

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the First Amended  
Accusation and Petition to Revoke  
Probation Against:**

**JOSE FELIX HUERTA-IBARRA, M.D.**

**Case No. 19-2011-219469**

**Physician's and Surgeon's  
Certificate No. A 94115**

**Respondent**

---

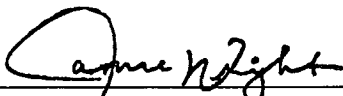
**DECISION**

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on September 21, 2016.

IT IS SO ORDERED: August 22, 2016.

**MEDICAL BOARD OF CALIFORNIA**

  
\_\_\_\_\_  
Jamie Wright, JD, Chair  
Panel A

1 KAMALA D. HARRIS  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
3 GREG W. CHAMBERS  
Deputy Attorney General  
4 State Bar No. 237509  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
Telephone: (415) 703-5723  
6 Facsimile: (415) 703-5480  
*Attorneys for Complainant*

7  
8 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
**DEPARTMENT OF CONSUMER AFFAIRS**  
9 **STATE OF CALIFORNIA**

10 In the Matter of the First Amended  
11 Accusation/Petition to Revoke Probation  
12 Against:

13 **JOSE FELIX HUERTA-IBARRA, M.D.**  
14 **50 Penny Lane**  
**Watsonville, CA 95076**

15 **Physician's and Surgeon's Certificate No.**  
**A94115**

16 Respondent.

Case No. 19-2011-219469

**STIPULATED SETTLEMENT AND**  
**DISCIPLINARY ORDER**

17  
18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
19 entitled proceedings that the following matters are true:

20 PARTIES

21 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical  
22 Board of California. She brought this action solely in her official capacity and is represented in  
23 this matter by Kamala D. Harris, Attorney General of the State of California, by Greg W.  
24 Chambers, Deputy Attorney General.

25 2. Respondent Jose Felix Huerta-Ibarra, M.D. ("Respondent") is represented in this  
26 proceeding by attorney Thomas E. Still, Esq. whose address is: Hinshaw, Marsh, Still &  
27 Hinshaw, 12901 Saratoga Avenue, Saratoga, CA 95070.  
28

3. On or about February 17, 2006, the Medical Board of California issued Physician's and Surgeon's Certificate No. A94115 to Respondent. Said certificate is renewed and will expire on February 28, 2018. Said certificate was the subject of disciplinary action that became effective July 21, 2011, at which time the Board revoked the certificate, but stayed the order of revocation and placed Respondent on probation for five (5) years, with terms and conditions. Included in the terms and conditions of Respondent's probation was the requirement that he successfully complete a clinical training program in the time and manner prescribed in the Decision.

## JURISDICTION

4. First Amended Accusation/Petition to Revoke Probation No. 19-2011-219469 was filed before the Medical Board of California (“Board”), Department of Consumer Affairs, and is currently pending against Respondent. The First Amended Accusation/ Petition to Revoke Probation and all other statutorily required documents were properly served on Respondent on October 15, 2014. Respondent timely filed his Notice of Defense contesting the First Amended Accusation/ Petition to Revoke Probation.

5. A copy of First Amended Accusation/ Petition to Revoke Probation No. 19-2011-219469 is attached as exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation/ Petition to Revoke Probation No. 19-2011-219469. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended Accusation/Petition to Revoke Probation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

## CULPABILITY

9. Respondent admits the truth of each and every charge and allegation in First Amended Accusation/Petition to Revoke Probation No. 19-2011-219469.

10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

## CONTINGENCY

11. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (“PDF”) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

## DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A94115 issued to Respondent Jose Felix Huerta-Ibarra, M.D. is revoked. However, the revocation is stayed and

Respondent is placed on probation for three (3) years, which term shall be consecutive to any probation remaining on the Decision and Order in the Medical Board of California Case No. 03-2008-192165, and subject to the following additional terms and conditions.

1. EDUCATION COURSE. Within sixty (60) calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education ("CME") requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for sixty-five (65) hours of CME of which forty (40) hours were in satisfaction of this condition.

2. PRESCRIBING PRACTICES COURSE. Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices equivalent to the Prescribing Practices Course at the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine ("Proscribing Program"), approved in advance by the Board or its designee. Respondent shall provide the program with any information and documents that the Program may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education ("CME") requirements for renewal of licensure.

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of

1 this Decision.

2 Respondent shall submit a certification of successful completion to the Board or its  
3 designee not later than fifteen (15) calendar days after successfully completing the course, or not  
4 later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

5 3. MEDICAL RECORD KEEPING COURSE. Within sixty (60) calendar days of the  
6 effective date of this Decision, Respondent shall enroll in a course in medical record keeping  
7 equivalent to the Medical Record Keeping Course offered by the Physician Assessment and  
8 Clinical Education Program, University of California, San Diego School of Medicine ("Record  
9 Keeping Program"), approved in advance by the Board or its designee. Respondent shall provide  
10 the program with any information and documents that the Program may deem pertinent.  
11 Respondent shall participate in and successfully complete the classroom component of the course  
12 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
13 complete any other component of the course within one (1) year of enrollment. The medical  
14 record keeping course shall be at Respondent's expense and shall be in addition to the CME  
15 requirements for renewal of licensure.

16 A medical record keeping course taken after the acts that gave rise to the charges in the  
17 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
18 or its designee, be accepted towards the fulfillment of this condition if the course would have  
19 been approved by the Board or its designee had the course been taken after the effective date of  
20 this Decision.

21 Respondent shall submit a certification of successful completion to the Board or its  
22 designee not later than fifteen (15) calendar days after successfully completing the course, or not  
23 later than 15 calendar days after the effective date of the Decision, whichever is later.

24 4. MONITORING - PRACTICE. Within thirty (30) calendar days of the effective date  
25 of this Decision, Respondent shall submit to the Board or its designee for prior approval as a  
26 practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons  
27 whose licenses are valid and in good standing, and who are preferably American Board of  
28 Medical Specialties ("ABMS") certified. A monitor shall have no prior or current business or

1 personal relationship with Respondent, or other relationship that could reasonably be expected to  
2 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
3 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
4 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

5 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
6 and Accusation(s), and a proposed monitoring plan. Within fifteen (15) calendar days of receipt  
7 of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a  
8 signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands  
9 the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor  
10 disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan  
11 with the signed statement for approval by the Board or its designee.

12 Within sixty (60) calendar days of the effective date of this Decision, and continuing  
13 throughout probation, Respondent's practice shall be monitored by the approved monitor.  
14 Respondent shall make all records available for immediate inspection and copying on the  
15 premises by the monitor at all times during business hours and shall retain the records for the  
16 entire term of probation.

17 If Respondent fails to obtain approval of a monitor within sixty (60) calendar days of the  
18 effective date of this Decision, Respondent shall receive a notification from the Board or its  
19 designee to cease the practice of medicine within three (3) calendar days after being so notified.  
20 Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring  
21 responsibility.

22 The monitor(s) shall submit a quarterly written report to the Board or its designee which  
23 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
24 are within the standards of practice of medicine, and whether Respondent is practicing medicine  
25 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the  
26 quarterly written reports to the Board or its designee within ten (10) calendar days after the end of  
27 the preceding quarter.

28 If the monitor resigns or is no longer available, Respondent shall, within five (5) calendar

1 days of such resignation or unavailability, submit to the Board or its designee, for prior approval,  
2 the name and qualifications of a replacement monitor who will be assuming that responsibility  
3 within fifteen (15) calendar days. If Respondent fails to obtain approval of a replacement monitor  
4 within sixty (60) calendar days of the resignation or unavailability of the monitor, Respondent  
5 shall receive a notification from the Board or its designee to cease the practice of medicine within  
6 three (3) calendar days after being so notified Respondent shall cease the practice of medicine  
7 until a replacement monitor is approved and assumes monitoring responsibility.

