

Action Report

Medical Board of California

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REPORTABLE COMMUNICABLE DISEASES

Physician non-reporting of communicable diseases is now a citable offense. This detachable insert is provided by the Department of Health Services for physicians' easy reference.

Medical Board of California Meeting Dates/Locations 1997

May 9-10	Sacramento
July 25-26	San Francisco
October 31-	San Diego
November 1	

Too Good To Be True?

by Christine R. Hall, General Counsel, Medical Board of California

Maybe someone has pointed it out to you—an advertisement promising a medical procedure will produce unbelievable results. Or claims of recovery periods shorter than anyone can imagine, even under the best of circumstances. In today's competitive market, advertisements like these seem more prevalent. Often physicians bring these advertisements to the Medical Board's attention, noting the advertisements are unethical, dangerous to patients and unfair to truthful doctors. This issue is one of increasing interest to the Board.

California has a strong prohibition against false and misleading advertising. Business and Professions Code section 651 prohibits health care providers, including physicians, from disseminating false, fraudulent or deceptive statements or claims to persuade someone to purchase the licensee's professional services or products.

"False, fraudulent or deceptive statements" ("false statements") is broadly defined by section 651. Three key forms of false statements are addressed by the statute. The first concerns false statements relating to the professional procedure or product. False statements include factual misrepresentations, misleading or deceptive statements, the failure to disclose important information, and creating false or unjustified expectations of favorable results.

The second area concerns statements relating to charges for a procedure or service. The law requires that advertised prices be exact. The use of phrases such as "as low as," "and up," and "lowest prices" is prohibited. Price comparisons must be based on verifiable data substantiating the comparison.

The third area of potential false statements emphasized within section 651 are statements made about a physician's expertise or credentials. The statute sets out the types of information that may be included in advertisements. Permissible information includes the physician's office hours, address(es) and a statement of languages other than English spoken by the physician or in the physician's office. The advertisement may state that a practitioner provides service under a specific private or public insurance program. A physician may advertise board certification or eligibility for board certification. The board (or parent association) must be an American Board of Medical Specialties member board, an equivalent board or association approved by the

Medical Board of California, or a board or association with an Accreditation Council of Graduate Medical Education approved postgraduate training program that provides complete training in that specialty or subspecialty. Statements such as the physician's education, teaching positions and publications are also appropriate.

Conviction for false advertising carries substantial criminal and administrative penalties, including revocation of a physician's license, monetary penalties and incarceration. In addition to violating section 651 and other California laws, false advertisements can lead to the physician's being sued for battery (i.e., the patient would not have given his or her consent to the treatment had he or she known the truth). Battery claims are ordinarily not covered by malpractice carriers and do not enjoy the limitation on damages set out by the Medical Injury Compensation Reform Act (MICRA). While truthful and informative advertisements should not be problematic, physicians should check with their legal counsel regarding compliance with advertising laws.

Medical Board of California/ Department of Health Services Partnership To Serve Licensees

The Medical Board of California has entered an agreement with the Department of Health Services to access their medical expertise and knowledge of emerging issues and techniques in medicine, and to provide this information to you via the *Action Report*. We know that you stay current in your areas of practice, but hope you will find this additional information of practical use. Upcoming issues of the *Action Report* will include a wide variety of information which we hope you find helpful.

In this issue, please find on the insert a list from the state Department of Health Services of diseases and conditions that must be reported to local health authorities. Improved reporting should result in better public health protection. Also, on pages 7 and 8 you will find timely information about mandatory new standards for childhood inoculations.

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.

Challenges Facing the Medical Board

by

Stewart Hsieh, J.D., President of the Board

1997 promises to be a very busy year for the Medical Board of California. Board members and leadership repeatedly have expressed interest in the active involvement of the Board on several timely issues.

Managed Care: This issue remains of major interest to our Board. The testimony of Board Member Alan E. Shumacher, M.D. on page 3 summarizes well our primary concerns. Please also read the related article about Board Member Robert Del Junco, M.D. on page 6. It includes his work with the Federation of State Medical Boards' Special Committee on Managed Care on topics such related to the nation wide impact of managed care on the health care system.

Summit on Alternative Medicine: August 22-23—San Diego. This summit will allow the Board to hear a variety of opinions concerning the growing field of alternative medicine. An objective of this summit is the development of a Board policy regarding the relationship of alternative medicine to more traditional medical practice.

Corporate Practice of Medicine: The Medical Board continues to receive numerous inquiries regarding the corporate practice of medicine. There is broad-based support for the Board to take an active role in clarifying issues surrounding the corporate practice ban. To this end, the Board is considering creating a Task Force on the Corporate Practice of Medicine to consider the development of policy statements and legislation.

Special Board Meeting: April 16, 1997 —San Diego. This half-day meeting (8 a.m.-noon) coincides with the Annual Meeting of the Federation of State Medical Boards (FSMB will be meeting April 17-19). The meeting will be devoted to discussion of the Board's information disclosure policy. Representatives from Massachusetts will be present to discuss the experience to date of that state's greatly expanded information disclosure policy. Assemblywoman Liz Figueroa will discuss her bill, AB 103, which would broaden the information disclosed by the Medical Board of California about its licensees.

Board Educational Symposium: September 28-30—Granlibakken (North Lake Tahoe). This informational symposium will provide the Board with a review and update of each Division's activities and responsibilities and the future of medical regulation.



Stewart Hsieh, J.D.

Strategic Planning: Six days of meetings have taken place this year, involving executive staff and two Board members. During these meetings, participants developed a staff-level Strategic Plan for how the policy direction of the Board is carried out in day-to-day operations.

Legislative Agenda: The Medical Board is once again sponsoring legislation (SB 324, Rosenthal) to clarify that those who make decisions for managed care companies about patient tests and treatment in this state are required to be licensed California physicians. This legislation, when introduced last year, was ground breaking and caused a great deal of controversy. The Medical Board has expended much effort in explaining its need since then and a measure of success in that endeavor is that five bills have been introduced in this session of the Legislature which address this subject.

The Medical Board also is sponsoring:

SB 563 (Prenter) seeks authority for the Division of Medical Quality to immediately and summarily suspend a physician's license that has been revoked or suspended by a medical board in another state, pending a hearing on the charges.

AB 523 (Lempert) seeks to establish a licensing category for eminent physicians serving as faculty at one of California's eight medical schools; the special license would be institution specific.

AB 1555 (Assembly Health Committee) Board omnibus legislation making minor operational changes.

AB 1079 (Cardoza) Seeks to change the postgraduate training requirement for medical school graduates from the present one year required to two.

