Action Report
Medical Board of California

January 2000
Vol. 72
A Quarterly Publication

www.medbd.ca.gov

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Medical Board of California Meeting Dates & Locations

2000

Feb. 3 - 5	Los Angeles
May 11 - 13	Sacramento
July 27 - 29	San Francisco
Nov. 2 - 4	San Diego

All meetings are open to the public.

Legislative Update

The following legislation, which may impact physicians licensed in California, has been chaptered into law and took effect on January 1, 2000 (bills with an urgency clause take effect upon enactment). Bills with asterisks next to them will be discussed further in future *Action Reports*. For additional information on all of these bills, please contact the web site maintained by the Legislative Counsel of California at www.leginfo.ca.gov (click on "Bill Information").

Major Cosmetic/Outpatient Surgery Consumer Protection Reforms

The Medical Board tracked six bills heard in the Legislature regarding reforms to laws governing cosmetic and outpatient surgery. Three of these bills were signed into law and are explained below (others are still pending).

AB 271 (Gallegos, Chapter 944)* This legislation enacts the Cosmetic and Outpatient Surgery Patient Protection Act.

Although this bill references cosmetic surgery procedures, many portions of the new law apply to *all* outpatient surgery settings. Board staff will be working with the accrediting agencies and the Department of Health Services to make sure these provisions are appropriately incorporated.

The bill provides in the Business and Professions Code that after July 1, 2000, it will be unprofessional conduct for a physician to perform procedures in any outpatient setting unless the following conditions are met:

- whenever a patient is present in the facility and has not been discharged from supervised care, a minimum of two staff persons must be on the premises;
- one staff person must be either a licensed physician and surgeon or a licensed health care professional with current certification in advanced cardiac life support (ACLS).

This legislation also requires that as of January 1, 2000, physicians must maintain adequate security by liability insurance for claims that may result from surgical procedures performed outside of general acute care hospitals and failure to do so would constitute unprofessional conduct. The Act requires that the Medical Board determine the appropriate amount of required malpractice insurance. This will be determined through the regulatory process.

Effective January 1, 2000, this Act also requires that a written report must be filed with the Board within 15 days when any physician and surgeon, or a person acting under the physician and surgeon's orders or supervision, performs a scheduled medical procedure outside of a general acute care hospital that results in the:

- death of the patient; or,
- transfer of the patient to a hospital or emergency center for more than 24 hours.

Failure to comply with either of these two requirements constitutes unprofessional conduct.

Board staff is working on the reporting mechanism and form. More specific information will be provided in the April *Action Report*.

This bill also requires, as of January 1, 2000, that each outpatient setting regulated by the Division of Licensing (B&P Section 1248.15) shall have written discharge criteria, and that these settings must post the following notices where patients and staff can see them:

- the certificate of accreditation; and,
- the name and telephone number of the accrediting agency with instructions on submitting complaints.

Board staff will examine the need for regulatory clarification and distribute regular updates on these provisions in future *Action Reports*.

SB 450 (Speier, Chapter 631)* This bill requires the Board to adopt extraction and postoperative care standards in regard to liposuction procedures performed by a physician and surgeon outside of a general acute care hospital. In developing these standards by regulation, the Board must consider the most current clinical and scientific information available.

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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.

President's Report

Karen McElliott
President of the Board

At its last meeting in November, the Medical Board heard presentations from two individuals on issues of considerable interest to the Board, to our licensees, and to the public. Beth Givens, Director of the Privacy Rights Clearinghouse in San Diego, addressed the Board on the very sensitive issue of the confidentiality of medical records. The Board's interest in the issue dates to its February 1999 meeting when the Executive Committee and then the Board as a whole considered related pending legislation. The Board took a position of support on the bills that would have strengthened the privacy laws, and at the same time recognized that it would benefit from learning more about some of the broader issues involved in the issue of the privacy rights of individuals and their medical records.

The Privacy Rights Clearinghouse, established in 1992 at the University of San Diego Center for Public Interest Law, is now an independent, non-profit, consumer education and advocacy program that develops and distributes consumer education guides on various privacy-related issues and safeguards. Medical records privacy is one of its priorities. Ms. Givens outlined numerous cases handled by the Clearinghouse in order to provide some understanding of the kinds of problems ordinary consumers have had with their medical records. These cases ranged from a patient who received a junk mail solicitation for prostate medication four weeks after being hospitalized for treatment of prostate cancer, to a psychiatrist who had trouble getting health and disability as well as liability insurance for her office and didn't know why until she ordered a copy of her medical information record from the Medical Information Bureau. She then found she had been incorrectly coded as having Alzheimer's disease and a heart condition.

Ms. Givens also shared with the Board the findings of a recent survey by the California Health Care Foundation. Generally, the Foundation found that Californians had a high degree of confidence in their health care providers; two-thirds said they trust their doctors, hospitals, and providers, but they had significantly less confidence in their health insurers, and only one-third said they trusted their health plans and government programs like Medicare. When asked their views on the computerization of medical records, more than half expressed concern that their records would be less secure. Seventy percent said they would say no to allowing pharmaceutical companies access to their records to market new drugs. When survey respondents were asked if they had actually experienced a medical records privacy violation, one in five said yes. One in six said they had taken extra steps to protect their privacy—some pay out of pocket to avoid disclosure to the insurers; some split up their medical record by going from doctor to doctor and not disclosing to each doctor the treatment they had received; some give inaccurate or incomplete information to health care providers; and some ask the doctors not to write down certain information or to record it as a less serious ailment. These latter actions indicate the serious nature of the concern about privacy rights when countermeasures by patients can result in disrupting an open physician-patient relationship or the creation of incomplete or false medical records.

The Privacy Rights Clearinghouse may be reached at 1717 Kettner Ave., Suite 105, San Diego, CA 92101, telephone (619) 298-3396, fax (619) 298-5681, e-mail prc@privacyrights.org, web site www.privacyrights.org.

The second speaker was Cheryl Winchell, M.D., member of the Maryland Board of Medical Quality Assurance, who described that Board's New Physician Orientation program. Her presentation was prompted by our Board's interest in establishing a similar program for newly licensed California physicians to expand their knowledge of the Medical Practice Act and assist them in avoiding potential disciplinary problems in areas of the law with which they might not be familiar. Maryland's program was created from similar objectives, and also in recognition that with recent changes in managed care, a medical board disciplinary action can have more serious consequences extending beyond the initial action of the Board. Educational efforts at "the front end" can help prevent bad outcomes that harm patients and physicians alike.

Participation by new physicians (those within the first two years of practice) in the three-hour program originally was voluntary, but has been made mandatory in Maryland because of its recognized success and its overwhelming acceptance. Topics covered include physician-patient boundary issues, euthanasia, pain management, physician impairment, and the functions and responsibilities of the Medical Board.

The program has been well-received and has gained national recognition. This year, the Maryland Board received the Administrators In Medicine's award for innovation, and has been publicly commended by Public Citizen, the citizens' watchdog group headed by Sidney Wolfe, M.D. Consideration of the adaptability of this program to California will be the subject of future discussions by the Board's Post-Licensure Assessment Committee.

VacationDoc: Hotel Guest Medical Services

A patient relays the following story to you. Coming back to a hotel from a long day of meetings, fever creeping ever higher, nauseous and achy, he didn't know whom to call for help. But suddenly he remembered that earlier that day in the hotel lobby, he had noticed a colorful brochure for hotel guest medical services. He had never seen one before, so it stood out in his mind as something unique, even a little presumptuous and unnecessary. Queasy and feeling unable to take the elevator trip 20 floors down, he phoned the concierge for help. He mentioned to the concierge that he had seen a guest medical services brochure in the lobby earlier in the day. The concierge knew the brochure he was talking about and sent it to his room.

He opened the brochure and begin reading it. "If you're sick, away from home and in need of a doctor, give VacationDoc a call." While he was somewhat unsure and uncomfortable with using a service that sounds more like a dotcom Internet travel service than a medical group or service, he was sick and wanted to be seen by a doctor soon. He called the number listed in the brochure and was put through to an operator. The operator asked a few preliminary questions concerning what hotel he was staying at and, in general, what symptoms he had. After answering the questions and, of course, providing the requested health insurance information, he was informed by the operator that a doctor would visit him at the hotel within the next 60 to 90 minutes—a short time that sounds like an eternity when you're sick.

After drinking several glasses of water, he heard a knock at the door. He peered through the peep hole to a woman holding a dark-colored travel bag. She answered his "Who's there?" with a "Dr. Welby, from VacationDoc."

Upon entering the room and placing the travel bag on the table, she asked several health history questions, while also asking him to fill out a brief health questionnaire. As with any other doctor's office visit, Dr. Welby took his blood pressure and temperature and asked when he first started feeling sick. He told her that about a half hour into the afternoon presentation on retirement planning, at about two o'clock, he started feeling queasy and got the chills. After he answered her questions, "No, yesterday I was fine and this morning a took my usual three mile jog," she then asked, "What did you have for lunch?" All of a sudden it dawned on him that the fish melt he had from that family-run diner didn't taste as good as he had hoped. "I had a fish sandwich at the diner around the corner, Doctor. It didn't taste as good as I hoped, but it didn't taste or smell as though it had spoiled." She responded that "VacationDoc has received several calls from people who had that same sandwich today, and that the processed fish used to make it had been contaminated," and went on to say that "You have food poisoning a la fish melt sandwich."