8 In lieu of a monitor, Respondent may participate in a professional enhancement program  
9 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the  
10 University of California, San Diego School of Medicine, that includes, at minimum, quarterly  
11 chart review, semi-annual practice assessment, and semi-annual review of professional growth  
12 and education. Respondent shall participate in the professional enhancement program at  
13 Respondent's expense during the term of probation.

14 5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
15 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
16 Chief Executive Officer at every hospital where privileges or membership are extended to  
17 Respondent, at any other facility where Respondent engages in the practice of medicine,  
18 including all physician and locum tenens registries or other similar agencies, and to the Chief  
19 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
20 Respondent. Respondent shall submit proof of compliance to the Board or its designee within  
21 fifteen (15) calendar days.

22 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

23 6. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is  
24 prohibited from supervising physician assistants.

25 7. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
26 governing the practice of medicine in California and remain in full compliance with any court  
27 ordered criminal probation, payments, and other orders.

28 8. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations



1 under penalty of perjury on forms provided by the Board, stating whether there has been  
2 compliance with all the conditions of probation.

3 Respondent shall submit quarterly declarations not later than ten (10) calendar days after  
4 the end of the preceding quarter.

5 9. GENERAL PROBATION REQUIREMENTS.

6 Compliance with Probation Unit

7 Respondent shall comply with the Board's probation unit and all terms and conditions of  
8 this Decision.

9 Address Changes

10 Respondent shall, at all times, keep the Board informed of Respondent's business and  
11 residence addresses, email address (if available), and telephone number. Changes of such  
12 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
13 circumstances shall a post office box serve as an address of record, except as allowed by Business  
14 and Professions Code section 2021(b).

15 Place of Practice

16 Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
17 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
18 facility.

19 License Renewal

20 Respondent shall maintain a current and renewed California physician's and surgeon's  
21 license.

22 Travel or Residence Outside California

23 Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
24 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
25 (30) calendar days.

26 In the event Respondent should leave the State of California to reside or to practice  
27 Respondent shall notify the Board or its designee in writing thirty (30) calendar days prior to the  
28 dates of departure and return.

1           10. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
2 available in person upon request for interviews either at Respondent's place of business or at the  
3 probation unit office, with or without prior notice throughout the term of probation.

4           11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
5 its designee in writing within fifteen (15) calendar days of any periods of non-practice lasting  
6 more than thirty (30) calendar days and within fifteen (15) calendar days of Respondent's return  
7 to practice. Non-practice is defined as any period of time Respondent is not practicing medicine  
8 in California as defined in Business and Professions Code sections 2051 and 2052 for at least  
9 forty (40) hours in a calendar month in direct patient care, clinical activity or teaching, or other  
10 activity as approved by the Board. All time spent in an intensive training program which has  
11 been approved by the Board or its designee shall not be considered non-practice. Practicing  
12 medicine in another state of the United States or Federal jurisdiction while on probation with the  
13 medical licensing authority of that state or jurisdiction shall not be considered non-practice. A  
14 Board-ordered suspension of practice shall not be considered as a period of non-practice.

15           In the event Respondent's period of non-practice while on probation exceeds eighteen (18)  
16 calendar months, Respondent shall successfully complete a clinical training program that meets  
17 the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary  
18 Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

19           Respondent's period of non-practice while on probation shall not exceed two (2) years.

20           Periods of non-practice will not apply to the reduction of the probationary term.

21           Periods of non-practice will relieve Respondent of the responsibility to comply with the  
22 probationary terms and conditions with the exception of this condition and the following terms  
23 and conditions of probation: Obey All Laws; and General Probation Requirements.

24           12. COMPLETION OF PROBATION. Respondent shall comply with all financial  
25 obligations (e.g., restitution, probation costs) not later than one hundred twenty (120) calendar  
26 days prior to the completion of probation. Upon successful completion of probation,  
27 Respondent's certificate shall be fully restored.

28           13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition

1 of probation is a violation of probation. If Respondent violates probation in any respect, the  
2 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
3 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,  
4 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
5 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
6 the matter is final.

7 14. LICENSE SURRENDER. Following the effective date of this Decision, if  
8 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
9 the terms and conditions of probation, Respondent may request to surrender his or her license.  
10 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
11 determining whether or not to grant the request, or to take any other action deemed appropriate  
12 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
13 shall within fifteen (15) calendar days deliver Respondent's wallet and wall certificate to the  
14 Board or its designee and Respondent shall no longer practice medicine. Respondent will no  
15 longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical  
16 license, the application shall be treated as a petition for reinstatement of a revoked certificate.

17 15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
18 with probation monitoring each and every year of probation, as designated by the Board, which  
19 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
20 California and delivered to the Board or its designee no later than January 31 of each calendar  
21 year.

22 ///

23 ///

24 ///

25 ///

26 ///

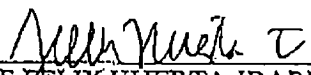
27 ///

28 ///

ACCEPTANCE

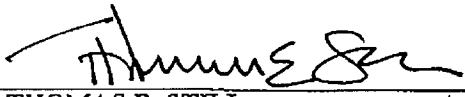
I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Thomas Still. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 4.24.2016

  
JOSE FELIX HUERTA-IBARRA, M.D.  
*Respondent*

I have read and fully discussed with Respondent Jose Felix Huerta-Ibarra, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 4/26/2016

  
THOMAS E. STILL  
*Attorney for Respondent*

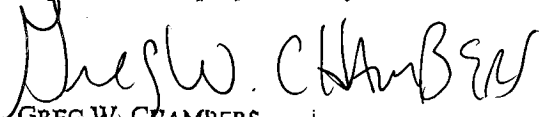
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated:

Respectfully submitted,

KAMALA D. HARRIS  
Attorney General of California  
JANE ZACK SIMON  
Supervising Deputy Attorney General

  
GREG W. CHAMBERS  
Deputy Attorney General  
*Attorneys for Complainant*

SF2013403973  
41506988 2.doc

**Exhibit A**

**First Amended Accusation/Petition to Revoke Probation No. 19-2011-219469**

1 KAMALA D. HARRIS  
Attorney General of California  
2 JOSE R. GUERRERO  
Supervising Deputy Attorney General  
3 VIVIEN H. HARA  
Deputy Attorney General  
4 State Bar No. 84589  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
Telephone: (415) 703-5513  
6 Facsimile: (415) 703-5480  
*Attorneys for Complainant*  
7

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO OCTOBER 15, 2014  
BY: [Signature] ANALYST

8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the First Amended  
Accusation/Petition to Revoke Probation  
Against:

Case No. 19-2011-219469

**JOSE FELIX HUERTA-IBARRA, M.D.**  
50 Penny Lane  
Watsonville, CA 95076

**FIRST AMENDED ACCUSATION AND  
PETITION TO REVOKE PROBATION**

Physician and Surgeon's Certificate  
No. A94115

Respondent.

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer ("Complainant") brings this First Amended Accusation and  
Petition to Revoke Probation solely in her official capacity as the Executive Director of the  
Medical Board of California, Department of Consumer Affairs.

2. On or about February 17, 2006, the Medical Board of California ("Board") issued  
Physician and Surgeon's Certificate Number A94115 to Jose Felix Huerta-Ibarra, M.D.  
("Respondent"). This certificate will expire on February 29, 2016, unless renewed.