Board Member Speaks at Department of Corporations Hearing on Effect of HMOs

By Alan E. Shumacher, M.D.

Alan E. Shumacher, M.D., immediate past president of the Medical Board of California and current member of the Board's Division of Medical Quality, addressed the Department of Corporations' hearing in San Diego on January 30, 1997 on the merger of PacificCare and Foundation Health Plan. While the Medical Board takes no position on this or any other merger, it continues to assert in any appropriate forum that managed care should not operate on the profit motive, but rather in the best interests of the patient. Dr. Shumacher's remarks at the hearing follow.

The Board has long been concerned—as have others in the health care field and the public—with the changed environment that the rapid growth of managed care has brought to the delivery of care and to the traditional patient-physician relationship. Our concern over the possible effects of managed care on the quality of that care led the Board to form a Committee on the Quality of Care in a Managed Care Environment in 1994. After convening meetings and public forums statewide, the Board adopted two statements on managed care at its February 1996 meeting. These were printed and distributed in the Board's quarterly *Action Report* (April 1996).

My purpose in being here today is to re-emphasize these concerns and to aid you in making a decision regarding this merger. Rather than read our position statements at this time, I would like to summarize our major concerns.

We are concerned that the business model of managed care, as implemented by some plans, may inappropriately restrict the physician's ability to practice quality medicine and may thus have negative consequences for the consumer. Managed care plans may, at times, determine the delivery of care using a corporate business model rather than a medical model. This can delay or deny critically needed medical services.

The Board's mission 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" is being thwarted as more and more medical decisions are removed from the hands of physicians and placed in the hands of plan administrators. It is our position that decisions of medical necessity or the appropriateness of treatment constitute the practice of medicine and require a license to practice medicine in California.

It is also our position that a California physician has certain medical-legal and ethical obligations to his or her patients. In

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summary, these include:

1) The relationship between a physician and a patient must be based on trust, and must be considered inviolate. This relationship must not be affected by any contractual obligations on the part of the physician. Open communication and patient advocacy are vital elements of the relationship.

2) This relationship is not to be constrained by any considerations other than what is best for the patient. Other financial or contractual concerns must be secondary.

3) Any act or failure to act by a physician that violates this trust and jeopardizes this relationship places the physician at risk of being found in

violation of the Medical Practice Act.

4) This policy applies to all California licensed physicians.

The Medical Board of California is charged with the oversight of individual licensees. We believe that it is of the utmost importance to the citizens of this state that medical care continues to be available and delivered with a high level of quality. Toward this end, we urge that all others interested in and responsible for the quality of care in a managed care environment join with the Board to ensure that this is indeed the case. While it is clear that managed care has been a positive force in the provision of coverage to expanded populations, it also gives rise to the grave concerns noted above. The further expansion of this model, whether through merger or growth, should consider carefully the issues of the physician-patient relationship and the placement of medical decision making authority.

I would like to close by quoting the comment of a very wise physician who has often been my mentor in my almost 40-year journey through the world of medicine. "Managed care is a social experiment involuntarily imposed upon a group of unconsenting subjects."

National Coordinating Council for Medication Error Reporting and Prevention

Recommendations to Correct Error-Prone Aspects of Prescription Writing

The National Coordinating Council for Medication Error Reporting and Prevention, comprised of 14 public and private health care organizations, spearheads efforts to address the growing concerns related to medication errors and helps bring the health care community together in a unified problem-solving effort.

The formation of the council represents the collaboration of the nation's top health care organizations to address challenges regarding the safe use of medications by health care professionals and consumers alike. The council's diversity reflects the growing recognition that medication error problems can only be solved through the involvement of all health care professionals.

NCC MERP emphasizes that illegibility of prescriptions and medication orders has resulted in injuries to, or deaths of patients. The council, therefore, has made the following recommendations to help minimize errors.

- All prescription documents must be legible. Prescribers should move to a direct, computerized, order entry system.
- Prescription orders should include a brief notation of purpose (e.g., for cough), unless considered inappropriate by the prescriber. Notation of purpose can help further assure that the proper medication is dispensed and creates an extra safety check in the process of prescribing and dispensing a medication. The council does recognize, however, that certain medications and disease states may warrant maintaining confidentiality.
- All prescription orders should be written in the metric system except for therapies that use standard units such as insulin, vitamins, etc. Units should be spelled out rather than writing "U." The change to the use of the metric system from the archaic apothecary and avoirdupois systems will help avoid misinterpretations of these abbreviations and symbols, and miscalculations when converting to metric, which is used in product labeling and package inserts.
- Prescribers should include age, and when appropriate, weight of the patient on the prescription or medication order. The most common errors in dosage result in pediatric and geriatric populations in which low body weight is common. The age (and weight) of a patient can help dispensing health care professionals in their double check of the appropriate drug and dose.
- The medication order should include drug name, exact metric weight or concentration, and dosage form. Strength should be expressed in metric amounts and concentration should be specified. Each order for a medication should be complete. The pharmacist should check with the prescriber if any information is missing or questionable.
- A leading zero should always precede a decimal expression of less than one. A terminal or trailing zero should never be used after a decimal. Ten-fold errors in drug strength and dosage have occurred with decimals due to the use of a trailing zero or the absence of a leading zero.
- Prescribers should avoid use of abbreviations including those for drug names (e.g., MOM, HCTZ) and Latin directions for use. The abbreviations in the chart on page 5 are found to be particularly dangerous because they have been consistently misunderstood and therefore, should never be used. The council reviewed the uses for many abbreviations and determined that any attempt at standardization of abbreviations would not adequately address the problems of illegibility and misuse.
- Prescribers should not use vague instructions such as "Take as directed" or "Take/Use as needed" as the sole direction for use. Specific directions to the patient are useful to help reinforce proper medication use, particularly if therapy is to be interrupted for a time. Clear directions are a necessity for the dispenser to: (1) check the proper dose for the patient; and, (2) enable effective patient counseling.

The council recommends:

Don't Wait . . . Automate!
When In Doubt, Write It Out!
When In Doubt, Check It Out!
Lead, Don't Trail

(See "Dangerous Abbreviations," p. 5)

Reporting Communicable Diseases: The Physician's Responsibility

Title 17, California Code of Regulations (CCR), Section 2500*

The reporting of communicable diseases by physicians is a cornerstone of programs to protect the public's health. Failure to report can, and has, resulted in serious outbreaks of communicable disease.

