17, 1994.

**BELL, THEODORE (RCP 13896) San Clemente, CA**

B&P Code §§3750, 3752. Stipulated Decision. Conviction for assault with a deadly weapon related to a dispute where he pointed a loaded gun at the disputant. Revoked, stayed, 5 years' probation on terms and conditions, including 3 days' actual suspension. July 25, 1994.

**BLACKMAN, SHARON T. (RCP 12057) San Francisco, CA**

B&P Code §§3750, 3750.5, 3752, 3752.5. Stipulated Decision. History of heavy alcohol abuse and criminal convictions. Revoked, stayed, 5 years' probation on terms and conditions. May 13, 1994.

**BRIGGS, JEANNIE L. (RCP 5737) Modesto, CA**

B&P Code §§3718, 3750, 3750.5. Violated terms of probation of prior discipline. Failed to abstain from illegal self-use of controlled drugs. Revoked. February 1, 1994.

**HARRELL, WILLIAM E. (RCP 9444) Rialto, CA**

B&P Code §§3752.5, 3750, 3750.5. History of criminal convictions related to qualifications and functions of a respiratory therapist. Under the influence of cocaine while on duty. Dishonest conduct. Revoked. June 2, 1994.

**HILL, LEE WILLIAM (RCP 12853) Santee, CA**

B&P Code §3750.5. Violated probation of prior discipline. Urine sample tested positive for the controlled substance marijuana. Revoked. May 20, 1994.

**HOLTKE, POLLY (RCP 10634) Tahoe Vista, CA**

B&P Code §§3750(j) (1), 3750 (a). Impersonating a physician's office to phone pharmacies for Fiorinal with Codeine for self use. Revoked. Default. July 21, 1994.

**LINDY, MALIA J. (RCP 7039) Escondido, CA**

Violated probation of a prior discipline. Revoked. Default. August 20, 1994.

**PRASAD, RAJESH (RCP 12103) Arleta, CA**

B&P Code §§3750, 3752, 3752.5. Stipulated Decision. Conviction for infliction of corporal injury on a spouse. Revoked, stayed, 3 years' probation on terms and conditions. July 15, 1994.

**ROWSE, BRENDON (RCP 10116) Chico, CA**

B&P Code §3750.5. Conviction involving possession of a controlled substance—Methamphetamine, and driving under the influence. Revoked. Default. June 27, 1994.

**RONCO, STEVEN P. (RCP 16087) Torrance, CA**

B&P Code §§3750, 3750.5. Violated terms of probation of prior discipline. Tested positive for cocaine. Submitted a false statement regarding drug use. Revoked. Default. June 10, 1994.

**SANDERS, DONALD J. (RCP 7815) Lakeview Terrace, CA**

B&P Code §3750 (d). Numerous convictions for trespass or disorderly conduct for masturbating in a public toilet. Revoked, stayed, 5 years' probation on terms and conditions. July 7, 1994.

**VOLUNTARY SURRENDER OF LICENSE  
WHILE CHARGES PENDING**

**PHYSICIAN AND SURGEON**

**BERGMAN, SANDER, M.D. (G-24765) Bremerton, WA**  
May 27, 1994

**DEITZLER, MARGARET, M.D. (G-7397) Alameda, CA**  
May 27, 1994

**KARGER, ROBERT, M.D. (G-6046) San Luis Obispo, CA**  
May 30, 1994

**MADDEN, JOHN T., M.D. (A-23239) Carlsbad, CA**  
June 27, 1994

**PETRIE, JONATHAN L., M.D. (A-26552) Princeton, NJ**  
August 23, 1994

**WARREN, JEROME, M.D. (G-47480) Cherry Hill, NJ**  
June 13, 1994

**WICKERSHAM, JAMES, M.D. (G-45694) Danville, CA**  
June 13, 1994

**WILSON, MYRON, M.D. (A-18143) Los Angeles, CA**  
July 18, 1994

**PSYCHOLOGIST**

**SCHILLER, IRA Z. (PSY 5002) Santa Cruz, CA**  
August 1, 1994

**RESPIRATORY CARE**

**GREENE, WARREN E. (RCP 14888) San Diego, CA**  
July 1, 1994

**PARKER, RICHARD C. (RCP 12740) Elless, TX**  
August 4, 1994

**MOVING?**

If you are licensed by the Medical Board, remember, the law (Business and Professions Code §2021 (b)) requires that you report every change of address. To insure that we have your most current address of record, please include your **name, license number, old address, and new address**. Send this information to:

**Medical Board of California  
Consumer Information Unit  
1430 Howe Avenue, Suite 54  
Sacramento, CA 95825**

Please inform us of address changes so that you will continue receiving the *Action Report* and your license renewal application.