3. On or about September 1, 2010, Accusation No. 03-2008-192165 was filed against  
Respondent's Physician and Surgeon's Certificate by the Board. The Board's Decision and Order  
in that matter, effective July 21, 2011, provided that Respondent's certificate was revoked, but the

1 revocation was stayed by a probationary period of five (5) years on terms and conditions which  
2 included obeying all laws and rules governing the practice of medicine in California, compliance  
3 with the Board's probation unit, and payment of probation monitoring costs. A true and correct  
4 copy of the Decision and Order in Case No. 03-2008-192165 is attached hereto as "Exhibit A"  
5 and incorporated herein by reference.

#### 6 JURISDICTION

7 4. This First Amended Accusation and Petition to Revoke Probation is brought before  
8 the Medical Board of California, Department of Consumer Affairs, under the authority of the  
9 following laws. All section references are to the Business and Professions Code ("Code") unless  
10 otherwise indicated.

11 5. Section 2227 of the Code states:

12 "(a) A licensee whose matter has been heard by an administrative law  
13 judge of the Medical Quality Hearing Panel as designated in Section 11371 of the  
14 Government Code, or whose default has been entered, and who is found guilty, or  
who has entered into a stipulation for disciplinary action with the board, may, in  
accordance with the provisions of this chapter:

15 "(1) Have his or her license revoked upon order of the board.

16 "(2) Have his or her right to practice suspended for a period not to exceed  
17 one year upon order of the board.

18 "(3) Be placed on probation and be required to pay the costs of probation  
monitoring upon order of the board.

19 "(4) Be publicly reprimanded by the board. The public reprimand may  
20 include a requirement that the licensee complete relevant educational courses  
approved by the board.

21 "(5) Have any other action taken in relation to discipline as part of an  
22 order of probation, as the board or an administrative law judge may deem proper.

23 "(b) Any matter heard pursuant to subdivision (a), except for warning  
24 letters, medical review or advisory conferences, professional competency  
25 examinations, continuing education activities, and cost reimbursement associated  
26 therewith that are agreed to with the board and successfully completed by the  
27 licensee, or other matters made confidential or privileged by existing law, is deemed  
28 public, and shall be made available to the public by the board pursuant to Section  
803.1."

26 ///

27 ///

28 ///

1           6.    Section 2234 of the Code, states:

2                   "The board shall take action against any licensee who is charged with  
3                   unprofessional conduct. In addition to other provisions of this article, unprofessional  
4                   conduct includes, but is not limited to, the following:

5                           "(a) Violating or attempting to violate, directly or indirectly, assisting in  
6                           or abetting the violation of, or conspiring to violate any provision of this chapter.

7                           "(b) Gross negligence.

8                           "(c) Repeated negligent acts. To be repeated, there must be two or more  
9                           negligent acts or omissions. An initial negligent act or omission followed by a  
10                          separate and distinct departure from the applicable standard of care shall constitute  
11                          repeated negligent acts.

12                          "(1) An initial negligent diagnosis followed by an act or omission  
13                          medically appropriate for that negligent diagnosis of the patient shall constitute a  
14                          single negligent act.

15                          "(2) When the standard of care requires a change in the diagnosis, act, or  
16                          omission that constitutes the negligent act described in paragraph (1), including, but  
17                          not limited to, a reevaluation of the diagnosis or a change in treatment, and the  
18                          licensee's conduct departs from the applicable standard of care, each departure  
19                          constitutes a separate and distinct breach of the standard of care.

20                          "(d) Incompetence.

21                          "(e) The commission of any act involving dishonesty or corruption which  
22                          is substantially related to the qualifications, functions, or duties of a physician and  
23                          surgeon.

24                          "(f) Any action or conduct which would have warranted the denial of a  
25                          certificate.

26                          "(g) The practice of medicine from this state into another state or country  
27                          without meeting the legal requirements of that state or country for the practice of  
28                          medicine. Section 2314 shall not apply to this subdivision. This subdivision shall  
29                          become operative upon the implementation of the proposed registration program  
30                          described in Section 2052.5.

31                          "(h) The repeated failure by a certificate holder, in the absence of good  
32                          cause, to attend and participate in an interview scheduled by the mutual agreement of  
33                          the certificate holder and the board. This subdivision shall only apply to a certificate  
34                          holder who is the subject of an investigation by the board."

35           7.    Section 2241.5 of the Code states, in pertinent part:

36                    "(a) A physician and surgeon may prescribe for, or dispense or  
37                    administer to, a person under his or her treatment for a medical condition dangerous  
38                    drugs or prescription controlled substances for the treatment of pain or a condition  
39                    causing pain, including, but not limited to, intractable pain.



“(b) No physician and surgeon shall be subject to disciplinary action for prescribing, dispensing or administering dangerous drugs or prescription controlled substances in accordance with this section.

“(c) This section shall not affect the power of the board to take any action described in Section 2227 against a physician and surgeon who does any of the following:

“(1) Violates subdivision (b), (c), or (d) of Section 2234 regarding gross negligence, repeated negligent acts, or incompetence.

‘(3) Violates Section 2242 regarding performing an appropriate prior examination and the existence of a medical indication for prescribing, dispensing, or furnishing dangerous drugs.

“(d) A physician and surgeon shall exercise reasonable care in determining whether a particular patient or condition, or the complexity of a patient’s treatment, including, but not limited to, a current or recent pattern of drug abuse, requires consultation with, or referral to, a qualified specialist.

8. Section 2242 of the Code states, in pertinent part:

“(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct.

“(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

“(1) The licensee was a designated physician and surgeon . . . serving in the absence of the patient’s physician and surgeon . . . and if the drugs were prescribed, administered, or furnished only as necessary to maintain the patient until the return of his or her practitioner, but in any case, no longer than 72 hours.

“(3) The licensee was a designated practitioner serving in the absence of the patient’s physician and surgeon . . . and was in possession of or had utilized the patient’s records and ordered the renewal of a medical indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

///

///

///

1           9.     Section 2266 of the Code states: AThe failure of a physician and surgeon to maintain  
2 adequate and accurate records relating to the provision of services to their patients constitutes  
3 unprofessional conduct.@

4           10.    At the time of each and all of the allegations herein Respondent was engaged in the  
5 practice of medicine at his medical offices in Watsonville, California.

6                                   FACTS RE: PATIENT G.S.

7           11.    Respondent first saw 86 year old G.S.<sup>1</sup> as her primary care physician on or about  
8 October 13, 2010. G.S. presented with a complaint of hematuria and had a history of chronic  
9 low back pain, chronic pain syndrome, vascular disease, osteoporosis, and idiopathic peripheral  
10 neuropathy. Respondent ordered lab work and a follow-up visit. Respondent's chart notes from  
11 the follow-up on November 12, 2010 state that "Patient has been treated with big amounts of  
12 opioid medication" by her prior primary care physician for back pain and neuropathy; her current  
13 medications included methadone,<sup>2</sup> Norco,<sup>3</sup> and diazepam."<sup>4</sup> Respondent's notes a discussion  
14 with G.S. regarding the hazards of opioid pain medication but indicates that G.S. chose to

15  
16           <sup>1</sup> The subject patients are identified herein by their initials to maintain patient privacy.  
The patients' full names will be provided to Respondent in discovery.

17           <sup>2</sup> Methadone (methadone hydrochloride) is a synthetic narcotic analgesic with multiple  
18 actions quantitatively similar to those of morphine. It is a dangerous drug as defined in section  
19 4022 and a schedule II controlled substance and narcotic as defined by section 11055, subdivision  
20 (c) of the Health and Safety Code. Methadone can produce drug dependence of the morphine  
21 type and, therefore, has the potential for being abused. Psychic dependence, physical  
dependence, and tolerance may develop upon repeated administration of methadone, and it should  
be prescribed and administered with the same degree of caution appropriate to the use of  
morphine. Methadone should be used with caution and in reduced dosage in patients who are  
concurrently receiving other narcotic analgesics.