After taking a credit card number for co-payment, dispensing advice as well as some anti-nausea medicine, Dr. Welby left him on his own. Ten hours after the fish sandwich that rivaled the after-effects of a holiday fruitcake, he began to feel a little better. The next morning he was again ready to tackle a full day of presentations. And, although he would recommend VacationDoc to any traveler, he wondered how such services operate and if there were similar services in his home town.

Legal Questions Concerning Hotel Guest Medical Services

Over the past year, several questions have come to the Board as to whether the provision of hotel guest medical services is proper under the Medical Practice Act. Of course, as with other business, operations vary from service to service. Some hotel guest medical services may be provided by an individual physician on his or her own while others are extensions of medical groups. Due to the variety of operational structures, the following is only a general overview of some issues doctors should be aware of when deciding whether to participate in hotel guest medical services.

Prohibition Against the Corporate Practice of Medicine

Business and Professions (B&P) Code section 2400 prohibits the corporate practice of medicine. What this means in this discussion is that an unlicensed person or entity may not provide medical services and/or hire a doctor as an employee. If a person or entity provides medical services and/or hires a doctor as an employee, that person may be guilty of practicing medicine without a license under B&P Code section 2052, and be subject to civil, criminal and administrative penalties. There are exceptions to this rule that provide for the organization and operation of professional medical corporations (Corporations Code section 13400 et seq.) as well as health care services plans (Health and Safety Code section 1340 et seq.). If you contemplate participating in a hotel guest medical services program, you should ask who owns the company and how the company is organized—professional medical corporation or otherwise. If the program is owned and/or operated by an unlicensed person, participation in the program could subject you to a charge of aiding and abetting the unlicensed practice of medicine and constitutes unprofessional conduct under B&P Code section 2264.

Prohibition of Payments for Referrals

You should also be careful to avoid arrangements in which you offer, or are asked, to pay for the referral of patients. Under B&P Code section 650, the offer, delivery, receipt, or acceptance by any physician of any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, as compensation or inducement for

(continued on p. 4)

Medical Board Hires New Division of Licensing Chief

The Medical Board has hired a new Chief of its Division of Licensing, M. Elizabeth Ware. Ms. Ware brings an extensive background in the regulation of health care professions, coming to the Medical Board from the Board of Chiropractic Examiners, where she served as its Executive Director for several years. Prior to her work with that Board, she was the Executive Officer for the California Hearing Aid Dispensers Examining Committee from 1990 to 1996. Before coming to California, she was the Director of Admissions and Financial Aid for the Graduate Faculty of Political and Social Science at the New School for Social Research in New York.

Ms. Ware has a master's degree in Government, with an emphasis in Public Administration from The George Washington University. Her prior government experience includes work on Capitol Hill and in the New York City mayor's office.

Ms. Ware has expressed her interest in assuring a licensing process tailored to quick and effective license application review and efficient implementation of new legislation affecting the work of her Division (see page 11, "Licensing Program.").

Other immediate issues for which Ms. Ware will assume responsibility include:

Site Inspections: Of primary importance to the Division are site inspections to be conducted of medical schools which sponsor special programs approved by the Division under Business and Professions Code sections 2111 and 2113. Visits to California medical schools offering special training programs to physicians are conducted to ensure compliance with quality of training and regulations. The Division plans to inspect four medical schools this year, including the University of California, Los Angeles School of Medicine, Stanford University School of Medicine, the University of Southern California School of Medicine, and the University of California, San Francisco School of Medicine.

Improve Application Review Process: The Division hopes to facilitate more expeditious application processing. Therefore, as part of the management transition, Ms. Ware will launch an assessment of the application review process to identify ways it can be improved and streamlined.

Pocket License Cards: In response to concerns physicians have expressed about the durability and legibility of their pocket license renewal cards, a transition to plastic pocket license identification cards is under way. The paper renewal card previously in use was not durable enough for a two-year renewal period. Production of the new plastic cards, which are printed in black ink on a white background, began in December 1999 and will continue on a monthly basis as license renewals are processed.

Telephone System: Implementation of a new, modernized, and Y2K compliant telephone system in the Division of Licensing began in December 1999 and concludes in January. The old system proved to be cumbersome for the applicant, and some international applicants found the messages difficult to understand. The new system will have fewer recorded options, facilitate more direct access to staff, and provide clearer information.

Phase I of the new system has already improved the voice mail system utilized by staff who process licensing applications by reducing the time between recording messages and receiving messages. Applicants may reach the Division of Licensing at (916) 263-2499.

Phase II extends improvements to the rest of the Division and includes addition of an Automatic Call Distributor system. This will allow the public to verify medical licenses and obtain all public-record information about California physicians by calling the Consumer Information Unit at (916) 263-2382. Each call will be automatically distributed to the next available operator. The system was designed to improve access and will include helpful recorded messages about application deadlines and examination information. Staff in the Division's Consumer Information Unit expect a noticeable improvement in their ability to assist consumers and licensees who request information and assistance.

VacationDoc (Continued from page 3)

referring patients, clients, or customers to any person, is unlawful. However, the payment or receipt of consideration for services *other than the referral of patients* which is based on a percentage of gross revenue will not be unlawful if the consideration is *commensurate with the value of the services furnished*. Remember that the referral prohibition of B&P Code section 650 includes payments, gifts or other consideration given to physicians and/or hotel staff for referrals whether paid for a specific referral or referrals generally. If the hotel guest medical services program is not a professional medical corporation or otherwise exempt from the prohibition against the corporate practice of medicine, and you or someone else pays or receives compensation to or from the program, you should consult with your attorney to discuss whether the arrangement you enter into complies with B&P Code section 650.

As with any business venture you plan to enter into, you should consult with your personal attorney to determine whether the venture complies with California law. This overview of issues relating to the operation of hotel guest medical services programs discusses only a few of the many issues that you may encounter, and should address, before you join such a program.

Health News

California Program to Prevent and Control Head Lice

by
Stan Husted, M.P.H.
California Department of Health Services
Division of Communicable Disease Control

The California Department of Health Services (CDHS) is seeking the strong support and participation by physicians and other licensed healthcare professionals to join in a comprehensive effort for the prevention and control of head lice. We hope that the recommendations which are being provided will be useful to you in advising parents of lice infested children.

Head lice continue to be a problem in homes, day care centers, elementary schools and preschools in California. Treatment "failures" with insecticidal products seem to be increasing while more products are being advertised on the internet and television as miracle "nontoxic" cures, and some physicians are recommending food products (mayonnaise, olive oil, vinegar) on the hair as an alternative to pesticides for controlling head lice. Consequently, parents, schools, and local health officials are unsure which products and techniques to use.

In January 1999, CDHS convened a San Francisco Bay Area Working Group on Head Lice. This group brought together local and state public health officials, pediatricians, and other stakeholders to discuss a California program for the prevention and control of head lice. The workgroup also developed guidelines to assist health professionals, local health departments and schools in educating parents on how to control head lice. Since then the network has expanded statewide and includes many local health departments and other agencies.

School district and parent draft guidelines on head lice have been distributed to many preschools, all school districts, and day care centers throughout California. CDHS has agreed to serve as the technical resource coordinator for head lice prevention and control. CDHS can provide the medical community, local health departments, and school districts with the following information: updated guidelines and brochures (English and Spanish, initially), updated information on the CDHS website (www.dhs.ca.gov/DCDC) and a personal point of contact for questions. In progress, along with the development of final guidelines by CDHS, are scientific reviews of publications, cooperation with researchers on resistance studies, and review/comment on local health department and school district brochures. This is being done to ensure that recommendations are based on knowledge of head lice biology, product efficacy, and reducing cost to families and schools.

For further information you may contact Stan Husted, M.P.H., Vector-Borne Disease Section, CDHS, 2151 Berkeley Way, Berkeley, CA 94704-1011, or call (510) 540-2712, or fax: (510) 540-3666; or e-mail: shusted@dhs.ca.gov.

CALIFORNIA DEPARTMENT OF HEALTH SERVICES' RECOMMENDATIONS FOR PHYSICIANS FOR THE PREVENTION AND CONTROL OF HEAD LICE

1. Be sure to confirm a diagnosis of head lice. Utilize available expertise at local health departments and mosquito and vector control districts.
2. Inform parents that the most important lice control measure is DAILY removal of lice and their nits from a child's hair with a metal nit or flea comb. (Teeth of plastic combs can separate leaving eggs attached.)
3. Recommend products containing permethrin or pyrethrins, FIRST. Emphasize the importance of adhering to instructions on the label and recognizing that it may take 8-12 hours for head lice to die. (Research indicates that greater concentrations of permethrin or longer exposure do not increase effectiveness.)
4. If there is evidence that directions are being followed but treatment failure is occurring, CONSIDER prescribing 0.5% malathion, but not lindane.
5. Do not recommend food products (such as mayonnaise, olive oil, or vinegar) which have been promoted (but have never been proven) to kill nits or make nit removal easier.