Department of Consumer Affairs  
Medical Board of California  
1426 Howe Avenue  
Sacramento, CA 95825-3236

BULK RATE  
U.S. POSTAGE  
PAID  
Sacramento, CA  
PERMIT NO 685

**Business and  
Professions Code  
Section 2021(b)  
requires  
physicians to  
inform the  
Medical Board of  
any address  
change.**

**MEDICAL BOARD OF CALIFORNIA**

Bruce Hasenkamp, J.D., President  
Robert del Junco, M.D., Vice President  
Alan Shumacher, M.D., Secretary

**Division of Licensing**

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Gayle W. Nathanson

Dixon Arnett, Executive Director  
Doug Laue, Deputy Director  
John C. Lancara, Chief of Enforcement  
Candis Cohen, Assistant Director, Public Affairs

**TOLL FREE COMPLAINT LINE:**

**1-800-MED-BD-CA (1-800-633-2322)**

(Non-complaint calls to this number cannot be transferred.)

**Physicians and Surgeons:**

Applications and Examinations	(916) 263-2499
Complaints	(800) 633-2322
Continuing Education	(916) 263-2360
Health Facility Discipline Reports	(916) 263-2382
Fictitious Name Permits	(916) 263-2382
License Renewals	(916) 263-2382
Verification of Licensure	(916) 263-2382

**General Information**

**(916) 263-2466**

**Allied Health Professions:**

Complaints	(800) 633-2322
Acupuncture	(916) 263-2680
Audiology	(916) 263-2666
Hearing Aid Dispensers	(916) 263-2288
Physical Therapy	(916) 263-2550
Physician Assistant	(916) 263-2670
Podiatric Medicine	(916) 263-2647
Psychology	(916) 263-2699
Registered Dispensing Opticians	(916) 263-2634
Respiratory Care	(916) 263-2626
Speech Pathology	(916) 263-2666

**ACTION REPORT-OCTOBER 1994**

The *Action Report* is a quarterly publication of the Medical Board of California. For information or comments about its contents, please contact: Candis Cohen, Editor, (916) 263-2389.

**For additional copies of this report,** please fax your company name, address, telephone number, and contact person to: Yolanda Gonsolis, Medical Board Support Services Unit, at (916) 263-2479, or mail your request to her at 1426 Howe Avenue, Suite 54, Sacramento, CA 95825.



# 1993 - 94 Annual Report Medical Board of California

1426 Howe Avenue, Suite 54, Sacramento, CA 95825 (916) 263-2389

## EXECUTIVE SUMMARY

**Senate Bill 916 ("Presley II")** — The Omnibus Medical Board Reform Act, which took effect January 1, 1994, included changes in the structure of the Board and new operating policies. These reforms include new enforcement sanctions; new information disclosure to consumers; new records access provisions; reorganization of the Board to emphasize enforcement; a new Medical Quality Review system; and a \$100 biennial licensing fee increase to add investigators and attorneys to enforcement programs. In the current legislative session, the Board is sponsoring SB 1775 ("Presley II-A") which adds to SB 916 and also includes new provisions relating to convictions on felony charges.

**Study on Enforcement Priorities** — The Board ordered an outside retrospective study by an independent consultant, Schubert & Associates of Sacramento, to review actual disciplinary records over the previous three years and to provide a risk assessment based on statistical classifications of the files. Recently, the Board authorized a one-year prospective analysis to confirm the study's findings to date.

**Appropriate Prescribing** — Governor Wilson sponsored a day-long "Summit" involving scores of experts from around the country after a task force of the Board spent a

year engaged in public hearings and its own research. Following the Summit, the Board adopted the first formal policy statement on prescribing for pain management in the nation. In addition, guidelines have been issued to assist physicians by providing prescribing protocols to prevent misunderstanding about what constitutes malprescribing.

**Medical Quality Review** — After 15 months of study and nine public hearings, a Board task force created a systematic statewide program of improved qualifications for the Board's medical consultants and its use of experts. The task force report has been adopted by the Board and is being implemented.

**Lawsuits** — Among a half dozen lawsuits relating to Board policy decisions are two dramatically opposed pleadings. On the one hand, the Board was sued by the California Medical Association to enjoin the Board's information disclosure reforms, particularly the policy to inform the inquiring public about cases referred to the Attorney General. On the other hand, three of California's major newspapers, *The Los Angeles Times*, the *San Jose Mercury News* and *The Sacramento Bee* sued to obtain the raw computer data on physicians, contending that the Public Records Act requires disclosure.