Those who are charged with protecting the public's health should have as their goal to improve communicable disease reporting by physicians and thereby better identify and contain disease outbreaks, interrupt transmission, and maintain accurate surveillance for disease. Local health officers will continue to use all reasonable efforts to obtain compliance with the reporting requirements. They may now, however, make referrals for citation and fine to the Medical Board of California if warranted by a physician's resistance to other compliance efforts.

Effective December 24, 1996, revisions were made to Division 13 of Title 16 of the California Code of Regulations concerning the Medical Board of California's Citation and Fine Program. A significant change was the addition of Title 17, California Code of Regulations, Section 2500 to the listing of citable offenses on the grounds of unprofessional conduct. It is the duty of physicians to report a case or suspected case of any diseases or conditions (listed on the

attached insert) to the local health officer for the jurisdiction where the patient resides. Physicians should not assume that this reporting requirement necessarily falls within laboratory reporting requirements, which are more limited in scope.

Please remove the list of reportable communicable diseases on the next page and post in your offices. Questions or concerns should be discussed with your local health officer.

The Medical Board of California will be working with the Department of Health Services and the public health community on a subsequent feature regarding noncommunicable disease reporting.

*Title 17, California Code of Regulations (CCR), Section 2500 includes subsection (j)(1), which is reprinted in this insert. It also includes subsection (j)(2), which lists noncommunicable diseases or conditions which must be reported—specifically noted are: Alzheimer's disease and related conditions; and disorders characterized by lapses of consciousness. Although these conditions/diseases do fall within the expansion of the Citation and Fine Program, we have limited this insert to only communicable disease reporting.

(Cont. from p. 4)

Dangerous Abbreviations

Abbreviation	Intended Meaning	Common Error
U for "cc"	Units	Mistaken as a zero or a four (4) resulting in overdose. Also mistaken (cubic centimeters) when poorly written.
µg	Micrograms	Mistaken for "mg" (milligrams) resulting in overdose.
Q.D.	Latin abbreviation for every day	The period after the "Q" has sometimes been mistaken for an "l," and the drug has been given "QID" (four times daily) rather than daily.
Q.O.D.	Latin abbreviation for every other day	Misinterpreted as "QD" (daily) or "QID" (four times daily). If the "O" is poorly written, it looks like a period or "l."
SC or SQ	Subcutaneous	Mistaken as a "SL" (sublingual) when poorly written.
TIW	Three times a week	Misinterpreted as "three times a day" or "twice a week."
D/C	Discharge; also discontinue	Patients' medication have been prematurely discontinued when D/C, (intended to mean "discharge") was misinterpreted as "discontinue," because it was followed by a list of drugs.
HS	Half strength	Misinterpreted as the Latin abbreviation "HS" (hour of sleep).
cc	Cubic centimeters	Mistaken as "U" (units) when poorly written.
AU, AS, AD	Latin abbreviation for both ears; left ear; right ear	Misinterpreted as the Latin abbreviation "OU" (both eyes); "OS" (left eye); "OD" (right eye).

Medical Board Member Sharing California Physicians' Concerns About Managed Care on National Level

The Medical Board of California is pleased to announce that it is represented on a national panel dealing with the impacts of managed care on health care delivery systems. Robert Del Junco, M.D. has been appointed to the Federation of State Medical Boards' Special Committee on Managed Care, which has developed the following charges.

- To evaluate/analyze current activities of managed care organizations which describe their effectiveness in providing an appropriate degree of public protection.
- To determine what data is collected by organizations responsible for quality assurance which might be useful to state medical boards in assessing the quality of care rendered by physicians and how medical boards may access such data.
- To review different forms of contractual relationships between managed care organizations and physicians and determine when contracts might create risk to the physician/patient relationship.
- To evaluate methods used by managed care organizations in selecting/deselecting physicians for participation and the



Robert Del Junco, M.D.

effect of minor disciplinary actions taken by state medical boards on this process.

- To develop appropriate recommendations in several key areas.

Dr. Del Junco, as president of the Medical Board in 1995, was the key proponent of the creation of the Medical Board's Committee on Quality of Care in a Managed Care Environment. By focusing the Board's interest in this area, he was instrumental in the effort which led to two managed care policy statements issued by the Board (*Action Report*, April 1996) and in the Board's sponsoring of legislation to require that those who make decisions regarding patient treatment and testing for HMOs be California-licensed physicians.

Dr. Del Junco has taken his interest to the national level, as a member of FSMB's Special Committee on Managed Care, assuring that the problems identified in California receive national attention. This will expand California's influence in support of California's physicians and consumers.

Physician Lobbying of Medical Board Members

Many of our licensees do not realize that the Board's Division of Medical Quality (DMQ) is the final arbiter in matters of physician disciplinary cases. The DMQ consists of two panels, each having six members, four physicians and two public members. A case is assigned to one panel only. A panel considers the Proposed Decision of the Administrative Law Judge (ALJ) who heard the full testimony of the case, or the proposed settlement agreement which has been reached between Board staff and the physician.

The Administrative Procedures Act does not permit physicians who are facing discipline or their representatives to attempt to lobby Board members directly concerning the merits of a case. An important principle in any judicial system, including that under which medical regulation operates, is that the final decision be reached on the basis of factual evidence and that the trier of fact be free from bias. These goals are undermined when "ex parte" (one-sided) communication takes place. Physicians have ample opportunity to make their cases during their scheduled hearings before both the ALJ and the DMQ panel. Members

of the DMQ are required to consider **only** the evidence brought before them in the course of the disciplinary process. Lobbying a DMQ panel member will result in that panel member's disqualification from voting on that case.

Similarly, the Board members hearing the case cannot discuss the facts of the case with investigative staff or the prosecuting deputy attorney general. This ensures the physician's right to an impartial panel, and that the decision will be rendered only on the facts presented, not hearsay.

Clarification: On page 4 of the January 1997 *Action Report*, under the description of AB 2802 (Granlund, Chapter 890) regarding treatment of patients with DMSO preparations, we did not note that DMSO has been approved by the FDA for the treatment of interstitial cystitis.

New School and Child Care Immunization Requirements

The California Department of Health Services would like to inform all providers of medical care that, **effective August 1, 1997**, all children entering kindergarten and child care facilities must be immunized against hepatitis B. Also, children entering kindergarten on or after **August 1, 1997** will be required to have **two** doses of measles-containing vaccine, at least one of which must be MMR. This is a change from the current requirement of a single dose of MMR. The specifics of the new requirements are listed below:

Measles: All children entering kindergarten will need 2 doses of measles-containing vaccine, at least one of which must be MMR. Both doses of measles-containing vaccine must have been given on or after the first birthday. Children who have just received their first dose of MMR may enter kindergarten on the condition that they receive a second dose of measles-containing vaccine 1-3 months after the first dose.