Antibiotic Resistance: What Physicians Should Know

by Jon Rosenberg, M.D.
Division of Communicable Disease Control, California Department of Health Services

The California Medical Association Foundation, together with the California Department of Health Services and representatives of health plans, the pharmaceutical industry, consumer groups, and other future partners, have initiated a five-year project to reduce the unnecessary use of antibiotics and reduce the prevalence of antibiotic resistant bacteria in California. The goals of the project are to change physician and health provider attitudes regarding the use of antibiotics, change consumer awareness and understanding regarding the responsible use of antibiotics, and mobilize the community to reduce the unnecessary use of antibiotics. This action has grown out of the concern over the increasing incidence of antibiotic resistance in the general population.

Up to 50% of antibiotic use is inappropriate, mostly for viral illnesses.

In a national survey of pediatric offices, antibiotics were prescribed to 44% of patients with common colds, 46% with upper respiratory tract infections (URIs), and 75% with bronchitis. Children aged 0 to 4 years received 53% of all pediatric antibiotic prescriptions, and otitis media was the most frequent diagnosis for which antibiotics were prescribed (30% of all prescriptions). Children < 15 years old have the highest rate of antimicrobial drug use, nearly one per child per year.

In a national survey of adult medical practices, antibiotics were prescribed for 51% of patients diagnosed as having colds, 52% of patients diagnosed as having URIs, and 66% of patients diagnosed as having bronchitis. An antibiotic was prescribed 66% of the time during office visits for patients with cough. Office visits for colds, URIs, and bronchitis accounted for 21% of all antibiotic prescriptions to adults. Patient age, geographic region, physician specialty, and payment sources were not associated with antibiotic prescription rates. Across all ages in the United States, five respiratory diagnoses—otitis media, nonspecific URI, bronchitis, pharyngitis, and sinusitis—accounted for about 84 million out of an estimated 110 million prescriptions written by office-based physicians, or 76% of all outpatient antimicrobial use.

Antibiotic resistance harms us, our patients, and society.

The effect of antibiotic usage impacts not only the individual, but also society. These drugs are the only therapeutic agents that are truly societal drugs, because the treatment of individuals can affect the family, the community, and society at large. When treating an individual, we are not just targeting the disease-causing organisms; we are affecting the entire normal bacterial flora, which are subsequently shed into the environment.

Resistance problems emerge when increasing numbers of patient infections fail to respond to treatment. The development of resistance appears to be inevitable. Within years of the introduction of penicillin, penicillinase-producing staphylococci were identified in hospitals. However, resistance is often delayed. Resistance to penicillin in *S. pneumoniae* did not appear until after 35 years of use. Resistance as a clinical problem is the result of the steady use of the antibiotic and the chronic selection taking place that propels the rare resistant mutants to prominence. Once penicillin-resistant strains of resistant *S. pneumoniae* emerged, resistance rapidly increased. Prior to 1980, more than 99% of all *S. pneumoniae* were susceptible to penicillin. In the past 10 years, up to 40% of clinical isolates from children have decreased susceptibility to penicillins and cephalosporins. A resistance problem has arrived when you see that your patient has a resistant bacterial infection. However, without cultures and antibiotic susceptibility testing, treatment failures or delayed responses may be the only visible manifestations of resistance.

What Can Physicians Do to Help Control Antibiotic Resistance?

Preventing the development of antimicrobial resistance will require the concerted efforts of both medical and surgical practitioners. When patients, including parents, demand an antibiotic, instead clearly explain your rationale for the use or non-use of antibiotics. Don't assume that because a patient schedules a visit for a respiratory illness that they are expecting an antibiotic. Don't dismiss the illness as only a viral infection. Explicitly plan the treatment of symptoms, giving a realistic time course for resolution. Prescribe analgesics and decongestants, and other over-the-counter or supportive therapy if appropriate. Given the limited time physicians have for patient education, educational materials can be provided in waiting rooms, by non-physician providers, and in non-medical settings, such as schools. By not prescribing an antibiotic for viral illnesses, the misuse of antibiotics can be significantly reduced. The PATIENT ADVICE SHEET ("prescription pad") printed on p. 7 was developed by the Centers for Disease Control and Prevention (CDC) and might be useful to you in providing patients with information regarding the appropriate treatment of viral illnesses.

Antibiotic use for the following specific conditions can be eliminated or modified according to recommendations by the CDC, the American Academy of Pediatrics, and other

(continued on p. 7)

Antibiotic Resistance (Continued from page 6)

organizations. Acute otitis media can often be managed without antibiotics. Don't prescribe antibiotics for initial treatment of otitis media with effusion; treatment may be indicated if bilateral effusions persist for 3 months or more. Mucopurulent rhinitis (thick, opaque, or discolored nasal discharge) frequently accompanies viral rhinosinusitis. It is not an indication for antibiotic treatment unless it persists without improvement for more than 10-14 days. Sinusitis should be diagnosed only in the presence of prolonged nonspecific upper respiratory signs and symptoms (e.g. rhinorrhea and cough without improvement for > 10-14 days), or more severe upper respiratory tract signs and symptoms (e.g. fever > 39 C, facial swelling, facial pain). Initial antibiotic treatment of acute sinusitis should be with the most narrow-spectrum agent which is active against the likely pathogens. Diagnose as group A streptococcal pharyngitis using a laboratory test in conjunction with clinical and epidemiological findings. Antibiotics should not be given to a child with pharyngitis in the absence of diagnosed group A streptococcal infection. A penicillin remains the drug of choice for treating group A streptococcal pharyngitis. Cough illness/bronchitis in children and most adults rarely warrants antibiotic treatment. Patients with underlying chronic pulmonary disease (not including asthma) may occasionally benefit from antibiotic therapy for acute exacerbations. Detailed recommendations for judicious antibiotic use in hospitals and long-term care facilities are also available.

As stated previously, a five-year project to reduce the unnecessary use of antibiotics has been undertaken by interested parties. Project activities will include establishment of benchmarks for physician prescribing practices and consumer awareness, physician and health provider education, promotion of consumer understanding and awareness, development of model community collaboration projects, and tracking of antibiotic prescription trends. Any physician or group interested in participating in or receiving more information about the project should contact Elissa Maas, MPH, (805) 549-9981, fax (805) 549-9982, ekmaas@thegrid.net. For information about antibiotic utilization in hospitals and long-term care facilities contact Jon Rosenberg, M.D. (510) 540-3233, fax (510) 540-2570, jrosenbe@dhs.ca.gov. Information from the CDC and links to other sites are available at www.cdc.gov/ncidod/ar. The American Academy of Pediatrics (www.aap.org) and American Academy of Family Practice (www.aafp.org/family) have information available by searching for "antibiotics" at either site.

Some information in this article was adapted with permission from material produced by the Alliance for the Prudent Use of Antibiotics, a nonprofit international organization that promotes more appropriate use of antibiotics around the world through educational, research and international networking activities (materials and information available at www. antibiotic. org).

PATIENT ADVICE SHEET

Name: _____ **Date:** _____

Diagnosis: ❑ Cold or Flu ❑ Middle ear fluid (Otis Media with Effusion, OME)
❑ Cough ❑ Viral sore throat
❑ Other: _____

You have been diagnosed as having an illness caused by a virus. ***Antibiotic treatment does not cure viral infections. If given when not needed, antibiotics can be harmful.*** The treatments prescribed below will help you feel better while your body's own defenses defeat the virus.

GENERAL INSTRUCTIONS:

❑ Increase fluids.

❑ Use cool mist vaporizer or saline nasal spray to relieve congestion.

❑ Soothe throat with ice chips, or sore throat spray; lozenges for older children and adults.

SPECIFIC MEDICINES:

❑ Fever or aches: _____

❑ Congestion: _____

❑ Cough: _____

❑ Ear pain: _____

❑ _____

❑ _____

Use medicines as directed by your doctor or the package instructions. Stop the medication when the symptoms get better.

FOLLOW UP:

❑ If not improved in ___ days, if new symptoms occur, or if you have other concerns, please call or return to the office for a recheck.

❑ Other: _____

SIGNED: _____

Update: California's Healthy Families Program

by
Anthony Cava
Office of Public Affairs, California Department of Health Services

Governor Gray Davis has initiated changes that have resulted in approximately 466,000 uninsured California children now being eligible to receive Healthy Families coverage. Healthy Families is a unique program aimed at making health care services available to a segment of the population that historically has had a high rate of uninsured individuals. The challenge is reaching the families of these children with important enrollment information. This article will serve to update you on the Healthy Families Program and provide you with some useful information to share with your patients.

Healthy Families, California's health coverage program for low-income, uninsured children, is approaching its eighteenth month of providing comprehensive medical, dental, and vision care coverage to the children of working families. Since July 1, 1998, over 200,000 children have been enrolled in Healthy Families.

Since its inception, a number of improvements have been made to Healthy Families, including:

- Revising and simplifying the application process by reducing the application from 28 pages to four and also making the application available in 11 different languages.
- The Governor's 1999-2000 budget included an expansion of Healthy Families income eligibility from 200 to 250 percent of the Federal Poverty Level (FPL) and allowed children under age 1 with family incomes between 200 and 250 percent of the FPL to be eligible for Healthy Families coverage.
- The Governor signed legislation to augment the Healthy Families education and outreach campaign budget by $1.77 million for outreach efforts to expand the enrollment of eligible children living in immigrant communities that are underserved and linguistically diverse.