## PHYSICIAN AND SURGEON VALID LICENSES BY COUNTY

Alameda	3,340	Inyo	41	Monterey	652	San Luis Obispo	542	Trinity	14
Alpine	1	Kern	823	Napa	400	San Mateo	2,332	Tulare	392
Amador	54	Kings	98	Nevada	175	Santa Barbara	972	Tuolumne	103
Butte	371	Lake	61	Orange	6,893	Santa Clara	4,296	Ventura	1,331
Calaveras	36	Lassen	35	Placer	463	Santa Cruz	501	Yolo	482
Colusa	13	Los Angeles	23,370	Plumas	24	Shasta	335	Yuba	51
Contra Costa	2,138	Madera	67	Riverside	1,813	Sierra	2		
Del Norte	32	Marin	1,445	Sacramento	2,799	Siskiyou	64	<b>California Total</b>	
El Dorado	215	Mariposa	19	San Benito	24	Solano	581	<b>76,411</b>	
Fresno	1,368	Mendocino	184	San Bernardino	2,720	Sonoma	1,078	<b>Out of State Total</b>	
Glenn	8	Merced	215	San Diego	7,013	Stanislaus	665	<b>25,665</b>	
Humboldt	245	Modoc	6	San Francisco	4,445	Sutter	121	<b>Valid Licenses</b>	
Imperial	123	Mono	19	San Joaquin	752	Tehama	49	<b>102,076</b>	

### MISSION STATEMENT OF THE MEDICAL BOARD OF CALIFORNIA

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

## LICENSING ACTIVITY

	FY 92-93	FY 93-94		FY 92-93	FY 93-94
<b>PHYSICIAN LICENSES ISSUED</b>			<b>SPECIAL PURPOSE LICENSING EXAM (SPEX)</b>		
Federation Licensing Exam (FLEX)	1,174	1,135	Applicants who passed SPEX exam	55	51
National Board Exam (NBME)	2,493	2,272	Applicants who failed SPEX exam	48	39
Reciprocity with other states	105	103	Total	103	90
Total new licenses issued	3,772	3,510	<b>ORAL EXAM</b>		
Renewal licenses issued †	51,906	49,955	Applicants who passed oral exam	1,131	1,145
Total	55,678	53,465	Applicants who failed oral exam	66	43
<b>PHYSICIAN LICENSES IN EFFECT</b>			Total	1,197	1,188
California Address	76,367	76,411	<b>STATEMENT OF ISSUES TO DENY LICENSE</b>		
Out of State	26,524	25,665	Filed	6	3
Total	102,891	102,076	Upheld/Application Denied	2	5
<b>LICENSING EXAMINATION ACTIVITY</b>			Denied/Application Granted	0	1
Federal Licensing Exam (FLEX)			Stipulation/Probationary Cert. Granted	3	2
Applicants who passed FLEX exam	349	239*	Withdrawn	0	1
Applicants who failed FLEX exam	95	58	† The number of "renewal licenses issued" for FY 93-94 includes 4,308 licenses that incur no revenue because the physicians are exempt from payment of renewal fees. The number also includes physicians with "non-practicing" license status (disabled and inactive). *FLEX last administered in December 1993. The United States Medical Licensing Exam (USMLE) replaced FLEX effective June 1994. **USMLE first administered in June 1994.		
Total	444	297			
United States Medical Licensing Exam (USMLE)					
Applicants who passed USMLE exam	**	15			
Applicants who failed USMLE exam	**	8			
Total			23		

## VERIFICATION SERVICES

	FY 92-93	FY 93-94		FY 92-93	FY 93-94
<b>LICENSE STATUS VERIFICATIONS</b>			<b>REPORT VERIFICATIONS</b>		
Phone Verifications	201,768	230,543	805.5 B&P Reports Received	179	164
On-Line Access Verifications	161,607	167,697	805.5 B&P Reports Mailed	962	1,216
Written Verifications	100,944	111,290	Malpractice 800-804 B&P	842	959
Teale Data Verifications	66,259	107,473*	Incomplete Medical Records 805	844	446
Verification Totals	530,578	617,003	Nat. Pract. Data Bank Adverse Action	176	269
Non-Verification Telephone Calls	28,379	67,763**	NPDB 805s	63	78
<b>CERTIFICATIONS AND LETTERS</b>			NPDB Malpractice	1,762	1,279
Certification Letters	2,174	1,569	<b>CONTINUING MEDICAL EDUCATION</b>		
Letters of Good Standing	5,968	5,961	CME Audits	847	782
Fictitious Name Permits			CME Waivers	351	361
Issued/Renewed	1,354	1,350			

\* The increase is due to broader access of outside organizations to our dial up verification system.

\*\* The increase is due to rerouting of these calls through a central Consumer Information Center. These calls are recorded by computer which allows the Board to gather more accurate statistical data.

## DIVISION OF LICENSING

The Division of Licensing continued to improve public protection this year. Changes were made in the policy governing information disclosure, reviews were conducted of fellowship training programs, and the Division made progress in implementing SB 2036 (1992)—the specialty board advertising law. Our public information disclosure policy has the most potential of improving public protection. The licensing program performs over 500,000 license verifications each year, and more information than ever is now being disclosed.