Hepatitis B: Children entering kindergarten and child care will need to be immunized according to their age at entry:

- Age 2-3 months—1 dose
- Age 4-17 months—At least 2 doses
- Age 18 months and older—3 doses

Children who have received at least one dose of hepatitis B vaccine may enter child care and kindergarten on the condition that they receive the remaining doses within appropriate time intervals. However, to avoid the last-minute rush, unimmunized children who will start kindergarten next fall should start their hepatitis B series now, since the series of shots takes six months to complete.

The hepatitis B and second-dose measles requirements will not apply to grade levels above kindergarten, except for children who skip kindergarten and enter school at the first grade level.

These requirements have been instituted for a variety of reasons which are discussed below:

2nd DOSE MEASLES (MMR)—Experience in the 1980s and early 1990s has shown that a one-dose strategy is insufficient to protect school children against measles. Since 1990, the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the Advisory Committee on Immunization Practices (ACIP) have recommended that all children receive two doses of measles-containing vaccine. The California Department of Health Services' physician consultative committee on immunization recommends that the second dose be given at elementary school entry rather than middle school entry. Forty-one other states have enacted 2-dose measles requirements, the vast majority at kindergarten entry.

HEPATITIS B—Hepatitis B is a serious infection. Persons infected during childhood have an increased risk of becoming chronic carriers. Chronic carriers are a lifelong infection threat to their household and sexual contacts and face dramatically increased risks of cirrhosis and liver cancer. California's population characteristics make it a high incidence area, accounting for almost 30% of the nation's infections in children. Evidence is mounting that hepatitis B immunization provides long-term (over a decade so far) protection. School entry requirements are very effective in assuring high immunization levels and can help to reduce the incidence of hepatitis in California. In 1995, the California Legislature enacted a day care and kindergarten entry hepatitis B requirement, to take effect in August 1997. This requirement is in keeping with ACIP, AAP, and AAFP recommendations. Hepatitis B vaccine has been available through publicly funded programs since 1992.

If you have any questions about these requirements or vaccine availability, please contact the Immunization Coordinator at your county or city health department.

(Cont. on p. 8)

(Cont. from p. 7)

Health Care Provider's Guide to the Requirements of The California School Immunization Law

Reference: Health and Safety Code, Sections 120325-120375 (formerly Sections 3380-3390);
California Code of Regulations, Title 17, Sections 6000-6075

As of **August 1997**, two new requirements take effect: a hepatitis B series (kindergarten and child care) and a second dose of measles vaccine (kindergarten). Children must have their immunizations before they can attend school or child care in California.¹ Parents must present their child's Immunization Record to school or child care staff prior to admission as proof of immunization. Health care providers are required to give or update the parent's copy of the child's Immunization Record whenever these immunizations are administered. Children who have not completed all immunizations will be admitted if they are up-to-date, provided they obtain the next vaccines when due.

Requirements for School Entry (K-12)¹

Polio	4 doses, but 3 doses are enough if at least one was given after the 2nd birthday.
DTP/DTaP/DT/Td ²	4 or more doses, but one more dose is needed if the last dose was given before the 2nd birthday. After the 7th birthday, at least three doses are needed, but one must be on or after the 2nd birthday.
MMR ³	2 doses for kindergarten entry. 1 dose for grades 1-12. A second dose is recommended.
Hepatitis B	3 doses, for kindergarten entry <i>only</i> .

Requirements for Child Care Entry¹

Age of Child	Number of Doses Required
Under 2 months	None Required
2-3 months	1 Polio, 1 DTP/DTaP/DT, 1 Hib, 1 Hepatitis B
4-5 months	2 Polio, 2 DTP/DTaP/DT, 2 Hib, 2 Hepatitis B
6-14 months	2 Polio, 3 DTP/DTaP/DT, 2 Hib, 2 Hepatitis B
15-17 months	2 Polio, 3 DTP/DTaP/DT, 2 Hepatitis B, plus 1 MMR and 1 Hib—both of these given on or after the first birthday.
18 months-5 years	3 Polio, 4 DTP/DTaP/DT, 3 Hepatitis B, plus 1 MMR and 1 Hib*—both of these given on or after the first birthday.

*The Hib requirement applies only to children *under* age 4 years and 6 months.

¹The law allows permanent or temporary exemptions for medical reasons or if immunizations are contrary to the religious or personal beliefs of the parent or guardian. For medical contraindications, please give parents a signed note specifying the reason for and duration of the exemption so they can submit it to the school or center. For exemptions for mumps or rubella vaccines because the child had the disease, you must note that you have laboratory evidence of immunity.

²For children under 7 years of age, please give parents a signed note if pertussis vaccine is contraindicated. Pertussis vaccine is not required for children 7 years of age and older.

³MMR doses must be on or after the first birthday. Mumps is not required for those 7 years of age and older. For kindergarten entrants, one dose must be MMR; the other dose may be any measles-containing vaccine given on or after the first birthday (MMR vaccine usually will be used).

For further information, or for free supplies of the California Immunization Record, please call the Immunization Coordinator at your local health department.

DISCIPLINARY ACTIONS: NOVEMBER 1, 1996 TO JANUARY 31, 1997

Physicians and Surgeons

ABRUZZESE, CARLO E., M.D. (A18446)
Santa Ana, CA

B&P Code §§725, 2234(b)(c)(d), 2238. Stipulated Decision. Improper performance of a circumcision resulting in an infection and an obstruction in the urinary tract. Revoked, stayed, 5 years' probation with terms and conditions. January 31, 1997

ARONSON, KARON S., M.D. (G73845) Denver, CO
B&P Code §141(a). Disciplined by Colorado for mental impairment. Revoked. November 21, 1996

BELFORD, PAUL DOUGLAS, M.D. (A32146)
North Wilkesboro, NC

B&P Code §141(a). Stipulated Decision. Disciplined by North Carolina for failing to disclose prior discipline on an application for hospital privileges. Revoked, stayed, 3 years' probation with terms and conditions. December 9, 1996

BENFATTO, JR., FRANK, M.D. (G29997)
Camarillo, CA

B&P Code §§822, 2234(a). Mental impairment affecting his ability to practice medicine safely and failed to comply with terms and conditions of prior probationary order. Revoked, stayed, 5 years' probation with terms and conditions. November 21, 1996

