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

In the Matter of the Accusation Against: Lisa Marie Hosbein, M.D. Physician's and Surgeon's Certificate No. G 68163 Respondent.	Case No. 800-2016-022036

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 November 13, 2020.

IT IS SO ORDERED: October 14, 2020.

MEDICAL BOARD OF CALIFORNIA

Ronald H. Lewis, M.D., Chair
Panel A

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

In the Matter of the Accusation Against: **LISA MARIE HOSBEIN, M.D.** **10024 Newtown Rd.** **Nevada City, CA 95959** **Physician's and Surgeon's Certificate No. G 68163** Respondent.	Case No. 800-2016-022036 OAH No. 2019070152 **STIPULATED SETTLEMENT 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). This action was brought by then Complainant Kimberly Kirchmeyer solely in her official capacity.[1] Complainant is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Aaron L. Lent, Deputy Attorney General.

[1] Ms. Kirchmeyer became the Director of the Department of Consumer Affairs on October 28, 2019.

2. Respondent Lisa Marie Hosbein, M.D. (Respondent) is represented in this proceeding by attorney Lawrence S. Giardina, Esq., whose address is: 400 University Ave., Sacramento, CA 95825-6502

3. On or about March 12, 1990, the Board issued Physician's and Surgeon's Certificate No. G 68163 to Lisa Marie Hosbein, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2016-022036, and will expire on May 31, 2021, unless renewed.

JURISDICTION

4. Accusation No. 800-2016-022036 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on April 26, 2019. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2016-022036 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 Accusation No. 800-2016-022036. Respondent has also carefully read, fully discussed with her counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her 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.

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CULPABILITY

9. Respondent understands and agrees that the charges and allegations in the Accusation No. 800-2016-022036, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

10. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in the Accusation No. 800-2016-022036 and that she has thereby subjected her license to disciplinary action.

11. Respondent agrees that if she ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in the Accusation No. 800-2016-022036 shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving respondent in the State of California.

12. Respondent agrees that her Physician's and Surgeon's Certificate No. G 68163 is subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

RESERVATION

13. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

14. 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 her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her 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.

15. Respondent agrees that if she ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against her before the Board, all of the charges and allegations contained in Accusation No. 800-2016-022036 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.

16. 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.

17. 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 68163 issued to Respondent Lisa Marie Hosbein, M.D., is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years from the effective date of the Decision on the following terms and conditions:

1. STANDARD STAY ORDER. However, revocation stayed and Respondent is placed on probation for three years upon the following terms and conditions.

2. EDUCATION COURSE. Within 90 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 65 hours of CME of which 40 hours were in satisfaction of this condition.

3. MEDICAL RECORD KEEPING COURSE. Within 90 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider 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 medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping 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 this Decision.

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

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

calendar days.

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

5. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

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

7. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

8. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's

license.

Travel or Residence Outside California

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

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

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

10. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete the Federation of State Medical Boards's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program

that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

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

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

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

to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

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

15. FUTURE ADMISSIONS CLAUSE. 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 action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2016-022036 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 license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Lawrence S. Giardina, Esq. 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: 7/31/2020 Marie Lisa Hosbein

LISA MARIE HOSBEIN, M.D.
Respondent

I have read and fully discussed with Respondent Lisa Marie Hosbein, 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: 7/31/2020 LAWRENCE GIARDINA

LAWRENCE S. GIARDINA, ESQ.
Attorney for Respondent

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ENDORSEMENT

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

DATED: 7/31/2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General

AARON L. LENT
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2016-022036

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

In the Matter of the Accusation Against: **Lisa Marie Hosbein, M.D.** **10024 Newtown Rd.** **Nevada City, CA 95959** **Physician's and Surgeon's Certificate No. G 68163,** Respondent.	Case No. 800-2016-022036 **A C C U S A T I O N**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about March 12, 1990, the Medical Board issued Physician's and Surgeon's Certificate Number G 68163 to Lisa Marie Hosbein, 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 May 31, 2021, unless renewed.

JURISDICTION

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

4. Section 2227 of the Code provides in pertinent part, 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.

5. 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:

"(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.

"(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.

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

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

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

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

6. 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."

FACTUAL BACKGROUND

7. Respondent is Board-certified in Obstetrics and Gynecology. She runs a practice in which she is the only physician, but she has a physician assistant and a clinical nutritionist on staff. Respondent describes the practice as comprised of approximately 50-60% women's health services, 30-40% treatment of chronic health conditions, and 10-15% wellness treatment. She describes the treatment of chronic health conditions as providing treatment for fatigue, fibromyalgia, "stealth" infections, and gastrointestinal symptoms. Respondent voluntarily relinquished hospital privileges some time ago. She does only minor office procedures in the practice, such as biopsies and injections. Respondent sees approximately six patients per day, on most days. The practice is a cash-pay practice, and she does not bill insurance carriers for her treatment.