On October 1, 1993, the Consumer Information Unit began operation. This unit continues to verify licenses and provides new facts. Callers requesting information on physicians may now be told, in addition to licensing status and California disciplinary action, if physicians have been convicted of a felony, have malpractice judgments in excess of \$30,000 against them, and if disciplinary action has been taken by another state or the federal government.

The most significant change in the information disclosure policy was to tell callers that a physician had been investigated and a case referred to the Attorney General's Office to file charges. However, the California Medical Association obtained a

temporary court injunction to prevent the release of this information. The Board has responded that this information is important to consumers and is within the Board's rights to release. Should the court agree, our Consumer Information Unit will again begin disclosing this information.

The Division's Special Programs Committee, which reviews and approves Business and Professions Code section 2111 fellowship programs for foreign graduates, began more closely reviewing these programs and the laws that govern them. Next year, with the help of medical schools, laws will be drafted that will improve public protection by ensuring objective minimum requirements of participating fellows and assure that adequate supervision is provided.

Implementation of SB 2036, the law that restricts physicians from advertising that they are "board certified" unless they are certified by an ABMS or equivalent Board, is moving forward. The Division received one application for "equivalent" status and will be reviewing it this year. This law has been fraught with legal challenges driven by economic interests within the medical community. So far, the regulations have withstood these challenges and the specialty board application process should move forward next year.

### ALLIED HEALTH PROFESSIONS\* LICENSES ISSUED

	FY <u>92-93</u>	FY <u>93-94</u>
Acupuncturist	205	342
Audiologist	57	59
Hearing Aid Dispenser	216	172
Physical Therapist	814	846
Physical Therapy Assistant	318	393
Electroneuromyographer	5	0
Kinesiologic		
Electromyographer	8	3
Physician Assistant	225	194
Physician Asst. Supervisor	1,285	1,206
Doctors of Podiatric Medicine	90	116
Psychologist	541	866
Psychologist Assistant	946	488
Registered Dispensing		
Optician Firm	142	181
Contact Lens Dispenser	50	47
Spectacle Lens Dispenser	179	157
Research Psychoanalyst	3	2
Respiratory Care Practitioner	972	868
Speech Pathologist	388	357
<b>Total Licenses Issued</b>	<b>6,444</b>	<b>6,297</b>

### ALLIED HEALTH PROFESSIONS LICENSES IN EFFECT

	FY <u>92-93</u>	FY <u>93-94</u>
Acupuncturist	3,678	3,985
Audiologist	1,285	1,344
Hearing Aid Dispenser	2,751	2,471
Physical Therapist	15,721	15,793
Physical Therapy Assistant	2,814	3,065
Electroneuromyographer	38	38
Kinesiologic		
Electromyographer	24	22
Physician Assistant	3,084	2,831
Physician Asst. Supervisor	10,524	9,453
Doctors of Podiatric Medicine	2,863	2,645
Psychologist	11,327	11,909
Psychologist Assistant	3,140	2,113
Registered Dispensing		
Optician Firm	1,758	1,723
Contact Lens Dispenser	956	867
Spectacle Lens Dispenser	3,104	3,259
Research Psychoanalyst	55	59
Respiratory Care Practitioner	14,873	14,670
Speech Pathologist	7,579	7,937
<b>Total Licenses In Effect</b>	<b>85,574</b>	<b>84,184</b>

\* "Allied Health Professions," until July 1, 1994, a "Division" of the Board, now functions as a committee of the Board, per Business & Professions Code §2015.

**COMPLAINTS RECEIVED BASED  
UPON REPORTS REQUIRED BY LAW†**

MEDICAL MALPRACTICE	FY 92-93	FY 93-94
<b>Insurers - Section 801</b>		
Physician & Surgeon	640	974
Allied Health Profession	9	27
Subtotal	649	1,001
<b>Attorneys or Self-Reported - Section 802</b>		
Physician & Surgeon	177	62
Allied Health Profession	1	0
Subtotal	178	62
<b>Courts - Section 803</b>		
Physician & Surgeon	13	10
Allied Health Profession	2	0
Subtotal	15	10
<b>Total Malpractice Reports</b>	<b>842</b>	<b>1,073</b>
<b>Coroners' Reports - Section 802.5</b>		
Physician & Surgeon	22	17
Allied Health Profession	0	0
<b>Total Coroners' Reports</b>	<b>22</b>	<b>17</b>
<b>HEALTH FACILITY DISCIPLINE</b>		
<b>Medical Cause or Reason - Section 805</b>		
Physician & Surgeon	175	124
Allied Health Profession	4	10
<b>Total Health Facility Discipline Reports</b>	<b>179</b>	<b>134</b>
<b>Total reports submitted pursuant to Business and Professions Code Section 800</b>		
Physician & Surgeon	1,187	
Allied Health Profession	37	

NOTE: FY 92-93 figures were based on the actual number of reports received. FY 93-94 figures are based on the number of licensees about whom reports were submitted to the Medical Board.