BERG, ULRICH, M.D. (A26459) San Francisco, CA
B&P Code §2234. Stipulated Decision. Borrowed money from a patient. Revoked, stayed, 3 years' probation with terms and conditions and 15 days' actual suspension. January 17, 1997

BRAUN, ROBERT Z., M.D. (A45252) Los Angeles, CA
B&P Code §§726, 729. Sexual relations with a patient. Revoked, stayed, 7 years' probation with terms and conditions. January 23, 1997

BRAYSHAW, NORA D., M.D. (G40532) Woodside, CA
B&P Code §§725, 2234, 2234(b)(c), 2305. Performed unnecessary and excessive thyroid medication therapy, and disseminated written statements which were untrue or misleading. Disciplined by New Jersey for gross negligence and gross malpractice involving patients for whom she had prescribed thyroid. Revoked. January 16, 1997

BRETT, CLAIRE MARIE, M.D. (G36606)
San Francisco, CA

B&P Code §2234(b). Stipulated Decision. Administered a lethal dose of potassium chloride to a brain-dead, agonal patient for the purpose of hastening her death. Revoked, stayed, 1 year probation with terms and conditions. January 17, 1997

BUENO, ROLANDO M., M.D. (A42208)
San Francisco, CA

B&P Code §§810, 2234, 2234(e), 2236, 650. Stipulated Decision. Convicted of 1 count of mail fraud involving the submission of fraudulent insurance claims and 1 count of false medical bills. Revoked, stayed, 5 years' probation with terms and conditions. January 8, 1997

CAPPELLI, ANTHONY LEE, M.D. (G72323)
Bellflower, CA

B&P Code §§141(a), 2234, 2305. Stipulated Decision. Discipline and restrictions placed on his DEA Certificate of

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 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. **"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: "December 8, 1996" 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 "December 10, 1993" is finally being reported for the first time four years later in 1997.
14. **"Public Letter of Reprimand"**— A lesser form of discipline that can be negotiated for minor violations before the filing of formal charges (accusations). The licensee is disciplined in the form of a public letter.

Registration by the United States Department of Justice, Drug Enforcement Administration. Public Letter of Reprimand. December 17, 1996

CARPENTER, NATHAN H., M.D. (C26592)
Fort Lauderdale, FL

B&P Code §141(a). Disciplined by Florida for excessive prescribing of Vicodin. Revoked. November 15, 1996

COLLINS, RODNEY DANIEL, M.D. (G60783)
Los Angeles, CA

B&P Code §§490, 2234, 2234(a), 2236(a), 2238, 2239. Stipulated Decision. Criminal conviction for reckless driving and unlawful use of cocaine and marijuana. Revoked, stayed, 5 years' probation with terms and conditions and 180 days' actual suspension (suspension begins July 22, 1997). December 9, 1996

CRUISE, JAMES R., M.D. (G18891) Redwood Valley, CA
B&P Code §§725, 2234(a)(b)(c)(d), 2241, 2242, H&S Code §§11153, 11156, 11171, 11210. Stipulated Decision. Knowingly prescribed Tylenol #3 with Codeine to an addict; inappropriately treated a patient by engaging in spiritual healing treatments; and failed to follow standard medical practice for treating this patient's diabetic foot ulcers. Revoked, stayed, 2 years' probation with terms and conditions. January 6, 1997

**Help Your Colleague
By Making A Confidential Referral**

If you are concerned about a fellow physician who you feel is abusing alcohol or other drugs or is mentally ill, you can get assistance by asking the Medical Board's Diversion Program to intervene.

The intervention will be made by staff trained in chemical dependency counseling or by physicians who are recovering from alcohol and drug addiction. As part of the intervention, the physician will be encouraged to seek treatment and be given the option of entering the Diversion Program. Participation in Diversion does not affect the physician's license.

Physicians are not required by law to report a colleague to the Medical Board. However, the Physicians Code of Ethics requires physicians to report a peer who is impaired or has a behavioral problem that may adversely affect his or her patients or practice of medicine to a hospital well-being committee or hospital administrator, or to an external impaired physicians program such as the Diversion Program.

Your referral may save a physician's life and can help ensure that the public is being protected. All calls are confidential. Call (916) 263-2600.

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

CULALA, PASCUAL, M.D. (A30663) San Jose, CA
Violated terms and conditions of previous probation. Stipulated Decision. Probation is extended an additional 2 years, 10 years total, with additional terms and conditions. January 16, 1997

DEACON, WALTER ELLIS, II, M.D. (G39603)
Arabian Gulf, Bahrain

B&P Code §§2234, 2305. Disciplined by North Carolina for abandoning his medical practice and leaving North Carolina without revealing his whereabouts, thereby leaving them unable to monitor his alcohol abuse. Revoked. December 2, 1996

DISNEY, THOMAS FREDERICK, M.D. (G18361)
Phoenix, AZ

B&P Code §141(a). Disciplined by Arizona for self-use of Ritalin. Revoked, stayed, 5 years' probation with terms and conditions. November 22, 1996

DIXIT, AMEER M., M.D. (C38145) San Jacinto, CA
B&P Code §§125, 725, 810, 2234(b)(d)(e), 2236, 2262. Submitted false claims to insurance companies; entered false information in patient's medical records; altered medical records; excessive use of diagnostic procedures; and criminal conviction for mail fraud. Revoked. November 8, 1996

DRAKE, SAMUEL LEE, M.D. (C37664) Vista, CA
B&P Code §§490, 2234(e), 2236, 2261. Convicted of Medi-Cal fraud and grand theft. Revoked. December 6, 1996

EASLER, KENNETH R., M.D. (C23685) Poway, CA
B&P Code §§725, 2234(b)(c)(e), 2238, 2241, 2242, H&S Code §§11153, 11154, 11156 11157. Stipulated Decision. Falsely and excessively prescribed Obetrol, Alprazolam, and Tussionex for his wife, using the name of her sister; and falsely prescribed Ritalin for his wife using the name of his wife's granddaughter, knowing she had an addiction. Revoked, stayed, 7 years' probation with terms and conditions with 6 months' actual suspension. January 22, 1997

FERRARO, LUCIA M., M.D. (A44810)
Huntington Beach, CA

B&P Code §§2234, 2234(b), 2239, 2280. Stipulated Decision. Practiced while under the influence of alcohol. Revoked, stayed, 5 years' probation with terms and conditions. December 2, 1996

FISICHELLA, ROSARIO A., M.D. (C9506) Ramona, CA
B&P Code §§725, 2234. Stipulated Decision. Prescribed Vicodin to a patient without charting in the patient's medical record. One year suspension, stayed, 1 year probation with terms and conditions. January 6, 1997