Healthy Families:
California's Low-Cost Plan to Protect Its Children

- Healthy Families is California's first state-sponsored health coverage program for the uninsured children of working families. The program offers medical, dental, and vision care coverage—at a minimum cost—to children who are under 19 years of age and whose families earn too much to qualify for no-cost Medi-Cal but do not earn enough to afford private health coverage.
- Healthy Families, administered by the Managed Risk Medical Insurance Board, subsidizes commercial health insurance coverage through a purchasing pool for an estimated 466,000 eligible uninsured children.
- Healthy Families contracts with 25 health plans, four dental plans and one vision plan statewide. Eligible families may choose from any of the plans available in their county.
- Healthy Families is California's largest health care expansion in more than 30 years.

Application Process

- Families may apply for Healthy Families by using a mail-in application. Applications and other program materials are available in 11 languages (Armenian, Cambodian, Cantonese, English, Farsi, Hmong, Korean, Laotian, Russian, Spanish, and Vietnamese).
- A toll-free number (1-888-747-1222) provides easy access to trained staff who can help families complete their application.
- Applications may be obtained by phoning the toll-free number or picking one up at a participating community-based organization.

Eligibility

Children who are California residents are eligible if:

- they are under 19 years of age;
- their family income is between 100 and 250 percent of the federal poverty level ($13,896 to $34,704 for a family of three);
- they are not eligible for no-cost, full-scope Medi-Cal; and
- they have not been covered by employer-sponsored health insurance for the preceding three months.

Benefits

- Full coverage for preventive care, hospitalization, physician, medical, and surgical services as well as prescription drugs.
- Dental, hearing, and vision care coverage.
- Affordable monthly premiums, ranging from $4-$9 a child per month to a maximum of $27 per family.
- Co-payment of $5.
- No co-payment for preventive care or hospital services.

Your assistance in sharing this valuable information with patients is appreciated. Should you wish to become a Healthy Families provider you may contact the appropriate health plan as listed on page 9.

HEALTHY FAMILIES PROGRAM PROVIDER CONTACT LIST

Health Care Providers

Health Plan	Contact Person	Telephone Number	Fax Number
Alameda Alliance for Health	Provider Relations Dept.	(510) 895-4596	(510) 675-0109
Blue Cross	For HMO: Call Member Svcs. For EPO: Susan James	(800) 845-3604 (805) 384-3553	(805) 384-1630 (805) 383-1723
Blue Shield	Hazel Jackson	(916) 851-3441	(916) 851-3450
CalOPTIMA	Andrea Leeb	(714) 246-8755	(714) 246-8783
Community Health Group	Ann Warren	(619) 498-6516	(916) 476-3836
Community Health Plan	Kathy Darnell	(213) 240-7795	(213) 250-8517
Contra Costa Health Plan	Dom Biunno	(925) 313-6894	(925) 313-6002
Health Net	Sean O'Brian	(626) 683-6246	(626) 683-0353
Health Plan of San Joaquin	Cherie Fields	(209) 932-2265	(209) 939-3535
Health Plan of San Mateo	Joanna McIsaac	(650) 573-9710	(650) 638-4143
Inland Empire Health Plan	Michelle Montemayor	(909) 890-2160	(909) 890-2003
Kaiser Permanente	Human Resources Dept., People Solutions	(800) 464-4000	(510) 749-1502
Kern Health Systems	Richard Torres	(805) 391-4120	(805) 391-4097
L.A. Care Health Plan	Brenda Goldstein	(213) 251-8300 x4297	(213) 637-3033
Molina Medical Center	Tim Jones	(562) 435-3666 x4300	(562) 951-1503
Partnership Health Plan	Mary Kerlin	(707) 863-4235	(707) 863-4117
San Francisco Health Plan	Francis Culp	(415) 547-7818 x222	(415) 547-7824
Santa Barbara Reg. Health Authority	Jacqueline Wright	(805) 685-9525 x232	(805) 685-9828
Santa Clara Family Health Plan	Sharon Gretch	(408) 260-4435	(408) 260-1735
Santa Cruz County Health Options	Julie Edgcomb	(831) 457-3850 x234	(831) 457-9683
Sharp Health Plan	Janet Munro	(619) 637-6675	(619) 637-6504
UHP HealthCare	Gary Lichtenverger	(310) 671-3465 x3483	(310) 671-6926
United HealthCare	Mary Wahlenmaier	(562) 951-6461	(562) 951-6871
Universal Care	Eric Spencer	(562) 981-4043	(562) 981-5800
Ventura County Health Care	Patricia Neumann	(805) 677-5157	(805) 677-5177

Dental Care Providers

Dental Plan	Contact Person	Telephone Number	Fax Number
	Terry Abbaszadeh	(916) 563-6010	
	Cathy Gonzales	(916) 387-2051 or (800) 838-4337	
DentiCare	Dr. Paul Manos	(800) 999-2848 x212	(949) 790-3454
Premier Access	Terry Abbaszadeh	(916) 563-6010	(916) 646-9000

Vision Care Providers

Vision Plan	Contact Person	Telephone Number	Fax Number
	Analisa Luittold	(800) 852-7600 x7460	

Legislative Update (Continued from page 1)

The Board's Plastic and Cosmetic Surgery Committee has already requested that the major specialty societies, which have practitioners who perform liposuction procedures, provide to the Committee their guidelines on extraction and postoperative care.

SB 836 (Figueroa, Chapter 856)* This legislation revises and expands the prohibition against fraudulent advertising by health care professionals. Specifically, this bill:

- Clarifies that false, fraudulent, misleading or deceptive communications include those on the Internet or other electronic communications.
- Specifies that the use of a misleading or altered image or photograph which is intended or likely to create false expectations of favorable results is unlawful.
- Bars photographs and images that do not clearly state that the image is a model, and that do not accurately depict the results of a procedure being advertized.
- Specifies that the use of any photograph or image of a model must be disclosed as such.
- Requires "before" and "after" views to be comparable in presentation so that the results are not distorted by favorable poses/lighting, and that they must contain a statement that the same "before" and "after" results may not occur for all patients.
- Limits claims of professional superiority to circumstances that are relevant and can be substantiated by objective scientific evidence.
- Bans scientific claims that cannot be substantiated by reliable, peer reviewed scientific evidence.
- Bars the use of testimonials or endorsements if they are likely to mislead by virtue of a failure to disclose material facts.

Managed Care Reforms

AB 12 (Davis, Chapter 531) This bill, effective January 1, 2000, requires health plans to cover second opinions; specifies certain conditions when a second opinion must be permitted, specifies procedures for securing a second opinion, and imposes time limits for health plans to authorize or deny a second opinion. It requires plans to make policies available to the public and to the appropriate state agency by July 1, 2000.

AB 39 (Hertzberg, Chapter 532) This bill requires health care service plan contracts to provide coverage under terms and conditions for prescription contraceptive methods. Certain religious employers can request a health care service plan contract without coverage for prescription contraceptive methods if these methods are in contradiction to the employers' tenets.

AB 55 (Midgen, Chapter 533) This bill would require every health care service plan contract that is issued, amended, renewed, or delivered in this state on or after January 1, 2000, to provide an enrollee, after January 1, 2001, with the opportunity to seek an independent medical review whenever health care services have been denied, modified, or delayed by the plan or by one of its contracting providers if the decision was based on a finding that the proposed services are not medically necessary.

AB 78 (Gallegos, Chapter 525)* This bill creates a Department of Managed Care, transfers regulation from the Department of Corporations to the new department, establishes an Advisory Committee on Managed Care in the Department to advise the Director, and establishes a patient advocate office within the department to educate, advise and assist patients.

AB 88 (Thomson, Chapter 534) This bill requires health care services plan contracts to provide coverage for the diagnosis and medically necessary treatment of severe mental illness for persons of all ages. The plans also are required to provide coverage for serious emotionally disturbed children under the same terms and conditions as other medical conditions. Exempted from this bill are contracts between the DHS and health care plans for enrolled Medi-Cal beneficiaries.

AB 215 (Soto, Chapter 530) This bill prohibits health plans from contracting with other plans or entities to provide services that assume the risk for payment under specified conditions. Effective from 1/1/00 to 12/31/01.

AB 285 (Corbett, Chapter 535) This bill requires that every entity (used by health care service plans, physician groups, etc.) that provides telephone medical advice services to patients at California addresses to be registered by the Department of Consumer Affairs by January 1, 2000. This bill also requires that:

- employees who provide such advice must have a current license in a specified health profession and all registered nurses providing such service shall be licensed in California; and
- a licensed physician and surgeon be available to employees of the advice service on an on-call basis at all times when medical advice is being provided.

SB 5 (Rainey, Chapter 537) This bill requires health care services plans to provide coverage for the screening, diagnosis, and treatment of breast cancer. Coverage cannot be denied to an enrollee based on personal or family history of the disease. Coverage for prosthetic devices or reconstructive surgery will be provided by plans that provide for mastectomy.