† Information required by Business and Professions Code section 2313.

For additional copies of this report, please fax your company name, address, telephone number and contact person to: Yolanda Gonsolis, Medical Board Support Services Unit, at (916) 263-2479, or mail your request to her at 1426 Howe Avenue, Suite 54, Sacramento, CA 95825.

**DIVISION OF MEDICAL QUALITY ACTION SUMMARY**

	FY 92-93			FY 93-94		
	MD	AH	ALL	MD	AH	ALL
<b>COMPLAINTS/INVESTIGATIONS</b>						
Complaints Received	6,749	2,008	8,757	7,902	1,784	9,686
† Complaints Closed by CCICU*	3,878	1,060	4,938	5,614	1,299	6,913
<b>Investigations</b>						
Cases Opened	2,208	810	3,018	2,046	540	2,586
† Cases Closed*	1,665	607	2,272	2,231	735	2,966
Cases referred to the AG	433	221	654	601	220	821
Cases referred to DAs/CAs	99	25	124	82	28	110
* Many of the closures reported during the fiscal year were for cases which originated in prior fiscal years.						
<b>† ADMINISTRATIVE FILINGS</b>						
Interim Suspensions	15	7	22	16	1	17
Temporary Restraining Orders	10	1	11	4	0	4
Statement of issues to deny application	6	38	44	3	38	41
Petition to Compel Psychiatric Exam	9	4	13	9	3	12
Petition to Compel Competency Exam	17	0	17	9	0	9
Petition to Compel Physical Exam	0	0	0	0	0	0
Accusation/Petition to Revoke Probation	310	166	476	407	183	590
<b>Total Administrative Filings</b>	<b>367</b>	<b>216</b>	<b>583</b>	<b>448</b>	<b>225</b>	<b>673</b>
<b>† ADMINISTRATIVE ACTIONS</b>						
Revocation	41	52	93	62	62	124
Voluntary Surrender (in lieu of Accusation or with Accusation pending)	30	7	37	28	9	37
Probation with Suspension	25	6	31	39	18	57
Probation	36	34	70	75	66	141
Probationary License Issued	4	9	13	2	13	15
Public Letter of Reprimand*	n/a	n/a	n/a	9	0	9
Other decisions (e.g., Warning Notice)	13	4	17	9	5	14
<b>Total Administrative Actions</b>	<b>149</b>	<b>112</b>	<b>261</b>	<b>224</b>	<b>173</b>	<b>397</b>
* New Public Letter of Reprimand authority became effective 1-1-94.						
<b>REVIEW AND REFERRALS</b>						
Physicians Called in for Medical Review	169	10	179	138	21	159
† Physicians Referred to Diversion Program	29	0	29	31	0	31
<b>Total Reviews &amp; Referrals</b>	<b>198</b>	<b>10</b>	<b>208</b>	<b>169</b>	<b>21</b>	<b>190</b>
<b>OTHER ADMINISTRATIVE OUTCOMES</b>						
Accusation/SOI* Withdrawn	9	4	13	44	12	56
Accusation/SOI* Dismissed	18	4	22	13	2	15
SOI* Granted (Lic. Denied)	2	13	15	5	11	16
SOI* Denied (Lic. Granted)	0	3	3	1	1	2
Petitions for Penalty Relief granted**	12	2	14	14	0	14
Petitions for Penalty Relief denied**	11	7	18	14	2	16
Petitions to Compel Psychological Exam granted	7	3	10	8	1	9
Petition to Compel Competency Exam granted	11	0	11	12	0	12
Petition to Compel Exams denied	1	0	1	2	1	3
* Statement of Issues						
** In accordance with the Agency Statistical Profile report specifications, Penalty Relief includes Petitions for Reinstatement, Petitions for Modification of Penalty, and Petitions for Termination of Probation.						
† Information required by Business and Professions Code section 2313.						

## DIVISION OF MEDICAL QUALITY

The Division of Medical Quality's Enforcement Program made even greater strides in FY 93-94 to increase performance and public protection. Despite an unprecedented

upward spiral of consumer complaints (7,892 in FY 91-92; 8,757 in FY 92-93; 9,686 in FY 93-94), the Program increased the number of administrative case referrals to the

Attorney General (523 referrals in FY 91-92; 654 referrals in FY 92-93; 821 referrals in FY 93-94).