8. The following is a brief summary of the symptoms, diagnosis and treatment of conditions at issue in the care of the three patients alleged in this Accusation. Epstein-Barr Virus (EBV), is a member of the herpes virus family. It is one of the most common human viruses and can cause various infectious complaints such as mononucleosis. Most people are infected with EBV at some point in their lives. Chronic or active infection is diagnosed using PCR.[1] Diagnosis

[1] PCR is short for "polymerase chain reaction." It is a scientific process used in molecular biology to duplicate and/or isolate copies of a specific DNA segment to promote medical laboratory research.

for acute and past infection is made through testing the patient's blood for certain antibodies, such as viral capsid antigen (VCA), immunoglobulin G and M (IgG; IgM), and EBV nuclear antigen (EBNA). A patient is considered to have primary EBV infection if he or she has anti-VCA IgM, but does not have the EBNA after at least four weeks of illness. The presence of antibodies to both VCA and EBNA suggests past infection.

9. Chlamydia pneumoniae is a type of bacteria that causes respiratory tract infections. Serological testing is not recommended for diagnosis of chlamydia pneumoniae because blood tests are insufficiently sensitive and insufficiently specific. The only approved method for diagnosing acute chlamydia pneumoniae infection is qPCR.[2] There are no currently validated methods to diagnose "chronic chlamydia infection." Treatment of acute chlamydia pneumoniae infection requires five to ten days of a macrolide class antibiotic. Testing is not always required depending on clinical suspicion, disease severity, cost and other factors. If a patient is acutely ill, it is reasonable to obtain serology for chlamydia pneumoniae, although serologic testing is more useful for ruling the condition in than for ruling it out, and is limited in differentiating current versus past exposure. If a patient is not symptomatic, there is no indication to check chlamydia pneumonie serology episodically.

10. While pneumonia caused by chlamydia pneumoniae is typically mild, and most patients recover without complications, a wide range of auto inflammatory or chronic illness has been associated with chlamydia pneumoniae. The association has not been determined to be a causal relationship, and there is no definitely established disease of chronic chlamydia pneumoniae infection.

11. There are no known guidelines or validated methods for the diagnosis and treatment of a chronic chlamydia pneumoniae infection. There are also no indications for testing and treating bacterial colonization of the nostrils and stool. The skin, nostrils and stool are routinely colonized with bacterial flora, and the standard of care is to not test or treat bacterial colonization except for limited, specific purposes, such as impending surgical procedure or severely

[2] The process of qPCR, stands for "quantitative polymerase chain reaction." This process is related to PCR, but analyzes the reaction as it is taking place to provide additional information about the sample.

immunocompromised states. Apart from these specific circumstances, the risks exposing a patient to antibiotics based on bacterial colonization of the nostrils, skin, and stool, outweigh the benefits.

12. Lyme disease is a bacterial infection that is transmitted to humans through tick bites, and can cause fever, headache, fatigue, and a skin rash. If left untreated, infection can spread to joints, the heart, and the nervous system. The protocol for diagnosing Lyme disease requires a two-tiered test. The first step is a procedure called "EIA" (enzyme immunoassay) or alternately, an "IFA" (indirect immunofluorescence assay). If this test yields negative results, the provider should consider an alternative diagnosis. Or in cases where the patient has had symptoms for less than or equal to thirty days, the provider may treat the patient and follow up with a convalescent serum. If the first test yields positive or equivocal results, two options are available: 1) if the patient has had symptoms for less than or equal to 30 days, an IgM Western Blot is performed; 2) if the patient has had symptoms for more than 30 days, the IgG Western Blot is performed. The IgM should not be used if the patient has been ill for more than 30 days.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence, Patient 1)

13. Respondent is subject to disciplinary action under section 2234, subsection (b), in that she was grossly negligent in her care and treatment of Patient 1.[3] The circumstances are as follows:

14. Patient 1 is a 47-year-old woman who has been seeing Respondent since at least September of 2013. In August of 2014, Patient 1 reported symptoms such as severe weakness and fatigue, edema and pain in the joints, palpitations, diarrhea and "brain fog." She did not report any respiratory symptoms. She had an elevated white blood cell count in the 10-11 thousand range for at least the previous six months.

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[3] The names of the patients alleged in this Accusation are withheld in order to protect their privacy. The patient names are not redacted in the investigative file that will be provided to Respondent in discovery.