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SB 19 (Figueroa, Chapter 526) This bill revises the definition of providers of health care and makes the prohibitions on disclosure of medical information applicable to all such providers. The bill prohibits the negligent disposal or destruction of medical information, and the intentional sharing, sale or use of medical information for any purpose not necessary to provide health care services to patients. Violation of the provisions of this act would be grounds for suspension or revocation of a health care service plan's license and creates a right of action to recover damages.

SB 21 (Figueroa, Chapter 536) This bill places health plans on notice that on and after January 1, 2001, they have a duty of ordinary care to provide medically appropriate health care service to their enrollees. Makes plans civilly liable for harm to patients resulting from failure to provide such care as specified. Prohibits plans from including provisions in contracts contrary to this law, and makes all such provisions void and unenforceable. Requires patients to exhaust other procedures including independent medical review prior to commencing an action against a plan.

SB 59 (Perata, Chapter 539) This bill requires Health Care Service Plans to designate a medical director who must be a California licensed physician. Health plans currently are required to inform the Commissioner of Corporations of the processes they use to make decisions regarding health care services. This bill recasts those provisions to apply as well to contracting provider groups, utilization review organizations and others who provide such services to health plans or disability providers. The processes used in making such decisions must be made available to physicians, patients and others on request. Establishes time frames for plans and disability providers to make determinations regarding approval, modification or denial of health care services. Requires Medi-Cal managed care plans to develop a simple form to use to notify enrollees of decisions to approve, modify or deny service.

SB 64 (Solis, Chapter 540) This bill requires health care plans, on and after January 1, 2000, that cover hospital, medical, or surgical expenses, to provide coverage for specified equipment and supplies for the management and treatment of diabetes as medically necessary. This bill also requires those plans that cover prescription drugs to include specified prescription medications for the treatment of diabetes if the items are determined to be medically necessary. It also requires all plans to provide self-management training, education, and medical nutritional therapy in this regard.

SB 148 (Alpert, Chapter 541) This bill would require, on and after July 1, 2000, every health care service plan contract that provides coverage for hospital, medical, or surgical expenses, to provide coverage for the testing and treatment of phenylketonuria (PKU) under the terms and conditions of the plan or policy as provided under the bill.

SB 205 (Perata, Chapter 543) This bill requires that any health plan contract that is issued, modified or renewed on or after July 1, 2000 must cover recognized cancer screening tests as specified.

SB 260 (Speier, Chapter 529)* This bill establishes a Financial Solvency Standards Board within the new Department of Managed Care to assure that health plans and their contracted providers remain solvent.

Licensing Program

AB 552 (Thompson, Chapter 177) This legislation extends from January 1, 2000 to January 1, 2002, the sunset date to the current law that authorizes a physician to administer general anesthesia in the office of a licensed dentist if the physician holds a general anesthesia permit issued by the Board of Dental Examiners.

AB 791 (Thomson, Chapter 403) This bill adds pain management and end-of-life care to the curriculum requirements for persons entering medical school on or after June 1, 2000.

SB 450 (Speier, Chapter 631) This bill waives state licensure renewal fees for physicians whose services are solely donated for charitable purposes as specified. (See SB 450, Speier, p. 1.)

SB 1308 (Committee on B&P, Chapter 655) Healing Arts: Licensees. This bill provides numerous technical changes to statutes of various boards under the Department of Consumer Affairs including changes to programs under the Medical Board of California related to physicians and surgeons, licensed midwives, and registered dispensing opticians and spectacle and contact lens dispensers as follows:

Physicians and Surgeons: Amends B&P Section 2085(b) to remove wording related to a written exam; amends Sections 2103, 2113 and 2168.2 to remove reference to the repealed B&P Section 2101; amends Section 2107(a) to delete a date and inappropriate section reference; amends Section 2111 to clarify that the dean is from a California medical school; repeals Section 2119; and repeals Section 2178 and 2185.

Licensing Midwives: Amends B&P Section 2506 to revise the definition of an accrediting organization to be one approved by the Board; and amends B&P Sections 2512.5, 2513 and 2520 to allow the Board to make arrangements with organizations to designate additional exams for midwifery and

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eliminate the specific costs referenced for the exam.

Registered Dispensing Opticians: Amends B&P Section 2565(a) to change the incorrect reference to a certificate from "license" to "registration"; and repeals B&P Section 2566.1(a) and (b) related to separate initial application and registration fees for spectacle lens dispenser and replaces these with one initial registration fee of $100.

General Medicine/Office Practices

AB 109 (Knox, Chapter 164) This bill requires any employer (i.e. state agencies; medical groups and independent practitioners who employ office staff; etc.) who provides sick leave for employees to allow employees to use up to six months of sick leave accrued during a calendar year to attend to an illness of an employee's child, parent, or spouse. Prohibits an employer from denying an employee the right to use sick leave and from discharging, demoting or suspending an employee for exercising his or her right to use sick leave. Employees aggrieved by a violation of this section would be entitled to reinstatement, actual damages and appropriate equitable relief.

AB 261 (Lempert, Chapter 375) This bill revises the standards, procedures or protocols that pharmacists follow to require that, at a minimum, the medical records for the patient be available to both the patients' prescriber and the pharmacist, and that the procedures to be performed by the pharmacist relate to a condition for which the patient has first been seen by a physician.

AB 739 (Pescetti, Chapter 236)* This bill limits the exemption from mandatory reporting of elder abuse to a physician and surgeon, a registered nurse, or a psychotherapist and would revise the circumstances in which the mandated reporter is not required to report an instance of abuse. For those persons required to submit a report, willful failure to report physical abuse, abandonment, financial abuse, or neglect of an elder or dependent adult that results in death or great bodily harm is a violation of the law and punishable by imprisonment or fine or both.

AB 891 (Alquist, Chapter 658) This bill, effective July 1, 2000, makes changes in the durable power of attorney for health care as reflected in changes in the Government Code, the Health & Safety Code, the Probate Code, and the Welfare and Institutions Code. This bill provides for the creation, form and revocation of advanced health care directives for patients without health care surrogates. There are other related changes and conforming changes.

AB 924 (Honda, Chapter 975) This bill revises Schedule II which includes gamma-hydroxybutyrate to also include its immediate precursors isomers, esters, ethers, salts and the salts of the aforementioned including but not limited to gamma-butyrolactione. In addition, gamma-butyrolactone is added to the list of chemical substances for which transactional reports must be made.

AB 1047 (Firebaugh, Chapter 497) This bill requires the Department of Health Services' AIDS treatment program to make available to any eligible person any anti-viral drug approved by the FDA for the treatment of AIDS and HIV, prescribed by the medical care provider and approved by the AIDS Drug Assistance Program Medical Advisory Committee of the Office of AIDS. Any antiviral drug approved for addition to the formulary would be made available to patients covered in the program within 30 days of the office being notified by the manufacturer of the drug.

AB 1545 (Correa, Chapter 914) This bill authorizes a nurse practitioner, functioning under a standardized procedure or protocol, or a physician assistant functioning under the supervision of a physician to:

- hand a patient of the supervising physician a properly labeled prescription drug prepackaged by a physician, a manufacturer, or a pharmacist; and
- sign for the delivery of a complimentary sample of a dangerous drug or device.

Also, the name of the nurse practitioner who is functioning under a standardized procedure or protocol, or a physician assistant who is functioning under the supervision of a physician, must appear on the container label of any prescription he/she orders. A provision of this bill adds the Board of Registered Nursing and Physician Assistant Examining Committee to the list of regulatory bodies to which the Board of Pharmacy is required to forward complaints related to the dispensing of dangerous drugs or devices.

AB 1557 (Migden, Chapter 695) This bill requires the Department of Health Services to adopt regulations by January 1, 2001 for "certified phlebotomy technicians." All unlicensed persons employed by a clinical laboratory or public health department who perform venipuncture or skin perforation will be required to obtain certification. The department is authorized to charge a fee not to exceed $25 for application and renewal of the certificate.

AB 1558 (Wildman, Chapter 922) This bill, effective January 1, 2000, requires physicians and surgeons who collect biological specimens to secure or ensure that his/her employees secure these specimens in a locked container when placed in a public area. The Medical Board may impose a fine of $1,000 for violations of this provision commencing July 1, 2000. (See SB 765, Schiff, p. 13.)

SB 97 (Burton, Chapter 155) This bill prohibits any health facility from discriminating against a patient or employee who

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presents a grievance or cooperates in any investigation against that facility relating to the care, services, or conditions at the facility. (Inmates housed in local detention facilities including a county jail or juvenile hall, juvenile camp or other juvenile detention facility are exempted from this law.) Facilities violating the provisions of this law are subject to a civil penalty of not more than $25,000. Provides a misdemeanor penalty of up to $20,000 for any person who willfully violates the provisions of this law. Provides reinstatement, reimbursement for lost wages, benefits and legal costs to employees discriminated against.

SB 188 (Leslie, Chapter 900, Urgency) This bill is urgency legislation (effective October 10, 1999) and allows hospitals with 100 or fewer beds that do not employ a full-time pharmacist to obtain a license from the Board of Pharmacy to dispense drugs to inpatients, emergency patients under treatment in the hospital or to outpatients of a rural hospital.