22           <sup>3</sup> Norco is a trade name for hydrocodone bitartrate with acetaminophen. Norco tablets  
23 contain 10 mg of hydrocodone bitartrate and 350 mg of acetaminophen. Acetaminophen is a non-  
24 opiate, non-salicylate analgesic and antipyretic. Hydrocodone bitartrate is semisynthetic narcotic  
analgesic and a dangerous drug as defined in section 4022 and a Schedule III controlled substance  
and narcotic as defined by section 11056, subdivision (e) of the Health and Safety Code.  
Repeated administration of hydrocodone over a course of several weeks may result in psychic and  
physical dependence.

25           <sup>4</sup> Diazepam (Valium) is a benzodiazepine and a psychotropic drug for the management of  
26 anxiety disorders or for the short-term relief of the symptoms of anxiety. It is a dangerous drug as  
27 defined in section 4022 and a Schedule IV controlled substance as defined by section 11057(d)(9)  
28 of the Health and Safety Code. Diazepam can produce psychological and physical dependence  
and it should be prescribed with caution particularly to addiction-prone individuals (such as drug  
addicts and alcoholics) because of the predisposition of such patients to habituation and  
dependence.

1 continue taking opioids. Respondent's charted treatment plan for this visit included tapering the  
2 narcotics prescribed for G.S., but a written pain contract was not made with G.S. until March 1,  
3 2012.

4 12. In the following two years Respondent saw G.S. approximately 12 times and wrote  
5 more than 150 prescriptions for large amounts of controlled substances for G.S., including  
6 temazepam,<sup>5</sup> Norco, Vicodin,<sup>6</sup> methadone, and diazepam. Respondent did not order urine screens  
7 during this period of treatment, nor did he consult with, or refer G.S. to, a pain management  
8 specialist or an orthopedist to determine the etiology of her chronic pain.

9 13. Between March 21, 2011 and December 9, 2011, Respondent made no chart entries  
10 for patient G.S. In an interview with Board investigators, Respondent stated that the electronic  
11 medical records system in his office was malfunctioning for that nine month period, so no chart  
12 notes were entered. Respondent entered no handwritten progress notes for that period.

#### 13 FIRST CAUSE FOR DISCIPLINE

14 (Gross Negligence/Negligence/Incompetence – Patient G.S.)

15 14. The allegations of paragraphs 11 through 13, above, are incorporated herein by  
16 reference as if fully set forth.

17 15. Respondent's conduct with respect to his care and treatment of G.S. constitutes gross  
18 negligence, and/or negligence, and/or incompetence by reason of the following acts or omissions:

19 ///

20 ///

---

21 <sup>5</sup> Temazepam is a benzodiazepine and a hypnotic agent. It is a dangerous drug as defined  
22 in section 4022 and a schedule IV controlled substance as defined by section 11057(d)(29) of the  
23 Health and Safety Code. Temazepam is indicated for the short-term treatment of insomnia  
(generally 7-10 days). Patients using temazepam should be warned about the possible combined  
24 effects with alcohol and other central nervous system depressants. As with any hypnotic, caution  
must be exercised in administering temazepam to individuals known to be addiction prone.

25 <sup>6</sup> Vicodin is the trade name for a combination of hydrocodone bitartrate and  
26 acetaminophen. Hydrocodone bitartrate is a semisynthetic narcotic analgesic, a dangerous drug  
as defined in section 4022, a Schedule III controlled substance and narcotic as defined by section  
27 11056, subdivision (c), of the Health and Safety Code. Alcohol and other central nervous system  
28 depressants may produce an additive central nervous system depression, when taken with this  
combination product, and should be avoided. Repeated administration of Vicodin over a course  
of several weeks may result in psychic and physical dependence. At high levels, acetaminophen  
can cause liver toxicity and death.

1 A. Respondent prescribed multiple, concurrent opiates and sedating medications in an  
2 elderly patient without determining the etiology of the pain or its intensity or referring G.S. to the  
3 appropriate specialist to make that determination before continuing such treatment.

4 B. Respondent failed obtain regular laboratory readings of the blood levels of controlled  
5 substances in G.S.' system.

6 C. Respondent failed to consult with or refer G.S. to a pain management specialist  
7 before continuing and escalating dosages of controlled substances for pain.

8 16. Therefore, Respondent is subject to discipline pursuant to sections 2234(b), and/or  
9 (c), and/or (d) of the Code.

#### 10 SECOND CAUSE FOR DISCIPLINE

11 (Prescribing Without Appropriate Examination/Medical Indication – Patient G.S.)

12 17. The allegations of paragraphs 11 through 13, above, are incorporated herein by  
13 reference as if fully set forth.

14 18. Respondent is subject to discipline pursuant to sections 2242 and 2234 of the Code in  
15 that he continued to prescribe large amounts of opiates and benzodiazepines without confirming  
16 the etiology of the pain and medical indication for their continued prescription for this elderly  
17 patient.

#### 18 THIRD CAUSE FOR DISCIPLINE

19 (Inaccurate/Inadequate Record Keeping – Patient G.S.)

20 19. The allegations of paragraphs 11 through 13, above, are incorporated herein by  
21 reference as if fully set forth.

22 20. Respondent is subject to discipline for pursuant to sections 2266 and 2234 of the  
23 Code in that he failed to maintain accurate and adequate medical records during the period of his  
24 care and treatment of patient G.S.

#### 25 FACTS RE: PATIENT M.S.

26 21. Respondent was the primary care physician for patient M.S., a 46 year-old male  
27 paraplegic resident of a skilled nursing facility, from on or about March 4, 2011 to on or about  
28 June 24, 2012. Respondent's chart notes for M.S. indicate he had a history of lumbago,

1 hypertension, chronic pain syndrome, and opioid dependence. M.S. had been on opioid pain  
2 medication for some years. Respondent's medical record for MS contains an undated narcotic  
3 prescription agreement. On this first visit Respondent prescribed methadone and Vicodin for  
4 M.S.

5 22. Over the following 15 months, Respondent prescribed methadone and Vicodin in  
6 combination to M.S. approximately 18 times and increased the overall dose of methadone.  
7 Respondent's records do not reflect any clinical determination of the etiology of M.S.' chronic  
8 pain. Laboratory studies were ordered at infrequent intervals and were insufficient to determine  
9 the levels of narcotics present in M.S. Respondent ordered no imaging diagnostics until 2012.  
10 Respondent did not refer M.S. to a neurologist, a pain management specialist, or an  
11 addictionologist for specialized consultations at any time during the period of M.S.' care and  
12 treatment.

#### 13 FOURTH CAUSE FOR DISCIPLINE

14 (Gross Negligence/Negligence/Incompetence – Patient M.S.)

15 23. The allegations of paragraphs 21 and 22, above, are incorporated herein by reference  
16 as if fully set forth.

17 24. Respondent's care and treatment of M.S. constitutes gross negligence and/or  
18 negligence and/or incompetence by reason of the following acts or omissions:

19 A. Respondent failed to obtain sufficiently frequent lab values for the high dosages  
20 of opioids he prescribed to M.S.

21 B. Respondent failed to order x-rays or other imaging diagnostic studies to  
22 determine the etiology of M.S.' pain

23 C. Although aware of MS's opioid dependence, Respondent prescribed Vicodin to  
24 MS in combination with increasingly high doses of methadone

25 D. Respondent failed to obtain specialist consultation for M.S. with a neurologist,  
26 pain management specialist, or addictionologist.

27 25. Therefore, Respondent is subject to discipline pursuant to section 2234(b) and/or (c)  
28 and/or (d) of the Code.

