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

In the Matter of the First Amended Accusation Against: **Gary R. Barker, M.D.** **Physician's and Surgeon's Certificate No. G 46937** **Respondent.**	**Case No. 800-2019-063038**

DECISION

The attached Stipulated Surrender of License 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 14, 2022.

IT IS SO ORDERED September 7, 2022.

MEDICAL BOARD OF CALIFORNIA

William Prasifka
Executive Director

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
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Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **GARY R. BARKER, M.D.** **Loma Linda University Medical Center** **11234 Anderson, Room A560** **Loma Linda, CA 92354** **Physician's and Surgeon's Certificate No. G 46937,** Respondent.	Case No. 800-2019-063038 OAH No. 2021100308 **STIPULATED SURRENDER OF LICENSE AND DISCIPLINARY ORDER**

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

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Rosemary F. Luzon, Deputy Attorney General.

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2. Gary R. Barker, M.D. (Respondent) is represented in this proceeding by attorney E. Nathan Schilt, Esq., whose address is: Law Office of E. Nathan Schilt, 11165 Mountain View, Suite 121, Loma Linda, CA 92354.

3. On or about June 4, 2003, the Medical Board issued Physician's and Surgeon's Certificate No. G 46937 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2019-063038 and will expire on June 30, 2023, unless renewed.

JURISDICTION

4. On or about March 15, 2022, First Amended Accusation No. 800-2019-063038 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on or about March 15, 2022, at his address of record. Respondent timely filed his Notice of Defense contesting the First Amended Accusation.

5. A true and correct copy of First Amended Accusation No. 800-2019-063038 is attached as Exhibit A and incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2019-063038. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License 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; 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, having been fully advised of same by his attorney, E. Nathan Schilt, Esq.

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8. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations in First Amended Accusation No. 800-2019-063038, and Respondent hereby gives up his rights to contest those charges. Respondent further agrees that he has thereby subjected his Physician's and Surgeon's Certificate No. G 46937 to disciplinary action. Respondent hereby surrenders his Physician's and Surgeon's Certificate No. G 46937 for the Board's formal acceptance.

10. Respondent agrees that his Physician's and Surgeon's Certificate No. G 46937 is subject to discipline and he agrees to be bound the Board's imposition of discipline as set forth in the Discipline Order below.

11. Respondent further agrees that if he ever petitions for reinstatement of his Physician's and Surgeon's Certificate No. G 46937, or if an accusation or petition to revoke probation is ever filed against him before the Medical Board of California, all of the charges and allegations contained in First Amended Accusation No. 800-2019-063038 shall be deemed true, correct, and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California or elsewhere.

12. Respondent understands that, by signing this stipulation, he enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his Physician's and Surgeon's Certificate No. G 46937 without further notice to, or opportunity to be heard by, Respondent.

CONTINGENCY

13. 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 may communicate directly with the Board regarding this stipulation and surrender, 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 Surrender 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.

14. This Stipulated Surrender of License and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final, and exclusive embodiment of the agreements of the parties in the above-entitled matter.

15. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Surrender of License and Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

16. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 46937, issued to Respondent Gary R. Barker, M.D., is surrendered and accepted by the Medical Board of California.

1. The surrender of Respondent's Physician's and Surgeon's Certificate No. G 46937 and the acceptance of the surrendered license by the Medical Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Medical Board of California.

2. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Medical Board's Decision and Order.

3. Respondent shall cause to be delivered to the Medical Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Medical Board's Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Medical Board shall treat it as a petition for reinstatement.

Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in First Amended Accusation No. 800-2019-063038 shall be deemed true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent shall pay the Medical Board a portion of its costs of investigation and enforcement in this matter in the amount of $7,366.25 (seven thousand three hundred sixty-six dollars and twenty-five cents) prior to issuance of a new or reinstated license.

6. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in First Amended Accusation No. 800-2019-063038 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Disciplinary Order and have fully discussed it with my attorney, E. Nathan Schilt, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. G 46937. I enter into this Stipulated Surrender of License and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: May 12, 2022

GARY R. BARKER, M.D.
Respondent

I have read and fully discussed with Respondent Gary R. Barker, M.D., the terms and conditions and other matters contained in this Stipulated Surrender of License and Disciplinary Order. I approve its form and content.

DATED: 5/12/22

E. NATHAN SCHILT, ESQ.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: May 12, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

ROSEMARY F. LUZON
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2019-063038

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Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **Gary R. Barker, M.D.** **Loma Linda University Medical Center** **11234 Anderson, Room A560** **Loma Linda, CA 92354** **Physician's and Surgeon's Certificate No. G 46937,** Respondent.	Case No. 800-2019-063038 **FIRST AMENDED ACCUSATION**

PARTIES

1. William Prasifka (Complainant) brings this First Amended Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about June 4, 2003, the Medical Board issued Physician's and Surgeon's Certificate No. G 46937 to Gary R. Barker, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2023, unless renewed.