Further, with excellent support from the Attorney General's Health Quality Enforcement Section, the Enforcement Program increased its overall administrative filings from 308 in FY 91-92 to 583 in FY 92-93 to 672 in FY 93-94. The Program also increased its overall administrative actions/decisions from 261 in FY 92-93 to 398 in FY 93-94. All this was accomplished (without a measurable increase in field staffing) through the diligent efforts of conscientious and committed Enforcement Program staff who demonstrated their dedication to operational efficiency by improving communication, adjusting system design and strategy, developing and adopting more efficient policies and procedures, publishing guidelines for medical experts, pursuing and obtaining legislation requiring prompt patient record release, as well as introducing modern computer equipment meant to enhance individual employee productivity; and, above all, fostering a philosophy that public protection, achieved efficiently, is the Board's highest priority.

The Enforcement Program also began using new, more efficient disciplinary options (such as public letters of reprimand and administrative citation-and-fine) made available through SB 916 (Presley). These disciplinary options have been implemented and already contribute to program efficiency in addition to providing physicians reasonable alternatives to traditional discipline.

The Enforcement Program is still not satisfied with the time span currently required to investigate and resolve consumer complaints. Our goal in FY 94-95 is to decrease the time interval. This will be achieved by refining existing processes and vigorously pursuing enforcement and case adjudication alternatives.

### COMPLAINTS RECEIVED†

		Fraud	Health & Safety	Non-Jurisdictional <sup>2</sup>	Competence/ <sup>3</sup> Negligence	Other Category	Personal Conduct <sup>4</sup>	Unprofessionals <sup>5</sup> Conduct	Unlicensed/ Unregistered	Total
			<sup>1</sup>							
Public	MD	361	157	453	2,191	0	70	1,930	143	5,305
	AH	136	6	25	160	0	25	584	129	1,065
B&P Code Section 800	MD	0	2	2	1,111	0	15	57	0	1,187
	AH	0	0	0	28	0	1	7	1	37
Other Licensees	MD	20	28	15	51	2	17	72	29	234
	AH	6	0	2	8	0	4	148	55	223
Internal (Based on Internal Information)	MD	26	18	0	28	0	18	129	21	240
	AH	9	1	1	9	0	18	43	29	110
Anonymous	MD	27	20	12	30	0	18	60	38	205
	AH	5	3	2	3	0	1	118	28	160
Law Enforcement Agency	MD	7	17	6	6	0	53	32	15	136
	AH	2	2	0	1	0	65	8	1	79
Other California State Agency	MD	12	5	5	23	0	9	26	8	88
	AH	1	0	0	3	0	15	12	4	35
Other State	MD	0	1	0	0	0	0	128	2	131
	AH	0	0	0	0	0	0	8	0	8
Society or Trade Organization	MD	11	3	5	2	0	0	5	7	33
	AH	1	0	0	1	0	0	11	3	16
Other Unit of Consumer Affairs	MD	0	7	1	4	0	4	8	5	29
	AH	0	1	0	2	0	5	11	15	34
Federal or Other Government Agency	MD	6	7	7	250	0	7	24	13	314
	AH	2	2	1	0	0	1	7	3	16
Miscellaneous Sources	MD	0	0	0	0	0	0	0	0	0
	AH	0	0	0	0	0	0	1	0	1
Subtotals	MD	470	265	506	3,696	2	211	2,471	281	7,902
	AH	162	15	31	215	0	135	958	268	1,784
Grand Totals		632	280	537	3,911	2	346	3,429	549	9,686

Key: MD = Medical Doctor; AH = Allied Health Professionals

(1) Health and Safety complaints, e.g. excessive prescribing, sale of dangerous drugs, etc.

(2) Non-Jurisdictional complaints are not under the authority of the Board, and are referred to other agencies such as the Department of Health Services, Department of Insurance, etc.

(3) Competence/Negligence complaints are related to the quality of care provided by licensees.

(4) Personal Conduct complaints, e.g. licensee self-use of drugs/alcohol, conviction of a crime, etc.

(5) Unprofessional Conduct complaints include sexual misconduct with patients, discipline by another state, aiding/abetting unlicensed activity, failure to release medical records, etc.

† Information required by Business and Professions Code section 2313.

# BUSINESS & PROFESSIONS CODE §2313—ADDITIONAL DATA ELEMENTS

Many of the outcomes reported during the fiscal year were for filings which originated in prior fiscal years.

1. Additional data for Temporary Restraining Orders (TRO) and Interim Suspension Orders (ISO):

	Orders Sought:		Orders Granted:	
	TRO/ISO	TRO	TRO	ISO
Mental Illness	3	1	0	
Sexual Misconduct	6	10	2	
Self Abuse of Drugs or Alcohol	6	1	2	
Fraud/Dishonesty	0	2	0	
Gross Negligence/Incompetence	4	1	0	
Conviction of a Crime	1	2	0	
Unprofessional Conduct	1	0	0	
<b>Total:</b>	<b>21</b>	<b>17</b>	<b>4</b>	

NOTE: Some orders granted were sought in the prior fiscal year.