1 FIFTH CAUSE FOR DISCIPLINE

2 (Prescribing Without Appropriate Examination/Medical Indication - Patient M.S.)

3 26. The allegations of paragraphs 21 and 22, above, are incorporated herein by reference  
4 as if fully set forth.

5 27. Respondent is subject to discipline under sections 2242 and 2234 of the Code in that  
6 he continued to prescribe large and increasing amounts of opioid pain medications to M.S.  
7 without confirming the etiology and intensity of the pain and any continuing medical indication  
8 for those drugs.

9 SIXTH CAUSE FOR DISCIPLINE

10 (Repeated Negligent Acts – Patients G.S. and M.S.)

11 28. The allegations of the First through Fifth Causes for Discipline, above, are  
12 incorporated herein by reference as if fully set forth.

13 29. The acts or omissions described above, for patients G.S. and M.S., whether jointly or  
14 in any combination thereof, constitute repeated negligent acts, and therefore cause exists for  
15 discipline pursuant to section 2234(c) of the Code.

16 FIRST CAUSE FOR REVOCATION OF PROBATION

17 (Failure to Obey All Laws)

18 30. The allegations of the First through Sixth Causes for Discipline, above, are  
19 incorporated herein by reference as if fully set forth.

20 31. The Order of the Board in Case No. 03-2008-192165 (Exhibit A), indicates at  
21 paragraph 12, page 9 that: "If respondent violates probation in any respect, the Board, after giving  
22 respondent notice and the opportunity to be heard, may revoke probation and carry out the  
23 disciplinary order that was stayed."

24 32. The Order in Case No. 03-2008-192165, effective July 21, 2011, indicates at page 7,  
25 paragraph 5, that "respondent shall obey all federal, state and local laws, all rules governing the  
26 practice of medicine in California . . . ." Respondent's conduct in his treatment of patients G.S.

27 ///

28 ///

1 and MS constitutes violations of the laws and rules governing the practice of medicine in  
2 California. Therefore, cause exists to revoke Respondent's probation and reinstate the order of  
3 revocation that was stayed.

#### 4 SECOND CAUSE FOR REVOCATION OF PROBATION

5 (Failure to Pay Costs Associated with Clinical Training Program)

6 33. At page 4, paragraph 1 of the Board's Decision and Order in Case No. 03-2008-  
7 192165, the Board imposed a condition of probation which required Respondent to take and pass  
8 a Clinical Training Program, such as the PACE Program offered by the University of California  
9 at San Diego School of Medicine. Paragraph 1 states: "Respondent shall pay all costs associated  
10 with the clinical training program. Respondent enrolled in the PACE Program and entered Phase  
11 I of the program on May 14, 2012. As part of Phase I of the PACE Program, Respondent was  
12 required to undergo a neuropsychological evaluation, and Respondent was responsible for the  
13 costs of that evaluation. Such an evaluation was performed by a neuropsychologist in Monterey,  
14 California on July 6, July 9, and July 11, 2012. The cost of the evaluation was \$5,547.50.  
15 Respondent failed to pay and continues to fail to pay the cost of the evaluation, and although he  
16 entered into an agreement to pay in installments of \$158.50 on or about April 28, 2013, he has  
17 made no payments on the installment agreement.

18 34. Therefore, by reason of his violation of the condition of his probationary order  
19 concerning payments for the costs associated with the clinical training program, cause exists to  
20 revoke Respondent's probation and reinstate the order of revocation that was stayed.

#### 21 THIRD CAUSE FOR REVOCATION OF PROBATION

22 (Failure to Pay Costs of Probation Monitoring)

23 35. At page 10, paragraph 14 of the Board's Decision and Order in Case No. 03-2008-  
24 192165 states: "Respondent shall pay the costs associated with probation monitoring each and  
25 every year of probation, as designated by the Board, which may be adjusted on an annual basis.  
26 Such costs shall be payable to the Medical Board of California and delivered to the Board or its  
27 designee no later than January 31 of each calendar year. Failure to pay costs within 30 calendar  
28 days of the due date is a violation of probation."

36. As of the date of filing of this First Amended Accusation and Petition to Revoke Probation, Respondent has failed to pay \$3,598.50 in probation monitoring costs for the year 2012 and \$4,080.00 in probation monitoring costs for the year 2013, for a total of \$7,678.50.

37. Therefore, by reason of Respondent's violation of condition 14 of his probationary order, cause exists to revoke Respondent's probation and reinstate the order of revocation that was stayed.

PRA YER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking the Probationary Order imposed upon Respondent by the Board effective July 21, 2011 in Case No. 03-2008-192165 and carrying out the order that was stayed;

2. Revoking Physician's and Surgeon's Certificate No. A94115, issued to Jose Felix Huerta-Ibarra, M.D.

3. Revoking, suspending or denying approval of Jose Felix Huerta-Ibarra, M.D.'s authority to supervise physician's assistants, pursuant to section 3527 of the Code;

4. Ordering Jose Felix Huerta-Ibarra, M.D., if placed on further probation, to pay the annual costs of probation monitoring; and

5. Taking such other and further action as deemed necessary and proper.

DATED: October 15, 2014

*Kimberly Kirchmeyer*  
KIMBERLY KIRCHMEYER.

KIMBERLY KIRCHMEYER, Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*



**FIRST AMENDED ACCUSATION AND PETITION TO REVOKE PROBATION  
AGAINST JOSE FELIX HUERTA-IBARRA, M.D.**

**MEDICAL BOARD OF CALIFORNIA, CASE NO. 19-3022-219469**

**EXHIBIT A**

**DECISION AND ORDER IN CASE NO. 03-2008-192165**

BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation Against: )

JOSE FELIX HUERTA-IBARRA, M.D. )

Case No. 03-2008-192165

Physician's and Surgeon's )  
Certificate No. A94115 )

Respondent. )  
\_\_\_\_\_ )

MEDICAL BOARD OF CALIFORNIA

I do hereby certify that this document is a true  
and correct copy of the original on file in this  
office.

Signature

Cliff Hamilton  
For the Custodian of Records

Title

March 19, 2014  
Date

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Medical Board of California, Department of Consumer Affairs, State of California, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on July 21, 2011.

IT IS SO ORDERED June 21, 2011.

MEDICAL BOARD OF CALIFORNIA

By: \_\_\_\_\_

Shelton Duruisseau  
Shelton Duruisseau, Ph.D., Chair  
Panel A

1 KAMALA D. HARRIS  
Attorney General of California  
2 JOSE R. GUERRERO  
Supervising Deputy Attorney General  
3 BRENDA P. REYES  
Deputy Attorney General  
4 State Bar No. 129718  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
Telephone: (415) 703-5541  
6 Facsimile: (415) 703-5480  
*Attorneys for Complainant*

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 03-2008-192165

13 **JOSE FELIX HUERTA-IBARRA, M.D.**  
14 **50 Penny Lane**  
15 **Watsonville, CA 95076**

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 94115**

Respondent.

18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
19 entitled proceedings that the following matters are true:

20 **PARTIES**

21 1. Linda K. Whitney (Complainant) is the Executive Director of the Medical Board of  
22 California. She brought this action solely in her official capacity and is represented in this matter  
23 by Kamala D. Harris, Attorney General of the State of California, by Brenda P. Reyes, Deputy  
24 Attorney General.

25 2. Respondent Jose Felix Huerta-Ibarra, M.D. (Respondent) is represented in this  
26 proceeding by attorney Edward A. Hinshaw, Esq., whose address is 12901 Saratoga Avenue,  
27 Saratoga, CA 95070.