JURISDICTION

3. This First Amended Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2220 of the Code states:

> Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. . .

5. Section 2227 of the Code states:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the 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:
>
> (1) Have his or her license revoked upon order of the board.
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> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
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> . . .

6. Section 2234 of the Code states:

> The board 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:
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> . . .
>
> (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.

. . .

7. Section 2266 of the Code states:

The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.

COST RECOVERY

8. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

(b) In the case of a disciplined licensee that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(g) (1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

9. Respondent has subjected his Physician's and Surgeon's Certificate No. G 46937 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patients A,[1] as more particularly alleged hereinafter:

10. On or about July 31, 2014, Patient A, a 41-year-old male, presented to Dr. H.R. for a urology consultation. According to the Progress Notes for this visit, Patient A had a three-month history of a perineal[2] mass that increased in size from a pea to approximately 1 centimeter. The mass was mildly tender causing pain in the right teste. An ultrasound and MRI of the teste was negative for a mass or other findings. Dr. H.R. reviewed the MRI images and confirmed no visible mass. Patient A denied trauma, hematuria, instrumentation, or previous surgery. Patient A had considerable anxiety. There was a concern of urethral cancer.

11. Respondent assisted Dr. H.R. with the examination of Patient A. They performed a cystoscopy to assess the possibility of a urethral mass. The cystoscopy was negative for a urethral mass.

[1] References to "Patient A" herein are used to protect patient privacy.

[2] In males, the perineum is the area between the anus and the scrotum.

12. According to the "Review of Systems" section of the Progress Notes, Patient A was positive for testicular pain. However, he was negative for dysuria, hematuria, flank pain, discharge, penile swelling, difficulty urinating, genital sores, and penile pain. He was noted to be nervous and anxious. On physical exam, a one centimeter lesion was identified on the left proximal crus at the junction with the spongiosum.[3] The lesion was described as firm, mobile, appeared to be proximally attached, and mildly tender.

13. According to the "Plan" section of the Progress Notes, Patient A had a "perineal mass adjacent to the penile crus and urethra" with groin, perineal, and testicular pain. He was noted to be anxious about the lesion. Following examination of the lesion, Respondent and Dr. H.R. recommended excision. The procedure of excision and the risks and complications of bleeding, pain, infection, further surgery or procedure, and anesthetic complications were explained to Patient A, along with the possibility of needing a catheter following the operation. Patient A's questions were answered, and he was noted to be "relieved at the negative urethroscopy and the low probability of this [mass] being malignant." Surgery would be scheduled with Respondent and the consent was signed.

14. At the end of the visit, Patient A and Respondent discussed and signed an "Informed Consent Progress Note." Respondent filled out the consent form. Next to the name of the procedure, Respondent wrote: "local excision of scrotal mass, possible cystoscopy." Next to the nature of the procedure, Respondent wrote: "remove scrotal mass." Next to the common risks and side effects related to the procedure and recuperation period, Respondent wrote: "bleeding[,] infection, possible injury to surrounding tissue[,] urethra." Next to the potential benefits of the procedure, Respondent wrote: "remove mass for diagnosis." Next to the likelihood of achieving treatment goals, Respondent wrote: "90%." Next to the reasonable alternatives to the procedure, Respondent wrote: "medical therapy." Next to the risks, side effects, and benefits of the alternatives and of receiving no treatment, Respondent wrote: "progression of mass." According to the consent form, the nature of the procedure, the related risks and side effects, the potential

[3] The penile shaft is composed of three erectile columns – the corpus spongiosum and the two corpora cavernosa. The corpus spongiosum is the mass of erectile tissue that lies along the underside of the penis, surrounds the urethra, and is located below the pair of corpus cavernosa.

benefits, the likelihood of success, the reasonable alternatives, and the risks, side effects, and benefits of the alternatives and no treatment were to be discussed with the patient in lay, understandable terms. The consent form, however, did not document, nor did Respondent discuss with Patient A, the possibility that a significant portion of Patient A's erectile tissue might be resected[4] during the procedure resulting in permanent erectile dysfunction not amenable to satisfactory surgical reconstruction.

15. On or about August 7, 2014, Patient A had a preoperative visit with a nurse practitioner. According to the Progress Notes for this visit, Patient A was scheduled for surgery with Respondent on or about August 12, 2014, for "[l]ocal excision of scrotal mass, possible cystoscopy."

16. On or about August 12, 2014, Patient A's surgery took place at a surgical center, with Respondent as the surgeon. In his Operative Report, Respondent described the preoperative diagnosis as "[p]erineal/scrotal mass" and the procedure performed as "[e]xcision of perineal mass with proximal corporal resection." When discussing the indication for the procedure, Respondent referenced the July 31, 2014 visit with Patient A. Respondent wrote, "I saw him in Faculty Medical Offices and discussed the findings. He understands that the mass needed to be excised for pathology purposes because of its apparent rapid onset of mass effect. He was told preoperatively that the mass was adherent to the urethra and structures of the penis and for this reason, injury to surrounding structures is possible." Until the surgery, however, the findings concerning the adherent nature of the mass were not known to Respondent. Therefore, Respondent could not have told Patient A about these findings "preoperatively," including during the July 31, 2014 visit.