2. The number and type of action which resulted from cases referred by the state Department of Health Services pursuant to Section 14124 of the Welfare and Institutions Code, relating to suspension of provider status for state medical assistance:

Received from Department of Health Services	13
Resolved by CCICU	8

NOTE: In most of these cases, Board action (i.e. revocation) preceded the suspension of provider status by the Department of Health Services, and the information referred to the Board is redundant.

3. Consumer inquiries and complaints:

Consumer inquiries	80,484
Jurisdictional inquiries	43,295
Complaint forms sent	12,420
Complaint forms returned by consumer	4,739

4. Number of completed investigations at the Attorney General's Office awaiting the filing of formal charges:

Physician and Surgeon:	329
Allied Health:	131

5. Number of probation violation reports sent to the Attorney

	MD	AH	Total
General:	8	14	22

6. Petitions to Revoke Probation Filed: 10 18 28

7. Final dispositions of Probation Filings:

	MD	AH	Total
Additional Probation	3	2	5
Probation Revoked	7	13	20
Petition Withdrawn/Dismissed	3	0	3

8. Petitions for Reinstatement of License:

	MD	AH	Total
Filed	7	5	12
Granted	2	0	2
Denied	6	1	7

9. Average and median time in processing complaints received during the fiscal year, for all cases, from date of original receipt of the complaint, for each stage of discipline, through completion of judicial review:

	Average (days)	Median (days)
1. Complaint Unit Processing	97	63
2. Investigation	93	76
3. Attorney General Processing to preparation of an accusation	264	191
4. Other stages of the legal process (e.g. appeals)	*	*

\* Data not available. Outside the control of the Medical Board or the Attorney General's Office.

10. Investigator caseloads as of June 30, 1994:

Enforcement Field Operations Caseload:	Statewide	Per Investigator
Active investigations:	2,303	33
AG Assigned Cases:*	1,584	23
Probation Unit Caseload:		
Monitoring Cases:**	475	53
Active investigations:	69	8
AG Assigned Cases:*	77	9

\* These cases are at various stages of AG processing, and may require supplemental investigative work such as subpoena service, testifying at hearings, etc.

\*\* 90 additional monitoring cases were inactive because the probationer is out of state.

11. Number and type of action taken by disciplinary case type:	Revocation	Voluntary Surrender	Probation with suspension	Probation	Probationary license issued	Public letter of reprimand	Other Action	Total Actions by Case Type
Negligence	10	9	11	35	0	0	5	70
Inappropriate Prescribing	6	3	12	15	0	0	2	38
Sexual Misconduct	15	7	6	2	0	0	1	31
Mental Illness	1	0	0	2	0	0	0	3
Self-use of drugs/alcohol	18	5	4	3	2	0	0	32
Fraud	11	1	3	19	3	1	1	39
Conviction of a crime	18	1	13	29	10	1	0	72
Unprofessional Conduct	1	3	3	16	0	0	2	25
*Miscellaneous violations	44	8	5	20	0	7	3	87
<b>Total Actions by Discipline Type</b>	<b>124</b>	<b>37</b>	<b>57</b>	<b>141</b>	<b>15</b>	<b>9</b>	<b>14</b>	<b>397</b>
(Physician only)**	(62)	(28)	(39)	(75)	(2)	(9)	(9)	(224)

\* Most of the case types classified as "Miscellaneous violations" are reciprocal action based upon discipline by another state.

\*\* Figures in parentheses represent physician discipline totals for each category.

## DIVERSION PROGRAM

### DIVERSION PROGRAM

Activity*		
Beginning of fiscal year	224	
Accepted into program	63	
Completions:		
Successful	49	
Unsuccessful	26	
Active at end of year	226	
Applicants**	24	
Type of Impairment	#	%
Alcohol	46	20
Other drugs	89	39
Alcohol and other drugs	83	37
Mental illness	6	3
Mental illness & substance abuse	<u>2</u>	<u>1</u>
<b>Total</b>	<b>226</b>	<b>100</b>

\*These statistics include participants who have been approved for informal participation only because of an open investigation. They also include doctors of podiatric medicine.

\*\*Applicants are participants who either 1) have not been seen by a Diversion Evaluation Committee or 2) have not yet signed a Diversion Agreement.

The Board's Diversion Program for impaired physicians fulfills both elements of the Division of Medical Quality's mission to protect the public and to rehabilitate physicians. First, it protects the public by closely monitoring physicians who are impaired as a result of alcohol and other drug addiction or mental illness; second, it gives physicians with substance abuse problems the opportunity for rehabilitation and encourages lifelong recovery.