FREEMAN, ARTHUR IRWIN, M.D. (G37741)
Victorville, CA

B&P Code §§125, 650, 2234, 2234(b)(c), 2264, 2286. Stipulated Decision. Inadequate supervision of physician's

assistants; allowed physician's assistants to prescribe medication to patients without adequate monitoring; aiding and abetting unlicensed practice of medicine; and receipt of compensation for unlawful referral of patients. Revoked, stayed, 3 years' probation with terms and conditions with 30 days' actual suspension. January 6, 1997

GHARAVI, NAJM MOOSAVI, M.D. (C41322)

Las Vegas, NV

B&P Code §§2234, 2305. Disciplined by Nevada for Medicaid fraud. Revoked. January 6, 1997

GIDDINGS, JOHN A., M.D. (A22107) Duarte, CA

B&P Code §2234(d). Stipulated Decision. Incompetent care of a cardiac patient. Revoked, stayed, 3 years' probation with terms and conditions. November 11, 1996

GILLESPIE, LARRIAN MARIE, M.D. (G31664)

Beverly Hills, CA

B&P Code §§2234, 2234(c). Stipulated Decision. Negligence in the care of 4 patients complaining of urological difficulties. Revoked, stayed, 5 years' probation with terms and conditions. January 6, 1997

GONG, SAUL M., M.D. (G7964) Berkeley, CA

B&P Code §§2234, 2234(b)(c)(d). Committed acts of gross negligence and incompetence in treating 4 patients. Revoked, stayed, 5 years' probation with terms and conditions. November 20, 1996

GRIMES, ALFRED H., M.D. (A35511)

South Lake Tahoe, CA

B&P Code §§2234, 2234(e), 2239. Stipulated Decision. Misdemeanor criminal conviction for driving under the influence of alcohol and at the time was listed as being on-call at a hospital. Dishonest report to hospital peer review committee by understating the dosage of Labetalol given to a patient during a surgery. Revoked, stayed, 5 years' probation with terms and conditions and 30 days' actual suspension beginning the 16th day after the effective date. January 6, 1997

HERBETS, STEVEN SCOTT, M.D. (G39476)

La Habra, CA

B&P Code §§725, 810, 2234, 2234(b)(c)(e), 2242, 2261, 2264, 2271, H&S Code §1795. Negligent care to several patients; prescribed dangerous drugs without medical indication; failed to adequately monitor care or review test results given to hospitalized patients; misrepresented medical charts and fraudulently billed insurance companies; and allowed unlicensed personnel to provide medical treatment in his office. Revoked. January 16, 1997

JACOBS, GARY P., M.D. (A42016) San Diego, CA

B&P Code §§2234(a), 2239. Stipulated Decision. Intermittently engaged in the unlawful use or prescribing of controlled substances or dangerous drugs. Public Letter of Reprimand. December 17, 1996

JAVAHERI, AHMAD M., M.D. (A26399) Corona, CA
B&P Code §§2234, 2234(b)(c)(d)(e). Committed acts of gross negligence and incompetence in the treatment of 5 patients; repeated sexual harassment of an employee; and 2 incidents of dishonesty by failing to disclose a prior and a pending disciplinary action on applications for renewal of hospital privileges. Revoked. December 4, 1996

JOPLIN, JESSE JAMES, M.D. (G41971) Saratoga, CA

B&P Code §2234(c). Stipulated Decision. Failed to recognize and properly treat preeclampsia; and failed to accurately assess the gestational age of a fetus, thereby performing an inappropriate procedure for pregnancy termination at an advanced gestational age. Revoked, stayed, 5 years' probation with terms and conditions. January 29, 1997

KARALIS, GEORGE DEMETRIUS, M.D. (A24412)

San Francisco, CA

B&P Code §2234(c). Stipulated Decision. Failed to properly monitor psychotherapy administered to a patient. Revoked, stayed, period of current probation extended for 3 years from June 9, 1995. December 16, 1996

KLINE, DAVID MATTHEW, M.D. (G30622)

Richmond, CA

B&P Code §§2234, 2234(c). Stipulated Decision. Inappropriate psychiatric treatment of a patient between 1981 to 1989 including inappropriate physical attacks and punishments; use of regressive work far beyond therapeutic usefulness; and failure to maintain the appropriate and necessary boundaries of the psychiatrist/patient relationship. Revoked, stayed, 5 years' probation with terms and conditions and 30 days' actual suspension. November 18, 1996

KURK, MITCHELL, M.D. (A28988) Lawrence, NY

B&P Code §§2234, 2305. Stipulated Decision. Disciplined by New York for failure to take adequate history, making an erroneous diagnosis, failure to order appropriate diagnostic studies, failure to refer patient to a specialist and failure to maintain adequate records of patient's treatment. Revoked, stayed, 5 years' probation with terms and conditions. November 18, 1996

KUMAR, ANJALI, M.D. (A30920) Troy, MI

B&P Code §2305. Disciplined by Michigan (Reprimand) for failure to deliver, until 5 months later, the necessary official prescription form to a hospital pharmacy, upon discharge of a patient for whom he ordered Demerol. Public Letter of Reprimand. December 10, 1996

LOOMIS, GASTON P., M.D. (G33403) Albany, GA

B&P Code §§141, 2305. Stipulated Decision. Disciplined by Georgia for failure to maintain adequate records of prescribing Schedule II controlled substances. Revoked, stayed, 3 years' probation with terms and conditions. December 2, 1996

MODI, KANAN ANIL, M.D. (A38793) San Dimas, CA
B&P Code §§2234(b)(c)(d)(e), 2261, 2262. Stipulated Decision. Failed to timely diagnose and hospitalize a 7 year-old patient suffering from mastoiditis; failed to see this patient for approximately 30 to 36 hours after admission to the hospital; failed to properly treat patient's allergic drug reaction; and prepared a false medical record for this patient. Revoked, stayed, 4 years' probation with terms and conditions. January 15, 1997

**MORRAY, JOHN ROBERT, M.D. (G40495)
El Cajon, CA**
B&P Code §§2234, 2238, 2239, H&S Code §11170. Stipulated Decision. Self-use and self-prescribing of marijuana, cocaine and methamphetamine. Revoked, stayed, 7 years' probation with terms and conditions. December 2, 1996