17. According to the Operative Report, Respondent placed a midline perineal incision extending up into the base of the scrotum, exposing the bulbar urethra. The mass was palpated on the right side of the bulbar urethra and appeared to be very adherent to the base of the corpus cavernosum on the right. Following additional dissection, the mass was found to be extending anterior to the bulbar urethra and proximal penile urethra and extending across the midline into

[4] Resection generally refers to the removal of tissue or part or all of an organ.

the corpora of the left side of the corpus cavernosum. Respondent noted that the mass "appeared to be extremely adherent to both corpora lending credence to the fact that this appeared to be a malignant process." Respondent then noted, "Consideration was given to resecting just a biopsy[5] versus resection of the entire mass, which ultimately was completed." According to Respondent, the situation was not a medical emergency. Respondent proceeded to resect the proximal portion of the right corpus cavernosum, along with the perineal mass extending across the midline portion of the left proximal corpus cavernosum. Respondent noted that the right corpus cavernosum was attenuated and shortened due to the amount necessary to resect the entire mass. A specimen of the perineal mass was sent to pathology.

18. Prior to the surgery, Respondent and Patient A briefly discussed the surgical center's consent form entitled, "Informed Consent to Treat and Disclose Information," and Patient A signed the form. On the back of the consent form, Patient A identified his ex-wife as the person to whom his protected health information may be disclosed "for purposes of communicating results, findings, and care decisions[.]"

19. According to the consent form, Patient A was affirming his understanding "that the following surgical, medical and/or diagnostic procedures are planned for me and I voluntarily consent and authorize those procedures: LOCAL EXCISION OF SCROTAL MASS; POSSIBLE CYSTOSCOPY." Moreover, the consent form provided that Patient A was affirming he had been informed of "the potential risks, benefits, and side effects of the proposed procedure . . . , the reasonable alternatives to the procedure . . . [and] the risks, benefits and side effects related to the alternatives and the risk of not receiving the procedure or treatments discussed." The consent form also provided that Patient A was consenting to "the performance of operations and procedures in addition to or different from those now planned whether or not arising from presently foreseen conditions, which the doctor named below or his associates or assistants may consider necessary or advisable during the operation or procedure." The consent form, however, did not document, nor did Respondent discuss with Patient A, the possibility that a significant

[5] A biopsy refers to a sample of tissue taken from the body for examination by a pathologist.

portion of Patient A's erectile tissue might be resected during the procedure resulting in permanent erectile dysfunction not amenable to satisfactory surgical reconstruction.

20. On or about August 14, 2014, the pathology results of the perineal mass specimen were received and were negative for malignancy. The specimen was 8.0 x 5.0 x 2.5 centimeters in size, comprising of two cavities extending the length of the specimen. The pathology revealed a benign cystic lymphangioma and adjacent small nodule showing calcification.

21. Following the surgery, Patient A experienced erectile dysfunction, deviation of his penis to the right side of his body, continuing penile pain, and urinary problems, among other issues.

22. Respondent committed gross negligence in his care and treatment of Patient A, which included, but was not limited to, the following:

A. Respondent failed to biopsy intraoperatively Patient A's mass without performing a complete resection of the mass, when such resection would include the bilateral corpora cavernosa with resultant permanent erectile dysfunction; and

B. Respondent proceeded with a surgery that far exceeded the discussed and consented procedure of removal of the one-centimeter scrotal mass.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

23. Respondent has subjected his Physician's and Surgeon's Certificate No. G 46937 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patients A, as more particularly alleged hereinafter:

24. Paragraphs 10 through 22, above, are hereby incorporated by reference and re-alleged as if fully set forth herein.

25. Respondent committed further repeated negligent acts in his care and treatment of Patient A, which included, but were not limited to, the following:

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A. Respondent failed to obtain proper informed consent from Patient A in that Respondent did not document, nor did he discuss with Patient A, the possibility of that a significant portion of Patient A's erectile tissue might be resected during the procedure resulting in permanent erectile dysfunction not amenable to satisfactory surgical reconstruction.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

26. Respondent has subjected his Physician's and Surgeon's Certificate No. G 46937 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records regarding his care and treatment of Patient A, as more particularly alleged in paragraphs 10 through 25, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

PRAYER

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 or suspending Physician's and Surgeon's Certificate No. G 46937, issued to Respondent Gary R. Barker, M.D.;

2. Revoking, suspending or denying approval of Respondent Gary R. Barker, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code, and advanced practice nurses;

3. Ordering Respondent Gary R. Barker, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: MAR 15 2022

WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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