28 ///

3. On or about February 17, 2006, the Medical Board of California issued Physician's and Surgeon's Certificate No. A 94115 to Jose Felix Huerta-Ibarra, M.D. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 03-2008-192165 and will expire on February 29, 2012, unless renewed.

## JURISDICTION

4. Accusation No. 03-2008-192165 was filed before the Medical Board of California (Board), Department of Consumer Affairs, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on September 1, 2010. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 03-2008-192165 is attached as Exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 03-2008-192165. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

///

111

///

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42
- 43
- 44
- 45
- 46
- 47
- 48
- 49
- 50
- 51
- 52
- 53
- 54
- 55
- 56
- 57
- 58
- 59
- 60
- 61
- 62
- 63
- 64
- 65
- 66
- 67
- 68
- 69
- 70
- 71
- 72
- 73
- 74
- 75
- 76
- 77
- 78
- 79
- 80
- 81
- 82
- 83
- 84
- 85
- 86
- 87
- 88
- 89
- 90
- 91
- 92
- 93
- 94
- 95
- 96
- 97
- 98
- 99
- 100

9. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

## RESERVATION

## CONTINGENCY

///

///

13. The parties understand and agree that facsimile copies of this Stipulated Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

## DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 94115 issued to Respondent Jose Felix Huerta-Ibarra, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions.

1. CLINICAL TRAINING PROGRAM Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical training or educational program equivalent to the Physician Assessment and Clinical Education Program (PACE) offered at the University of California - San Diego School of Medicine ("Program").

The Program shall consist of a Comprehensive Assessment program comprised of a two-day assessment of Respondent's physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to respondent's specialty or sub-specialty, and at minimum, a 40 hour program of clinical education in the area of practice in which Respondent was alleged to be deficient and which takes into account data obtained from the assessment, Decision, Accusation, and any other information that the Board or its designee deems relevant. Respondent shall pay all expenses associated with the clinical training program.

Based on Respondent's performance and test results in the assessment and clinical education, the Program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, treatment for any medical condition, treatment for any psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with Program recommendations.

///

1 At the completion of any additional educational or clinical training, Respondent shall  
2 submit to and pass an examination. The Program's determination whether or not Respondent  
3 passed the examination or successfully completed the Program shall be binding.

4 Respondent shall complete the Program not later than six months after Respondent's initial  
5 enrollment unless the Board or its designee agrees in writing to a later time for completion.

6 Failure to participate in and complete successfully all phases of the clinical training  
7 program outlined above is a violation of probation.

8 2. MONITORING - PRACTICE/BILLING Within 30 calendar days of the effective  
9 date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a  
10 practice monitor, the name and qualifications of one or more licensed physicians and surgeons  
11 whose licenses are valid and in good standing, and who are preferably American Board of  
12 Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or  
13 personal relationship with Respondent, or other relationship that could reasonably be expected to  
14 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
15 but not limited to, any form of bartering, shall be in Respondent's field of practice, and must  
16 agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

17 The Board or its designee shall provide the approved monitor with copies of the Decision  
18 and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the  
19 Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement  
20 that the monitor has read the Decision and Accusation, fully understands the role of a monitor,  
21 and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the  
22 proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed  
23 statement.

24 Within 60 calendar days of the effective date of this Decision, and continuing throughout  
25 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall  
26 make all records available for immediate inspection and copying on the premises by the monitor  
27 at all times during business hours and shall retain the records for the entire term of probation.

28 ///

1 The monitor shall submit a quarterly written report to the Board or its designee which  
2 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
3 are within the standards of practice of medicine and whether Respondent is practicing medicine  
4 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the  
5 quarterly written reports to the Board or its designee within 10 calendar days after the end of the  
6 preceding quarter.

7 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
8 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
9 name and qualifications of a replacement monitor who will be assuming that responsibility within  
10 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60 days  
11 of the resignation or unavailability of the monitor, Respondent shall be suspended from the  
12 practice of medicine until a replacement monitor is approved and prepared to assume immediate  
13 monitoring responsibility. Respondent shall cease the practice of medicine within 3 calendar  
14 days after being so notified by the Board or designee.

15 In lieu of a monitor, Respondent may participate in a professional enhancement program  
16 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the  
17 University of California, San Diego School of Medicine, that includes, at minimum, quarterly  
18 chart review, semi-annual practice assessment, and semi-annual review of professional growth  
19 and education. Respondent shall participate in the professional enhancement program at  
20 Respondent's expense during the term of probation.

21 Failure to maintain all records, or to make all appropriate records available for immediate  
22 inspection and copying on the premises, or to comply with this condition as outlined above is a  
23 violation of probation.

24 3. NOTIFICATION Prior to engaging in the practice of medicine, the respondent shall  
25 provide a true copy of the Decision and Accusation to the Chief of Staff or the Chief Executive  
26 Officer at every hospital where privileges or membership are extended to respondent, at any other  
27 facility where respondent engages in the practice of medicine, including all physician and locum  
28 tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance



1 carrier which extends malpractice insurance coverage to respondent. Respondent shall submit  
2 proof of compliance to the Board or its designee within 15 calendar days.

3 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

4 4. SUPERVISION OF PHYSICIAN ASSISTANTS During probation, respondent is  
5 prohibited from supervising physician assistants.

6 5. OBEY ALL LAWS Respondent shall obey all federal, state and local laws, all rules  
7 governing the practice of medicine in California, and remain in full compliance with any court  
8 ordered criminal probation, payments and other orders.

9 6. QUARTERLY DECLARATIONS Respondent shall submit quarterly declarations  
10 under penalty of perjury on forms provided by the Board, stating whether there has been  
11 compliance with all the conditions of probation. Respondent shall submit quarterly declarations  
12 not later than 10 calendar days after the end of the preceding quarter.

13 7. PROBATION UNIT COMPLIANCE Respondent shall comply with the Board's  
14 probation unit. Respondent shall, at all times, keep the Board informed of respondent's business  
15 and residence addresses. Changes of such addresses shall be immediately communicated in  
16 writing to the Board or its designee. Under no circumstances shall a post office box serve as an  
17 address of record, except as allowed by Business and Professions Code section 2021(b).  
18 Respondent shall not engage in the practice of medicine in respondent's place of residence.  
19 Respondent shall maintain a current and renewed California physician's and surgeon's license.

20 Respondent shall immediately inform the Board, or its designee, in writing, of travel to any  
21 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30  
22 calendar days.

23 8. INTERVIEW WITH THE BOARD, OR ITS DESIGNEE Respondent shall be  
24 available in person for interviews either at respondent's place of business or at the probation unit  
25 office, with the Board or its designee upon request at various intervals and either with or without  
26 prior notice throughout the term of probation.

27 9. RESIDING OR PRACTICING OUT-OF-STATE In the event respondent should  
28 leave the State of California to reside or to practice, respondent shall notify the Board or its

1 designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is  
2 defined as any period of time exceeding 30 calendar days in which respondent is not engaging in  
3 any activities defined in Sections 2051 and 2052 of the Business and Professions Code.

4 All time spent in an intensive training program outside the State of California which has  
5 been approved by the Board or its designee shall be considered as time spent in the practice of  
6 medicine within the State. A Board-ordered suspension of practice shall not be considered as a  
7 period of non-practice. Periods of temporary or permanent residence or practice outside  
8 California will not apply to the reduction of the probationary term. Periods of temporary or  
9 permanent residence or practice outside California will relieve respondent of the responsibility to  
10 comply with the probationary terms and conditions with the exception of this condition and the  
11 following terms and conditions of probation: Obey All Laws and Probation Unit Compliance.