SB 349 (Figueroa, Chapter 544) This bill would define emergency services and care to include additional screening, examination, and evaluation by a physician, or other personnel to the extent permitted by applicable law and within the scope of their licensure and clinical privileges, to determine if a psychiatric emergency medical condition exists as provided under the bill. The bill would provide that this definition of emergency services and care shall not apply to services provided under managed care contracts with the Medi-Cal program to the extent those services are excluded from coverage under the contract. This bill would state that these provisions defining emergency services and care are a clarification of the definition of emergency services and care and a clarification of an existing responsibility and not the addition of a new responsibility. This bill would also provide that those provisions defining emergency services and care do not affect the scope of licensure or clinical privileges for clinical psychologists or other medical personnel.

SB 433 (Johnson, Chapter 932) This bill requires court-connected and private child custody evaluators to complete specified domestic violence training. On or after January 1, 2005, all child custody evaluators must be one of the following: a licensed physician (either board certified in psychiatry or must have completed a residency in psychiatry); a licensed psychologist; a licensed marriage and family therapist; a licensed clinical social worker; a court-connected evaluator certified by the court; or, under specified circumstances, may be an individual stipulated to by the parties and approved by the court.

SB 765 (Schiff, Chapter 748) This bill requires after July 1, 2000, that all persons who collect biological specimens for clinical testing or examination secure these specimens. After January 1, 2001, all clinical laboratory employees, agents, and couriers who retrieve these specimens located in a specified public place that are not secured in a locked container must notify the licensee by attaching a form to the container and mailing a copy to the Department of Consumer Affairs. (See AB 1558, Wildman, p. 12.)

SB 816 (Escutia, Chapter 749) This bill revises existing provisions of law permitting physician assistants and nurse practitioners to furnish prescription drugs under the supervision of a physician. It clarifies that this is a prescribing activity for purposes of registering with the Drug Enforcement Agency (DEA). Further provisions of this bill require all physician assistants and nurse practitioners who are authorized to furnish or issue drug orders for controlled substances to register with the DEA.

Public Health

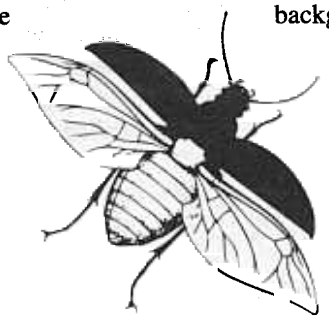
AB 63 (Ducheny, Chapter 765) This bill creates the state Office of Binational Border Health to facilitate cooperation between Californian and Mexican health officials to reduce the risk of disease in the California border region. The Office will be required to convene a voluntary community advisory committee to develop a strategic plan and requires the office to report the recommendations of the committee to the California members of the federal commission and submit an annual report to the Director of Health Services, the Governor, and the Legislature.

SB 741 (Alpert, Chapter 747) This bill adds to the list of childhood diseases for which the Legislature intends to achieve immunization. Varicella is added to the list of diseases required to be vaccinated for before a child may be admitted to a public, private elementary or secondary school, child care center, nursery, day care center or developmental center. This will become effective July 1, 2001.

SB 1115 (Chesbro, Chapter 668) This bill creates the Lyme Disease Advisory Committee in the Department of Health Services composed of members of selected groups. The Department is required to establish a Lyme disease information program and the Committee is required to advise and make recommendations to the Department relating to Lyme disease. The Committee will provide information to the Occupational Safety and Health Standards Board regarding the risk factors for exposure to Lyme disease so that the Board may determine which employees should be required to receive the vaccine as a condition of employment.

New Handbook Available on Pesticide Poisoning

Many California physicians see patients who have been exposed to pesticides. A free manual has been developed by the Office of Pesticide Programs, U.S. Environmental Protection Agency, to assist frontline clinicians dealing in primary care settings with techniques on how to take appropriate histories and diagnose and treat pesticide-related illness and injury.



Recognition and Management of Pesticide Poisonings
5th Edition, March 1999

A Spanish translation also is available:

Reconocimiento y Manejo de los Envenenamientos por Pesticidas
5a Edicion, Septiembre

This new text covers approximately 1,500 pesticide products in an easy-to-use format. The first three chapters deal with background information—general principles in the management of acute pesticide poisonings, taking an occupational and environmental history, and resource listings (hotlines, web sites and description of pertinent governmental and non-governmental organizations). The remaining 16 chapters deal with the specific toxicology, signs and symptoms of poisoning, clinical confirmation of exposure and treatment of intoxication for the major types of pesticides.

Both of these texts are accessible on-line or a hard copy can be ordered at: www.epa.gov/pesticides/safety (click on "Recognition and Management of Pesticide Poisonings," next page, click on "View entire handbook" or click on "Ordering information").

For additional information, please call the Office of Pesticide Programs, U.S. EPA at (703) 305-7666.

Explanation of Disciplinary Language and Actions

"Effective date of Decision"—Example: "October 10, 1999" at the bottom of the summary means the date the disciplinary decision goes into operation.

"Gross negligence"—An extreme deviation from the standard of practice.

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

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

"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.

"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.

"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.

"Revoked"—The license is canceled, voided, annulled, rescinded. The right to practice is ended.

"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.

"Stipulated Decision"—A form of plea bargaining. The case is negotiated and settled prior to trial.

"Surrender"—Resignation under a cloud. While charges are pending, the licensee turns in the license—subject to acceptance by the relevant board.

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

"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).

ADMINISTRATIVE ACTIONS: August 1, 1999 to October 31, 1999
Physicians and Surgeons

AARSTAD, ROBERT F., M.D. (G25775) Shreveport, LA

B&P Code §§141(a), 2305. Disciplined by Louisiana for his failure to disclose substance abuse and restricted privileges on license renewal applications. One year suspension. August 2, 1999

ABRAMOWITZ, SHARON ANN, M.D. (G52348) Oakland, CA

B&P Code §2234. Stipulated Decision. Engaged in an improper post-therapy social relationship with a patient. Public Letter of Reprimand. October 26, 1999

ANDREWS, MARK LEROY, M.D. (G82221) Alamogordo, NM

B&P Code §141(a). Stipulated Decision. Disciplined by Oregon for dispensing medication without being properly registered as a dispensing physician and prescribing controlled substances without following proper procedures. Public Letter of Reprimand. October 25, 1999

BARKAL, PAUL K., M.D. (A44292) San Diego, CA

B&P Code §141(a). Stipulated Decision. Disciplined by Ohio for omitting the pendency of the accusation filed in California from his Ohio renewal application. Original probation extended 6 months from the effective date of the original order. September 24, 1999

BASS, HOWARD REGINALD, M.D. (C39193) Los Angeles, CA

B&P Code §2234. Stipulated Decision. Prescribed controlled substances to 46 patients without performing an initial examination and history, confirming diagnoses and/or medical necessity, or performing periodic re-examinations, and/or documenting the above. Revoked, stayed, 5 years probation with terms and conditions. August 18, 1999

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

B&P Code §§822, 2234(a)(d). Violated terms and conditions of Board probation and mental illness affecting his ability to practice medicine safely. Revoked. August 20, 1999

BENNETT, LOWELL JACOB, M.D. (C33474) Los Angeles, CA

B&P Code §2234. Stipulated Decision. Resumed a sexual relationship with a former girlfriend, who was also a patient, which impaired his judgment and objectivity in providing medical care. Revoked, stayed, 5 years probation with terms and conditions including 30 days actual suspension. October 21, 1999

BRITE, WILLIAM BRADLEY, M.D. (C31276) Glendale, CA

B&P Code §§2234, 2234(b)(c)(d), 2266. Stipulated Decision. Prescribed controlled substances and other dangerous drugs to various friends and family members without performing a good faith medical examination or recording prescriptions and maintaining adequate medical records. Revoked, stayed, 3 years probation with terms and conditions. October 29, 1999

BROWN, DONALD M., M.D. (A22012) Whittier, CA

B&P Code §§725, 2234(b)(c)(d). Stipulated Decision. Unprofessional conduct in the care and treatment of 1 patient. Public Reprimand. August 2, 1999

BUI, LOC DAC, M.D. (A50198) Westminster, CA

B&P Code §2234(c)(d). Stipulated Decision. Failed to properly treat a diabetic hospitalized patient who was suffering from ketoacidosis. Public Letter of Reprimand. September 21, 1999

BURKE, ROBERT C., M.D. (C22163) Los Angeles, CA

B&P Code §2234. Violated terms and conditions of Board probation. Revoked. October 28, 1999

CICINELLI, RICHARD RAY, M.D. (A25427) Palm Desert, CA

B&P Code §141(a). Disciplined by Louisiana based on a guilty plea of knowingly and intentionally dispensing controlled substances outside the usual course of medical practice. Revoked. October 18, 1999

COLLIER, BERT DAVID, M.D. (G40412) Milwaukee, WI

B&P Code §§141(a), 2234(e), 2236(a), 2305. Stipulated Decision. Disciplined by Wisconsin based on his criminal conviction of knowingly and willfully making material false and fraudulent statements and representations to federal officers. Revoked, stayed, 7 years probation with terms and conditions. September 20, 1999