The Diversion Program, created by statute in 1980 as an alternative to discipline by the Board, allows participants, when appropriate, to continue to practice medicine. Both Board-referred and self-referred candidates can participate if deemed eligible by Diversion Evaluation Committees. The committees are composed of three physicians and two public members with expertise in alcohol and other drug addiction or mental illness. Participation by self-referred physicians is completely confidential. In addition to providing services for physicians, the Program administers a diversion program for the Board of Examiners in Veterinary Medicine and the Board of Podiatric Medicine.

In May 1993, the Board created the Task Force on the Diversion Program under the chairmanship of Dr. John Kassabian. After a series of statewide public meetings, the Task Force proposed, and the Board adopted, 10 recommendations, eight of which had been carried out by the end of the fiscal year.

The most vital determination by the Board was its continuing commitment to the sponsorship of the Diversion Program. To promote effective management and provide general guidance, the Board reinstated the Diversion Liaison Committee, which is a joint effort by the Board and the California Medical Association.

## MEDICAL BOARD OF CALIFORNIA FY 1993-1994

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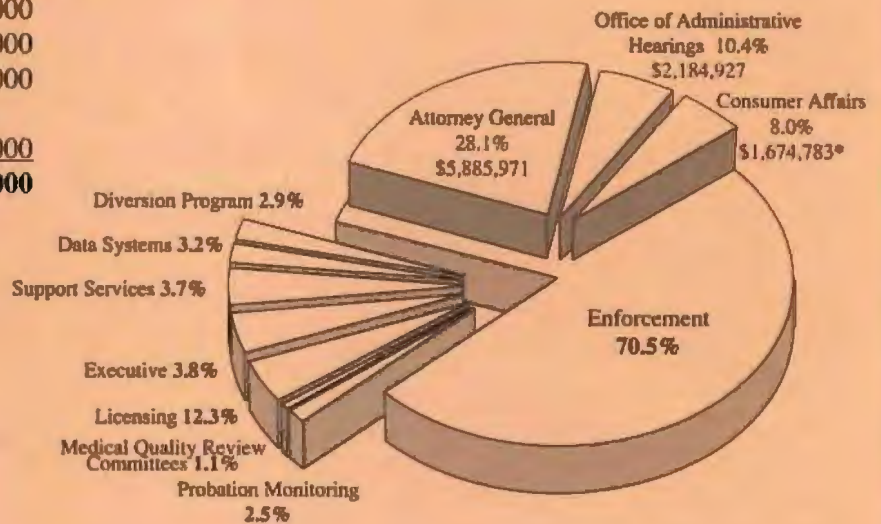
Candis Cohen

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## MEDICAL BOARD OF CALIFORNIA 1993-1994 FISCAL YEAR BUDGET

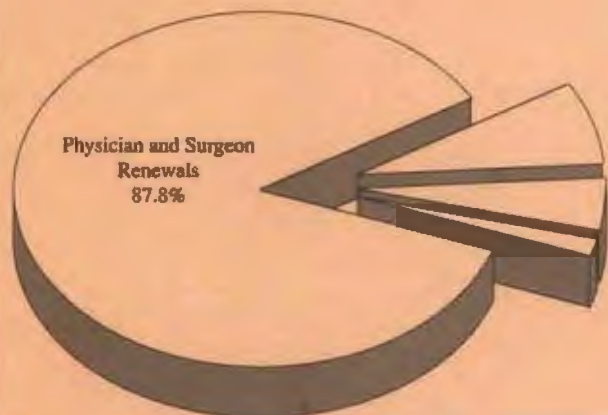
Enforcement	70.5%	\$20,923,000
Licensing	12.3%	3,655,000
Executive	3.8%	1,127,000
Support Services	3.7%	1,102,000
Data Systems	3.2%	951,000
Diversion Program	2.9%	845,000
Probation Monitoring	2.5%	746,000
Medical Quality		
Review Committees	1.1%	321,000
<b>Total Budget</b>	<b>100%</b>	<b>\$29,670,000</b>



**NOTE:** Total amount (allocated to all programs) paid to Department of Consumer Affairs = \$2,372,895

\* Amount to Department of Consumer Affairs allocated to the enforcement program only.

## MEDICAL BOARD OF CALIFORNIA SOURCES OF REVENUE 1993-1994



Physician and Surgeon Renewals	87.8%	\$24,864,000
Applications and Examinations	5.8%	\$1,639,000
Initial License Fees	4.4%	\$1,248,000
Other Regulatory Fees, Delinquency/ Penalty/ Reinstatement Fees, Miscellaneous	2.0%	\$570,000
<b>Total</b>	<b>100%</b>	<b>\$28,321,000</b>