12 Respondent's license shall be automatically cancelled if respondent's periods of  
13 temporary or permanent residence or practice outside California total two years. However,  
14 respondent's license shall not be cancelled as long as respondent is residing and practicing  
15 medicine in another state of the United States and is on active probation with the medical  
16 licensing authority of that  
17 state, in which case the two year period shall begin on the date probation is completed or  
18 terminated in that state.

19 10. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT

20 In the event respondent resides in the State of California and for any reason respondent  
21 stops practicing medicine in California, respondent shall notify the Board or its designee in  
22 writing within 30 calendar days prior to the dates of non-practice and return to practice. Any  
23 period of non-practice within California, as defined in this condition, will not apply to the  
24 reduction of the probationary term and does not relieve respondent of the responsibility to comply  
25 with the terms and conditions of probation. Non-practice is defined as any period of time  
26 exceeding 30 calendar days in which respondent is not engaging in any activities defined in  
27 sections 2051 and 2052 of the Business and Professions Code.

28 ///

1 All time spent in an intensive training program which has been approved by the Board or its  
2 designee shall be considered time spent in the practice of medicine. For purposes of this  
3 condition, non-practice due to a Board-ordered suspension or in compliance with any other  
4 condition of probation, shall not be considered a period of non-practice.

5 Respondent's license shall be automatically cancelled if respondent resides in California  
6 and for a total of two years, fails to engage in California in any of the activities described in  
7 Business and Professions Code sections 2051 and 2052.

8 11. COMPLETION OF PROBATION Respondent shall comply with all financial  
9 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
10 completion of probation. Upon successful completion of probation, respondent's certificate shall  
11 be fully restored.

12 12. VIOLATION OF PROBATION Failure to fully comply with any term or condition  
13 of probation is a violation of probation. If respondent violates probation in any respect, the  
14 Board, after giving respondent notice and the opportunity to be heard, may revoke probation and  
15 carry out the disciplinary order that was stayed. If an Accusation, Petition to Revoke Probation,  
16 or an Interim Suspension Order is filed against respondent during probation, the Board shall have  
17 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
18 the matter is final.

19 13. LICENSE SURRENDER Following the effective date of this Decision, if  
20 respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the  
21 terms and conditions of probation, respondent may request the voluntary surrender of  
22 respondent's license. The Board reserves the right to evaluate respondent's request and to  
23 exercise its discretion whether or not to grant the request, or to take any other action deemed  
24 appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender,  
25 respondent shall within 15 calendar days deliver respondent's wallet and wall certificate to the  
26 Board or its designee and respondent shall no longer practice medicine. Respondent will no  
27 longer be subject to the terms and conditions of probation and the surrender of respondent's  
28


1 license shall be deemed disciplinary action. If respondent re-applies for a medical license, the  
2 application shall be treated as a petition for reinstatement of a revoked certificate.

3 14. PROBATION MONITORING COSTS Respondent shall pay the costs associated  
4 with probation monitoring each and every year of probation, as designated by the Board, which  
5 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
6 California and delivered to the Board or its designee no later than January 31 of each calendar  
7 year. Failure to pay costs within 30 calendar days of the due date is a violation of probation.

8 ACCEPTANCE

9 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
10 discussed it with my attorney, Edward Hinshaw, Esq. I understand the stipulation and the effect  
11 it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement  
12 and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
13 Decision and Order of the Medical Board of California.

14  
15 DATED: 5.16.11

  
16 JOSE FELIX HUERTA-IBARRA, M.D.  
17 Respondent

18 I have read and fully discussed with Respondent Jose Felix Huerta-Ibarra, M.D., the terms  
19 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
20 Order. I approve its form and content.

21 DATED: 5-16-11

  
22 EDWARD A. HINSHAW, ESQ.  
23 Attorney for Respondent  
24  
25  
26  
27  
28

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28

Dated: May 19, 2011

Brenda P. Reyes  
BRENDA P. REYES  
Deputy Attorney General  
*Attorneys for Complainant*

11

**Exhibit A**

**Accusation No. 13-2008-192165**

1 EDMUND G. BROWN JR.  
Attorney General of California  
2 JOSE R. GUERRERO  
Supervising Deputy Attorney General  
3 BRENDA P. REYES  
Deputy Attorney General  
4 State Bar No. 129718  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
Telephone: (415) 703-5541  
6 Facsimile: (415) 703-5480  
*Attorneys for Complainant*

8 BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
9 DEPARTMENT OF CONSUMER AFFAIRS  
10 STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. 03 2008 192165

12 JOSE FELIX HUERTA-IBARRA, M.D.  
50 Penny Lane  
13 Wastonville, CA 95076

ACCUSATION

14 Physician's and Surgeon's Certificate  
No. A 94115

15 Respondent.  
16

17  
18 Complainant alleges:

19 PARTIES

20 1. Linda K. Whitney (Complainant) brings this Accusation solely in her official capacity  
21 as the Executive Director of the Medical Board of California, Department of Consumer Affairs.

22 2. On or about February 17, 2006, the Medical Board of California issued Physician's  
23 and Surgeon's Certificate Number A 94115 to Jose Felix Huerta-Ibarra, M.D. (respondent). The  
24 Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the  
25 charges brought herein and will expire on February 29, 2012, unless renewed.

26 ///

27 ///

28 ///

## JURISDICTION

3. This Accusation is brought before the Medical Board of California (Board),<sup>1</sup> Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2004 of the Code states, in relevant part:

"The board shall have the responsibility for the following:

"(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

"(b) The administration and hearing of disciplinary actions.

"(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

"(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

"(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board."

5. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

6. Section 2234 of the Code states, in relevant part:

"The Division of Medical Quality shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter [Chapter 5, the Medical Practice Act].

---

<sup>1</sup> The term "board" means the Medical Board of California. "Division of Medical Quality" shall also be deemed to refer to the Board. (Bus. & Prof Code, § 2002.)



"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence."

PATIENT M.B.<sup>2</sup>

7. On March 25, 2007, at approximately 12:05 p.m., M.B., a 60-year-old woman, presented to the Watsonville Community Hospital Emergency Department (ED) with a chief complaint of vomiting blood for two days. A history of recent heavy alcohol ingestion was noted. On examination, M.B. had abnormal vital signs including hypotension (BP 72/36) and tachycardia (pulse 117). Laboratory values were significant for the following: WBC 9.1; hematocrit 21.9; platelet 73,000; protime 31.6; INR 2.9; AST 235; ALT 85; total bilirubin 11.8; and, Albumin 1.4. Respondent admitted the patient to the hospital at 1:30 p.m. with a diagnosis of gastrointestinal bleeding and cirrhosis. Respondent left a message requesting a GI consultation and later learned that the physician from whom he sought consultation was not available. Respondent assessed the patient to be stable because she was alert, communicative, and not appearing to be bleeding. Respondent did not further seek GI consultation on March 25, 2007.

8. Respondent's admission orders included an octreotide drip; protonix; and, two units of blood. At 4:00 p.m. respondent ordered an additional two units of packed red blood cells and

<sup>2</sup> The patients are referred to by their initials in this document to protect their privacy. Respondent knows the identities of the patients and can confirm them through discovery.

1 he ordered two units be kept on hold at all times. A physician code status order was not  
2 completed. At 10:50 p.m. on May 25, 2007, and at 2:30 a.m. on May 26, 2007, M.B. was  
3 hypotensive and respondent ordered she be treated with a bolus of intravenous fluid. Respondent  
4 was notified of a decreased urine output during this time. Throughout the night the patient's  
5 pulse was difficult to palpate. At 4:00 a.m. on May 26, 2007, the patient was intubated because  
6 she was unarousable, had poor respiratory effort, and was hypotensive. Respondent started her on  
7 a dopamine infusion.