COONLEY, KEVIN GERARD, M.D. (G53194) Sacramento, CA

B&P Code §§822, 2234. Mental illness affecting his ability to practice medicine safely. Revoked. October 18, 1999

COPLEY, NELSON BLACKBURN, M.D. (C18678) Yuba City, CA

B&P Code §2234(b)(c)(d). Gross negligence and incompetence in performing colposcopy, endocervical curettage and cone biopsy. Revoked, stayed, 5 years probation with terms and conditions. August 30, 1999

DARRAS, ROBERT L., M.D. (A20536) Palm Desert, CA

B&P Code §2234(c)(d). Failed to order an ultrasound of a patient's carotid artery and failed to chart significant pieces of information relating to 3 of the patient's office visits. Revoked, stayed, 2 years probation with terms and conditions. October 27, 1999

FAECHER, BRUCE KENNETH, M.D. (A39548)
San Luis Obispo, CA

B&P Code §2234. Stipulated Decision. Failed to maintain adequate medical records and provide adequate care and treatment to 2 patients. Revoked, stayed, 3 years probation with terms and conditions. September 24, 1999

FARBER, LESLIE, M.D. (A38649) Las Vegas, NV

B&P Code §2234(c)(d). Stipulated Decision. Failed to properly oxygenate and treat in an effective and timely fashion a patient in acute respiratory distress, or to obtain appropriate consultation on her condition. Public Reprimand. August 6, 1999

GIBBS, JAMES ALLEN, M.D. (G17470) Huntington Park, CA

B&P Code §2234. Stipulated Decision. Misdiagnosed a skin biopsy. Public Reprimand. September 15, 1999

GURBANI, NARENDRA G., M.D. (A41402) Bellflower, CA

B&P Code §2266. Stipulated Decision. Failed to maintain adequate records for breast examinations on 3 patients and a vaginal examination on 1 patient. Public Letter of Reprimand. August 11, 1999

HADUONG, QUAN, M.D. (G57891) Henderson, NV

B&P Code §2234(c)(d). Stipulated Decision. Committed acts of incompetence and repeated negligence in connection with his treatment of a patient. One year suspension, stayed, 5 years probation with terms and conditions. September 6, 1999

HAYES, CARL ERIC, M.D. (G66485) West Hollywood, CA

B&P Code §2234. Stipulated Decision. No admissions, but charged with committing acts of gross negligence, repeated negligent acts, incompetence, and failing to maintain records in connection with his care and treatment of 6 patients. Suspension, stayed, 1 year probation with terms and conditions. August 2, 1999

HEWITT, ALAN RICHARD, M.D. (G28330) Kensington, CA

B&P Code §2234, 2234(b)(c)(d). Stipulated Decision. Committed acts of gross negligence, incompetence and repeated negligence in the care and treatment of several patients. Revoked, stayed, 6 years probation with terms and conditions. August 18, 1999

JAFEK, BRUCE W., M.D. (A22587) Denver, CO

B&P Code §§141(a), 2234, 2305. Stipulated Decision. Disciplined by Colorado for failing to properly locate the incision of a tracheostomy. Public Letter of Reprimand. September 22, 1999

JONES, NOLAN CARTHELL, M.D. (A30400) Los Angeles, CA

B&P Code §2234. Stipulated Decision. No admissions, but charged with committing acts of gross negligence and repeated negligent acts in his treatment of 4 obstetrical patients and 1 gynecological patient. Revoked, stayed, 4 years probation with terms and conditions. August 2, 1999

KULL, DAVID MICHAEL, M.D. (A33344) Panorama City, CA

B&P Code §2266. Stipulated Decision. Failed to timely dictate 3 operative reports, and failed to document physical examinations which led to conclusions of neuropraxia and the presence of dorsalis pedis pulse in 1 patient. Public Reprimand. October 8, 1999

LANG, GREGORY MICHAEL, M.D. (G36750)
Fort St. John, British Columbia, Canada

B&P Code §§141(a), 2305. Disciplined by Pennsylvania for his failure to pay support. Revoked. September 20, 1999

LEVITT, WILLIAM LAWRENCE, M.D. (G30966) Danville, CA

B&P Code §§2234, 2234(e), 2238. Improperly and illegally disposed of medical waste, including a plastic sharps container which contained approximately 50 used syringes, expired pharmaceuticals and files. Revoked. September 16, 1999

LOWITT, PETER DOUGLAS, M.D. (G21277) New York, NY

B&P Code §141(a). Stipulated Decision. Disciplined by Michigan for failure to complete the required continuing medical education hours for that state from 1995 through 1998. Public Reprimand. September 9, 1999

LUCERO, JOSEPH WILLIAM, M.D. (G64221) Anchorage, AK

B&P Code §§141(a), 2234. Stipulated Decision. Disciplined by Alaska for failing to provide truthful and complete information on a license application. Public Letter of Reprimand. September 7, 1999

MAHBOUBIAN, SOHAIL S., M.D. (A69412) Los Angeles, CA

B&P Code §§480, 2234, 2236, 2237, 2238. Criminal conviction for conspiring to possess and distribute controlled substances. Probationary certificate issued, revoked, stayed, 5 years probation with terms and conditions. March 15, 1999

MATTHEWS, MERRITT STEWART, M.D. (C31976) San Diego, CA

B&P Code §141(a). Stipulated Decision. Disciplined by the U.S. Drug Enforcement Administration for prescribing controlled substances without medical indication. Revoked, stayed, 2 years probation with terms and conditions. October 8, 1999

MEENAKSHI, V., M.D. (A26615) Sacramento, CA

B&P Code §2234(c). Stipulated Decision. Changed medications and varied dosages without allowing sufficient

For further information...

Copies of the public documents attendant to these cases are available at a minimal cost by calling the Medical Board's Central File Room at (916) 263-2525.

time to assess the effectiveness of the treatment and failed to adequately assess whether the patient's deteriorating condition was due to toxicity from the drug therapy. Revoked, stayed, 1 year probation with terms and conditions. September 27, 1999

MOGLEN, LESLIE J., M.D. (C29434) San Francisco, CA

B&P Code §2234(c). Failed to immediately call the paramedics upon recognizing a potentially life-threatening event; failed to assure that specific time markers were established in the records; failed to dictate records in a timely fashion. Operated, managed, conducted or maintained an outpatient setting that was not accredited by an approved accreditation agency. Revoked. September 20, 1999. Judicial review being pursued.

MOINI, KIAN, M.D. (A52617) Bakersfield, CA

B&P Code §§2234(e), 2236. Stipulated Decision. Convicted of 1 count of assault with a deadly weapon. Revoked, stayed, 5 years probation with terms and conditions. September 20, 1999

MONROE, MARK NELSON, M.D. (A39997) Fountain Valley, CA

B&P Code §2266. Stipulated Decision. Omitted relevant information from a patient's medical record. Public Letter of Reprimand. August 31, 1999

Help Your Colleague By Making A Confidential Referral

If you are concerned about a fellow physician who you think 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

NATIVIDAD, MICHAEL MILLO, M.D. (A50155) Claremont, CA

B&P Code §§810, 2234(e), 2261, 2262. Knowingly presented or caused to be presented false claims for the payment of a loss under a contract of insurance; knowingly prepared writings with the intent to present or use same in support of claims; and created false medical records with fraudulent intent. Revoked. August 16, 1999

NGUYEN, NHU-VONG, M.D. (C40790) Carencro, LA

B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Louisiana based on his failure to comply with the standard of care in his treatment of 2 patients, and failure to maintain adequate records. Revoked, stayed, 3 years probation with terms and conditions. September 24, 1999

NOONAN, KEVIN BERNARD, M.D. (G37792) Crockett, CA

B&P Code §§141(a), 2234. Stipulated Decision. Disciplined by North Carolina for assisting in the unauthorized practice of medicine as a corporation; assisting in the unauthorized practice of medicine by 3 physician assistants; participating in fee splitting; and dispensing prescription drugs without a permit. Public Letter of Reprimand. September 8, 1999

PASOS, LEANDRO, M.D. (C42941) Seattle, WA

B&P Code §§141(a), 2234. Stipulated Decision. Disciplined by Washington for prescribing Viagra without first establishing physician-patient relationships. Public Letter of Reprimand. October 13, 1999

PATEL, ASHOK GORDHANBHAI, M.D. (A39766) Cedar Hill, TX

B&P Code §141(a). Stipulated Decision. Disciplined by Texas for failing to practice medicine in an acceptable manner consistent with public health and welfare. Revoked, stayed, 5 years probation with terms and conditions. September 16, 1999

RAMEY, JOHN ALLEN, M.D. (G12564) La Jolla, CA

B&P Code §822. Stipulated Decision. Physical illness affecting his ability to practice medicine safely. Revoked. August 12, 1999

RIVERA, RAUL, M.D. (C27288) El Paso, TX

B&P Code §§141(a), 2239(a), 2305. Disciplined by Texas for alcohol abuse and violated terms and conditions of California probation. Revoked. October 25, 1999