MOTLAGH, FRANK A., M.D. (A33135) San Diego, CA
B&P Code §2234(b)(c)(e). Failed to adequately assess the restoration of a patient's circulation to the pre-operative state; failed to open the abdomen during an embolectomy when an obstruction in the vessels was encountered; gave false testimony during a civil deposition; and failed to see that adequate steps were taken to bring a patient's blood pressure under control before he was released from the hospital. Revoked. December 2, 1996

OKUN, JAMES D., M.D. (A43326) Bakersfield, CA
B&P Code §§141(a), 2234, 2236. Disciplined by Louisiana for filing a false application; felony conviction for 2 counts of assault with a deadly weapon (an automobile); and falsely advertized a cure for herpes. Revoked. November 8, 1996

PILLOR, WILLIAM N., M.D. (A19179) Sanger, CA
B&P Code §§2234, 2234(b)(c)(d). Stipulated Decision. Failed competency examination administered by the Board; failed to document the need for a total hysterectomy for a patient, and misinterpreted and misrepresented the results of an ultrasound for this patient. Revoked, stayed, 5 years' probation with terms and conditions and must pass a competency examination before he can resume practice. November 11, 1996

**QUEST, JR., CHARLES F., M.D. (C33972)
Half Moon Bay, CA**
B&P Code §2234(c). Stipulated Decision. Performed physical examinations on high school girls without explaining his conduct and/or actions in touching their breasts, buttocks and groin area during the course of the examination. Revoked, stayed, 3 years' probation with terms and conditions. January 17, 1997

RAMOS, CESAR AQUINO, M.D. (A32283) Delano, CA
B&P Code §§2234, 2234(b)(d). Stipulated Decision. Failed to diagnose the source of a patient's hemorrhage, and failed to consider intra-thoracic great vessel injury as the source of the hemorrhage. Revoked, stayed, 3 years' probation with terms and conditions. December 4, 1996

ROSEN, BARUCH DANIEL, M.D. (G22901) Mesa, AZ
B&P Code §§2234, 2305. Disciplined by Arizona for making false and fraudulent statements in connection with his practice of medicine; engaging in conduct dangerous to his patients; and assisting an unlicensed practitioner. Revoked. December 2, 1996

**SABHARWAL, MASKEEN KAUR, M.D. (A37042)
Fremont, CA**
B&P Code §2234(c). Stipulated Decision. Negligence in the surgical workup and surgery performed on 3 ophthalmic patients. Revoked, stayed, 4 years' probation with terms and conditions. December 4, 1996

SARIEVA, ZOIKA, M.D. (A34695) Los Angeles, CA
B&P Code §§490, 725, 822, 2234(b)(c)(d)(e)(f), 2236, 2237, 2238, 2241, 2242(a). Misdemeanor criminal conviction for issuing unlawful prescriptions; created false medical records; and impairment due to mental illness. Revoked. December 13, 1996

**SASSOON, CHARLES, M.D. (A31454)
Huntington Park, CA**
B&P Code §§2234(b)(c)(d), 2238. Stipulated Decision. Drug stock contained numerous outdated and expired medications, some dating back as far as 10 years; medications stored in containers with altered labels; and the general condition of his medical office was filthy and unsanitary. Revoked, stayed, 2 years' probation with terms and conditions. December 2, 1996

SCHADE, HUGH I., M.D. (A20297) San Jose, CA
B&P Code §§725, 726, 2234(b)(c)(d)(e), 2236(a), 2238. Felony conviction for involuntary manslaughter due to his willful and gross overprescribing of drugs leading to a patient's suicide; prescribing controlled substances excessively and without medical indication to numerous patients; and having sex with a patient in his office in exchange for drugs. Revoked. December 9, 1996

**SCHROEDER, VERNON R., M.D. (A28508)
Desert Hot Springs, CA**
B&P Code §§725, 2234(b), 2242(a). Clearly excessive prescribing of Elavil, Dalmane, Tylenol #4 with Codeine, Vicodin, Fastin and other dangerous drugs to several patients without doing a good faith examination or establishing a medical indication for prescribing these drugs. Revoked. January 17, 1997

SMITH, JR., WILLIAM F., M.D. (C18251) Oakland, CA
Violated terms and conditions of Board's probationary order. Revoked. December 13, 1996

**SPAULDING, LYMAN B., M.D. (G39247)
Fort Morgan, CO**
B&P Code §141(a). Stipulated Decision. Disciplined by Colorado for mistakenly removing a patient's ovaries during a hysterectomy and for performing a circumcision without the appropriate parental consent form. Public Reprimand. December 5, 1996

STEMMER, AUGUST L., M.D. (G6854) Petaluma, CA
B&P Code §141(a). Disciplined by the United States Army for failure to exercise proper judgment in the course of patient management; failure to appropriately document patient histories, physical examinations and operative reports within the appropriate standard of care; and failure to employ a surgical methodology in concert with currently accepted otolaryngology technology. Revoked, stayed, 5 years' probation with terms and conditions. January 16, 1997

TEWARI, ANAND, M.D. (A42954) Pittsburg, PA
B&P Code §2261. Stipulated Decision. Made false statements in research data. Revoked, stayed, 3 years' probation with terms and conditions. November 30, 1996

WAY, MAU SUN, M.D. (A35110) Upland, CA
B&P Code §2234(d). Failed competency examination given by the Board. Revoked. January 18, 1997

WEDDINGTON, JOEL A., M.D. (A44567) Hayward, CA
B&P Code §§820, 822, 2234, 2234(a)(e), 2236, Penal Code §242. Stipulated Decision. Misdemeanor criminal conviction for battery for attacking his billing clerk and office partner. Mental impairment affecting his ability to practice his profession safely. Revoked, stayed, 5 years' probation with terms and conditions. January 17, 1997

YESKE, REGINALD WOODROW, M.D. (A33621) Long Beach, CA
B&P Code §2234(c). Stipulated Decision. Failed to document in his office medical records a good faith physical examination of a patient. Revoked, stayed, 1 year probation with terms and conditions. December 27, 1996

ZABETIAN, MOHSEN, M.D. (A23324) Hemet, CA
B&P Code §2234(c). Repeated negligent acts in leaving the area without finding coverage for his patient for the ER and delay in responding to his patient's need for surgery. Revoked, stayed, 2 years' probation with terms and conditions. December 12, 1996

DOCTORS OF PODIATRIC MEDICINE

RUNYON, MICHAEL, D.P.M. (E1908) Van Nuys, CA
B&P Code §§650, 2236. Stipulated Decision. Misdemeanor conviction for receiving unlawful remuneration for patient referral. Revoked, stayed, 2 years' probation with terms and conditions. January 6, 1997