8 9. At 8:00 a.m., M.B. required a neosynephrine infusion because of low blood pressure.  
9 Respondent requested a GI consultation. When the patient was seen at 9:45 a.m. for GI  
10 consultation, she was assessed to be unstable for endoscopy. At 10:30 a.m., M.B. was transfused  
11 four units of fresh frozen plasma and 10 packs of platelets, and she was treated with Vitamin K,  
12 10 mg. subcutaneous daily. M.B. became increasingly more hypotensive and died later that  
13 morning from cardiovascular collapse as a consequence of GI bleeding.

#### 14 FIRST CAUSE FOR DISCIPLINE

15 (Gross Negligence)

16 10. Respondent's certificate to practice medicine is subject to disciplinary action for  
17 unprofessional conduct for gross negligence under Business and Professions Code section 2234  
18 (b) in that respondent failed to timely and appropriately respond to multiple life threatening signs  
19 of clinical deterioration when M.B. was hypotensive, tachycardic, had poor palpable pulses, and  
20 low urine output. The circumstances are as follows:

21 A. Respondent failed to infuse multiple liters of intravenous fluids to reverse the patient's  
22 clinical deterioration; and/or,

23 B. Respondent failed to check M.B.'s hematocrit to determine if she was anemic and a  
24 blood transfusion was necessary; and/or,

25 C. Respondent failed to urgently evaluate M.B. for the cause of hypotension in order to  
26 determine appropriate treatment; and/or,

27 ///

28 ///

1 D. When M.B. suffered a further life threatening clinical deterioration requiring intubation  
2 for decreased level of alertness and respiratory failure at approximately 4:00 a.m. on May 26,  
3 2007, respondent failed to appropriately respond by resuscitating the patient with additional  
4 intravenous fluids and blood, and to obtain GI consultation for urgent evaluation.

## 5 SECOND CAUSE FOR DISCIPLINE

6 (Repeated Negligent Acts/Incompetence)

7 11. Respondent's certificate to practice medicine is subject to disciplinary action for  
8 unprofessional conduct under Business and Professions Code section 2234 (a) (general  
9 unprofessional conduct); and/or 2234 (c) (repeated negligent acts); and/or 2234 (d)  
10 (incompetence) arising from his care and treatment of patient M.B. including, but not limited to,  
11 the following acts and/or omissions:

12 A. Respondent failed to identify that patient M.B. had life threatening gastrointestinal  
13 bleeding. Her history of alcoholism, abnormal liver tests, and vomiting blood were indicators of  
14 possible variceal bleeding. Her blood pressure, high pulse, and anemia were suggestive of severe  
15 bleeding. M.B.'s low platelet count and elevated protime suggested that she was very high risk  
16 for continued bleeding. Respondent failed to timely obtain urgent GI consultation and endoscopy  
17 to determine the cause of M.B.'s bleeding and to treat the bleeding disorder; and/or,

18 B. Patient M.B. had low platelets and abnormal clotting time which contributed to the  
19 severity of her bleeding. Respondent failed to timely transfuse fresh frozen plasma to correct  
20 M.B.'s coagulopathy; and/or

21 C. The standard of care is to elicit patient preference for intubation and cardiopulmonary  
22 resuscitation, particularly in the ICU and CCU because such patients are at high risk for requiring  
23 these interventions. Respondent failed to elicit M.B.'s preferences for mechanical ventilation and  
24 CPR.

## 25 PATIENT F.H.

26 12. On May 3, 2007, at approximately 11:00 p.m., F.H., a 77-year-old man, was brought  
27 by ambulance to the Watsonville Community Hospital ED after vomiting blood at home.  
28 Pulmonary examination was notable for bilateral rhonchi, wheezes, and crackles. Significant

1 laboratory results in the ED included WBC 14.2; HCT 38.9; and, hemoglobin 13.0. A frontal  
2 chest x-ray showed increased density in the right medial lower lung field that was not present on  
3 previous chest x-rays. The ED physician initially diagnosed F.H. with a likely GI bleed;  
4 however, the diagnosis was later changed to pneumonia complicated by acute hemoptysis. The  
5 patient was admitted to the hospital.

6 13. Respondent assumed care of F.H. on May 4, 2007. Repeat labs at 7:47 a.m. showed  
7 HCT 30.1 and hemoglobin 10.5. Because the initial chest x-ray showed possible RLL  
8 pneumonia, F.H. was started on p.o. Levaquin and inhalers for COPD and a chest x-ray ordered  
9 for May 5, 2007. After evaluating F.H., respondent expressed uncertainty as to the etiology of the  
10 bleeding. The plan was to check hemoglobin and hematocrit.

11 14. On May 5, 2007, the hematocrit decreased to 27.5. Respondent evaluated F.H. and  
12 noted the patient felt better. Examination of the lungs demonstrated bilateral wheezing, crackles,  
13 and rhonchi. Respondent ordered an abdomen and pelvic CT scan with and without contrast to be  
14 done on May 6, 2007. Respondent noted indications for the abdomen and pelvic CT scan to be  
15 "prostate cancer." At approximately 6:00 a.m. on May 6, 2007, F.H. vomited a massive amount  
16 of blood which led to aspiration and death. A code was called, but F.H. could not be resuscitated.

### 17 THIRD CAUSE FOR DISCIPLINE

18 (General Unprofessional Conduct)

19 15. Respondent's certificate to practice medicine is subject to disciplinary action for  
20 unprofessional conduct under Business and Professions Code section 2234 (a) (general  
21 unprofessional conduct. The circumstances are as follows:

22 A. F.H. presented with a history of a large amount of bleeding. This history along with the  
23 decrease in hematocrit was very concerning for a potential life threatening medical condition.  
24 The history of pulmonary symptoms (cough, sputum production) and physical examination signs  
25 of crackles, wheezes, and rhonchi suggested a pulmonary source of bleeding. Respondent did not  
26 refer F.H. to a pulmonologist for evaluation for hemoptysis. Respondent did not sufficiently rule  
27 out other possible sources of bleeding, such as obtaining an ENT evaluation to rule out a nasal  
28 source of bleeding or an NG tube placement or GI consultation to rule out a GI bleeding source.

1 Respondent failed to diagnose and appropriately manage the patient's hemoptysis.

2 **FOURTH CAUSE FOR DISCIPLINE**

3 (Repeated Negligent Acts)

4 16. The allegations of the First through Third Causes for Discipline, above, are  
5 incorporated herein by reference as if fully set forth.

6 17. Respondent's certificate to practice medicine is subject to disciplinary action for  
7 unprofessional conduct under Business and Professions Code section 2234 (c) for repeated  
8 negligent acts.

9 **PRAYER**

10 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
11 and that following the hearing, the Medical Board of California issue a decision:

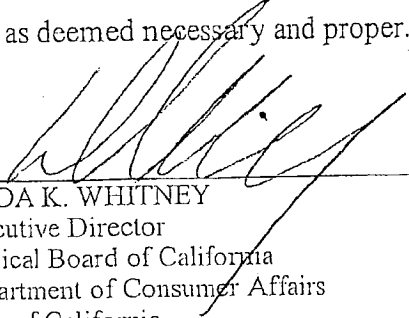
12 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 94115,  
13 issued to Jose Felix Huerta-Ibarra, M.D.;

14 2. Prohibiting respondent from supervising physician assistants pursuant to section 3527  
15 of the Code;

16 3. Ordering respondent, if placed on probation, to pay the costs of probation monitoring;  
17 and,

18 4. Taking such other and further action as deemed necessary and proper.

19  
20 DATED: September 1, 2010

  
LINDA K. WHITNEY  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
Complainant

21  
22  
23  
24  
25 SF2010400528  
20329222.docx