ROSENFELD, IRWIN IRA, M.D. (G34731) Laguna Hills, CA

B&P Code §2238. Stipulated Decision. Excessively prescribed to a known Demerol addict and entered into a business relationship with a patient. Suspension, stayed, 5 years probation with terms and conditions including 30 days actual suspension. September 11, 1999

ROSOLIA, ORAZIO G., M.D. (A20463) Artois, CA

B&P Code §2234. Failed to pass 2 oral clinical examinations. Revoked, stayed, 1 year suspension with terms and conditions. October 25, 1999

SAQUETON, ANTONIO REYES, M.D. (A25602) Stockton, CA

B&P Code §2234(b). Stipulated Decision. Maintained a cluttered office without appropriate treatment facilities; lacked appropriate storage facilities for medical records and necessary implements for the recording of vital signs; lacked an examination room necessary for patient examinations. Public Letter of Reprimand. October 1, 1999

SAMUELS, ARTHUR J., M.D. (C13132) Beverly Hills, CA

B&P Code §2234. Violated terms and conditions of Board probation. Revoked. October 21, 1999

SCHAEFER, SANDRA LEE, M.D. (G49196) Santa Barbara, CA

B&P Code §§2234, 2234(e), 2238. Stipulated Decision. Self-administered pain medication, which was neither prescribed to or intended for her use. Public Reprimand. October 12, 1999

SINAIKO, ROBERT JAMES, M.D. (G24199) San Francisco, CA

B&P Code §§725, 2234(c). Performed experiments on patients without objectively evaluating and documenting the results and their individual response to the treatment. Revoked, stayed, 5 years probation with terms and conditions. October 4, 1999. Judicial review being pursued.

SLATER, ROGER C., M.D. (C18017) Prescott, AZ

B&P Code §2234. Stipulated Decision. Committed unprofessional conduct by allowing a physician assistant to prescribe controlled substances without patient specific orders; improperly supervised a physician assistant by failing to have a written delegation of authority or appropriate written protocols; failed to have written emergency back-up procedures or supervisor; failed to have a written drug formulary. Revoked, stayed, 2 years probation with terms and conditions. August 1, 1999

SMITH-VANIZ, ALISON, M.D. (G85379) San Diego, CA

B&P Code §480. Stipulated Decision. Disability affecting her ability to practice medicine safely. Probationary license issued, 5 years probation with terms and conditions. August 6, 1999.

STEMPLE, DALE ROBERT, M.D. (C36399) Redding, CA

B&P Code §2234. Stipulated Decision. No admissions, but charged with committing acts of gross negligence, incompetence or repeated negligence in the care and treatment of 10 cardiac patients. Revoked, stayed, 5 years probation with terms and conditions. August 11, 1999

SUPANCIC, JAMES STEVEN, JR., M.D. (A52832) Visalia, CA

B&P Code §§2234, 2234(e), 2238, 2239. Stipulated Decision. Prescribed and administered controlled substances for himself and engaged in corrupt and dishonest acts in obtaining controlled substances through the use of fraudulent prescriptions and by ordering controlled substances for personal use. Revoked, stayed, 5 years probation with terms and conditions. September 10, 1999

TAMPOYA, POTENCIANO C., M.D. (C38085) Van Nuys, CA

B&P Code §2234(a)(b). Violated terms and conditions of Board probation. Revoked. October 25, 1999

TANG, ROBERT G., M.D. (G53548) San Francisco, CA

B&P Code §2234. Stipulated Decision. Failed to conduct an appropriate examination which likely would have revealed signs of traumatic spinal cord damage; failed to establish, and follow-up on, a required differential diagnosis of traumatic spinal cord damage; and failed to order cervical x-rays. Revoked, stayed, 5 years probation with terms and conditions. October 21, 1999

THOMAS, JAMES DONALD, M.D. (G21216) Pasadena, CA

B&P Code §§725, 2242. Stipulated Decision. Excessively prescribed Ritalin to 1 patient and prescribed Ritalin to 2 other patients without first conducting a good faith physical examination. Public Letter of Reprimand. August 10, 1999

TODD, WILLIAM E., M.D. (A11838) Columbus, OH

B&P Code §§141(a), 2305. Voluntarily retired from the practice of medicine in Ohio in lieu of formal disciplinary proceedings based on allegations that he prescribed controlled substances for 1 person not in the usual course of practice, without keeping records, and following the expiration of his DEA registration. Revoked. September 24, 1999

TZENG, ROBERT FAN-YANG, M.D. (A39498) La Puente, CA

B&P Code §2234. Stipulated Decision. Criminal conviction for income tax evasion. Revoked, stayed, 4 years probation with terms and conditions. September 24, 1999

UNGER, JEFFREY ROBERT, M.D. (G45569) Chino, CA

B&P Code §2234(b)(c)(d). Stipulated Decision. Failed to timely diagnose and failed to develop an appropriate and timely treatment plan for a patient's breast cancer. Revoked, stayed, 2 years probation with terms and conditions. September 27, 1999

VENKAT, RAMA S., M.D. (A44468) Diamond Bar, CA

B&P Code §2234(c). Stipulated Decision. Failed to conduct a medically adequate evaluation, obtain temperature, take or record an adequate medical history and to evaluate weight gain experienced by an infant patient. Revoked, stayed, 3 years probation with terms and conditions. August 13, 1999

VINCENT, ROBERT ALLEN, M.D. (C35853) Williston, ND

B&P Code §§141(a), 2239(a), 2305. Stipulated Decision. Disciplined by North Dakota based on his addiction to alcohol and controlled substances. Revoked, stayed, 5 years probation with terms and conditions. August 20, 1999

WONG, TIMOTHY KAY, M.D. (G61688) Redwood City, CA

B&P Code §2234. Stipulated Decision. Inadequately documented diagnosis and treatment of a patient. Public Letter of Reprimand. September 14, 1999

YAZDGERDI, DARYOUSH, M.D. (C39626) Vacaville, CA

B&P Code §2234(b)(c)(d). Stipulated Decision. Failed to properly diagnose and treat an inmate-patient's condition of diabetic ketoacedosis which could have resulted in the patient's death or serious injury; and failed to pass a competency examination. Revoked, stayed, 5 years probation with terms and conditions. September 10, 1999

ZEIDNER, H. JEFF, M.D. (G5672) Los Angeles, CA

B&P Code §§2234(b)(c)(d), 2242(a), 2238. Issued approximately 60 prescriptions for dangerous drugs or controlled substances to individuals without first conducting a physical examination, and issued several prescriptions in a patient's name without that patient's knowledge and without medical indication. Revoked. August 20, 1999

DOCTORS OF PODIATRIC MEDICINE

KLEIMAN, ROBERT ALAN, D.P.M. (E1696) Willow Creek, CA

B&P Code §2234. Violated terms and conditions of probation. Revoked, stayed, 2 years added to the current probation with terms and conditions. September 17, 1999

JARVIS, BRIAN DAVID, D.P.M. (EFE3356) Hattiesburg, MS

B&P Code §2305. Stipulated Decision. Disciplined by the U.S. Air Force for alcohol abuse. Revoked, stayed, 3 years probation with terms and conditions. September 23, 1999

PHYSICIAN ASSISTANT

JONES, LEANDER, P.A. (PA12474) Sacramento, CA

B&P Code §2234. Stipulated Decision. Engaged in a consensual sexual relationship with a patient while the patient was under his care. Revoked, stayed, 5 years probation with terms and conditions. August 26, 1999

SURRENDER OF LICENSE WHILE CHARGES PENDING

PHYSICIANS AND SURGEONS

DIA, MOHAMED F., M.D. (A21877) Torrance, CA
September 30, 1999

FREEMAN, DEAN ANDRE, M.D. (A47923) Santa Barbara, CA
September 15, 1999

GEIGER, JOHN PERRY, JR., M.D. (C37581) San Rafael, CA
September 24, 1999

HARRIS, CLIFTON GORDON, III, M.D. (G24645) Visalia, CA
August 1, 1999

ISSA, ADLY, M.D. (A34603) Hemet, CA
October 5, 1999

ROMANICK, MICHAEL ROBERT, M.D. (G64137) Lakewood, CA
August 25, 1999

ROSENBERG, ALAN D., M.D. (G10118) San Pablo, CA
September 3, 1999

SARKISIAN, CHARLES S., M.D. (A21467) San Gabriel, CA
August 24, 1999

SHAH, RASHMIKANT KANTILAL, M.D. (A36852) Bakersfield, CA
October 19, 1999

STELLER, PETE H., M.D. (A8170) Moreno Valley, CA
October 12, 1999

SUZUKI, ANTHONY, M.D. (G69401) Long Beach, CA
September 3, 1999

TREFIL, JON CHARLES, M.D. (G23083) Albion, CA
October 29, 1999

VICENCIO, VAILA SISON, M.D. (A41481) Walnut, CA
September 1, 1999

WAITE, VERNER S., M.D. (G3443) Cypress, CA
October 1, 1999

ZEVALLOS, CARLOS A., M.D. (C40546) Sun Valley, CA
August 4, 1999

PHYSICIAN ASSISTANT

MACIAS, CARLOS OROSCO, JR., P.A. (PA13279) Whittier, CA
September 22, 1999

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ACTION REPORT - JANUARY 2000
Candis Cohen, Editor, (916) 263-2389

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