WORLEY, RONALD D., D.P.M. (E1454) Oakland, CA
B&P Code §2234(b)(c). Stipulated Decision. Gross negligence in the care and treatment of numerous patients. Revoked. December 8, 1996

PHYSICIAN ASSISTANTS

HAHS, GARY L. (PA10706) Hesperia, CA
B&P Code §§726, 2234, 3527(a). Sexual misconduct with a patient. Revoked. November 25, 1996

MATHEWS, LOUIS JAMES OLIVER (PA10495) Rialto, CA
B&P Code §§2234, 3527, H&S Code §11153. Prescribed a controlled substance without a legitimate medical purpose, and transmitted a prescription without a patient-specific order from a supervising physician and/or without consulting a written protocol. Revoked, stayed, 3 years' probation with terms and conditions. November 25, 1996

SURRENDER OF LICENSE WHILE CHARGES PENDING

PHYSICIANS AND SURGEONS

FARMER, RICHARD GUERARD, M.D. (C25688) Memphis, TN
January 16, 1997

GISH, DONALD A., M.D. (A14779) Antioch, CA
December 23, 1996

HAM, GORDON CLYDE, M.D. (G30040) Denver, CO
January 16, 1997

HEFTY, STEVEN L., M.D. (A48090) Ottosen, IA
November 21, 1996

MADEY, EDWARD V., M.D. (C10141) Glendale, CA
November 22, 1996

RIVER, ELLIOT, M.D. (A20864) San Francisco, CA
December 1, 1996

TAHAN, VICTOR, G., M.D. (G2749) Madera, CA
November 30, 1996

DOCTOR OF PODIATRIC MEDICINE

BERK, CHARLES, D.P.M. (E1790) Irvine, CA
January 8, 1997

Notice:

As a courtesy to William H. Grier, M.D. (license # GFE11739) of San Diego, we note that he is not the William Grier, Jr., M.D. (license # C27781) of Los Angeles whose discipline appeared in the January 1997 *Action Report*. Dr. William H. Grier, who is a retired psychiatrist, has no history of discipline with the Medical Board of California.

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

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TOLL FREE COMPLAINT LINE: (800) MED-BD-CA ((800)633-2322)
(Non-complaint calls to this number cannot be transferred.)

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Applications and Examinations	(916) 263-2499
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ACTION REPORT-APRIL 1997

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 Executive Office, at (916) 263-2387, or mail your request to her at 1426 Howe Avenue, Suite 54, Sacramento, CA 95825.

Title 17, California Code of Regulations (CCR), Section 2500 Reportable Diseases and Conditions

§2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

- §2500 (b) It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- §2500 (c) The administrator of each health facility, clinic or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local health officer.
- §2500 (a) (14) 'Health care provider' means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

URGENCY REPORTING REQUIREMENTS [17 CCR §2500 (h) (1)]

 = Report IMMEDIATELY by Telephone (designated by a ♦ in regulations).

† = Report IMMEDIATELY by Telephone When 2 or More Cases or Suspected Cases of Foodborne Disease from Separate Households are Suspected to have the Same Source of Illness (designated by a • in regulations).

FAX   = Report by FAX, Telephone or Mail WITHIN 1 WORKING DAY OR IDENTIFICATION (designated by a + in regulations).

= All Other Diseases/Conditions Should be Reported by FAX, Telephone or Mail Within 7 Calendar Days of Identification.

REPORTABLE COMMUNICABLE DISEASES §2500 (j) (1):

	Acquired Immune Deficiency Syndrome (AIDS)	FAX  	Pertussis (Whooping Cough)
FAX  	Amebiasis		Plague, Human or Animal
FAX  	Anisakiasis	FAX  	Polioomyelitis, Paralytic
	Anthrax	FAX  	Psittacosis
FAX  	Babesiosis	FAX  	Q Fever
	Botulism (Infant, Foodborne, Wound)		Rabies, Human or Animal
	Brucellosis	FAX  	Relapsing Fever
FAX  	Campylobacteriosis		Reye Syndrome
	Chancroid		Rheumatic Fever, Acute
	Chlamydial Infections		Rocky Mountain Spotted Fever
	Cholera		Rubella (German Measles)
	Ciguatera Fish Poisoning		Rubella Syndrome, Congenital
	Coccidioidomycosis	FAX  	Salmonellosis (other than Typhoid Fever)
FAX  	Colorado Tick Fever		Scombroid Fish Poisoning
FAX  	Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology	FAX  	Shigellosis
FAX  	Cryptosporidiosis	FAX  	Streptococcal Infections (Outbreaks of any type and individual cases in food handlers and dairy workers only)
	Cysticercosis		Swimmer's Itch (Schistosomal Dermatitis)
	Dengue	FAX  	

- Diarrhea of the Newborn, Outbreaks**
- Diphtheria
- Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
- Echinococcosis (Hydatid Disease)
- Ehrlichiosis
- FAX Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- Escherichia coli* O157:H7 Infection
- † FAX Foodborne Disease
- Giardiasis
- Gonococcal Infections
- Hantavirus Infections
- Hemolytic Uremic Syndrome
- FAX *Haemophilus influenzae* Invasive Disease
- Hepatitis, Viral
- FAX Hepatitis A
- Hepatitis B (specify acute case or chronic)
- Hepatitis C (specify acute case or chronic)
- Hepatitis D (Delta)
- Hepatitis, other, acute
- Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)
- Legionellosis
- Leprosy (Hansen Disease)
- Leptospirosis
- FAX Listeriosis
- Lyme Disease
- FAX Lymphocytic choriomeningitis
- FAX Malaria
- FAX Measles (Rubeola)
- FAX Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- Meningococcal Infections
- Mumps
- Non-Gonococcal Urethritis (excluding laboratory confirmed Chlamydial infections)
- Paralytic Shellfish Poisoning
- Pelvic Inflammatory Disease (PID)

- FAX *Syphilis*
- Tetanus
- Toxic Shock Syndrome
- Toxoplasmosis
- FAX Trichinosis
- FAX Tuberculosis
- Tularemia
- FAX Typhoid Fever, Cases and Carriers
- Typhus Fever
- FAX *Vibrio* Infections
- Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
- FAX Water-Associated Disease
- Yellow Fever
- FAX Yersiniosis
- OCCURRENCE OF ANY UNUSUAL DISEASE
- OUTBREAKS of ANY DISEASE (including diseases not listed in Section 2500). Specify if institutional and/or open community.

LOCALLY REPORTABLE DISEASES (If Applicable):