15. The first appointment documented in Patient 1's medical record is dated January 19, 2015. Respondent documented a physical examination with only the following statement, "ankles quite swollen, no pitting edema." Respondent did not document any other physical examination findings describing an examination of any other organ system. Despite charting that Patient 1 is experiencing intermittent premature ventricular contractions, and has postponed a cardiac ablation, Respondent did not perform an EKG or even auscultate Patient 1's heart. Respondent did not document why Patient 1 was scheduled for a cardiac ablation. Respondent did not order any imagining to evaluate Patient 1's symptoms of pain and swelling in the joints.[4]

16. Beginning on or about November of 2014, Respondent started Patient 1 on multiple antibiotics to treat a condition she diagnosed as a chronic chlamydia pneumoniae infection. The antibiotic regimen included azithromycin, doxycycline, and flagyl. Azithromycin is known to prolong the Q-T interval. Respondent prescribed azithromycin to Patient 1 without performing an EKG or reviewing a recent EKG from another provider to ensure she was not at risk for a potentially fatal medication induced arrhythmia.

17. Patient 1 was suffering from iron deficiency in September of 2014. Her laboratory test results showed low ferritin values of 9 ng/ml on September 15, 2014, and 11 ng/ml on January 29, 2015. Patient 1 was seeing a hematologist at the same time she was receiving treatment from Respondent. The hematologist was treating Patient 1 with iron transfusions. Respondent did not obtain medical records of Patient 1's treatment with the hematologist or other concurrent providers.

18. Respondent prescribed doxycycline to Patient 1 on numerous occasions, for months at a time, beginning on December 7, 2014. Respondent was aware that Patient 1 was receiving iron transfusions from another physician. Doxycycline has an interaction risk when co-administered with iron salts, resulting in reduced absorption of iron. Doxycycline also has an interaction with magnesium salts, resulting in reduced absorption levels of the antibiotic. Nevertheless, respondent prescribed both doxycycline and magnesium glycinate to Patient 1, both to be taken

[4] In July of 2016, another medical provider ordered an x-ray of Patient 1's left foot, which showed osteophyte formation and spurring, suggesting a chronic process that had likely developed over months to years.

twice a day. Iron deficiency without anemia (such as the kind Patient 1 experienced), is a well known disorder. The clinical presentation of iron deficiency without anemia frequently includes symptoms such as those Patient 1 reported to Respondent, including fatigue, joint pain, and "brain fog."

19. In September of 2014, Respondent concluded that Patient 1 was experiencing a "reactivation" of EBV infection and/or chlamydia pneumoniae based on testing that showed positive IgG antibodies for EBV and VCA antibody components, with a negative IgM for VCA. Following IgG levels as a method of diagnosing EBV or chlamydia pneumoniae is not, however, a validated reliable reflection of infection status because IgG levels for most pathogens remain positive for life and fluctuate for reasons unrelated to the clinical status. Instead, the accepted method to identify active EBV or chlamydia pneumoniae is to perform qPCR analysis.

20. Moreover, even though Patient 1's Western Blot test was negative, Respondent indicated in her chart notes that Patient 1 may be suffering from chronic Lyme disease, citing to the fact that her CD-57[5] was low. Respondent further noted that Patient 1 had only reported a partial improvement in symptoms on azithromycin, doxycycline and metronidazole, and as a result Respondent changed her from azithromycin to cefdinir for seven weeks with the stated purpose of reducing the bacteria that causes Lyme disease. But low CD-57 counts are not clinically useful in diagnosing Lyme disease and is not recommended by the CDC for evaluating Lyme disease.

21. Respondent obtained multiple cultures of Patient 1's nostrils between 2015 and 2016, including in January, July, November and December of 2015 and in May and August of 2016. She obtained a stool culture on August of 2015. Respondent prescribed multiple antibacterial and antifungal agents, administered via oral and intranasal routes, to Patient 1, including amphotericin, flagyl, dozycycline, vancomycin, gentamycin, bactroban, azithromycin, rifampin, defdinir, and amoxicillin. By mid-2016, colonizing bacteria from the nostrils appear to become increasingly drug resistant.

[5] In immunology, the CD-57 antigen (CD stands for cluster of differentiation) is also known as HNK1 (human natural killer-1) or LEU7. It is expressed as a carbohydrate epitope that contains a sulfoglucuronyl residue in several adhesion molecules of the nervous system.

22. Respondent prescribed various antibiotic regimens for Patient 1 starting in February 2014 and extending until and beyond June 7, 2017. A chlamydia serology profile drawn in October of 2015 was entirely negative, but the IgG was again detectable at 1:64 in August of 2016, even though Patient 1's symptoms were improving. Respondent never obtained a qPCR test on Patient 1. Respondent did not have a treatment plan documented in Patient 1's record with the indications established as to when to stop antimicrobial therapy.

23. Paragraphs 7 through 12, above, are incorporated by reference as if fully set forth here.

24. Respondent was grossly negligent in her care and treatment of Patient 1 for her acts including, but not limited to, the following:

a. Failing to obtain medical records from Patient 1's co-treating physician at any time in her treatment of Patient 1;

b. Prescribing a long term antimicrobial therapy for chlamydia pneumoniae infection; and

c. Testing and treating bacterial and fungal colonization in the nostrils and stool of Patient 1.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts, Patient 1)

25. Respondent is subject to disciplinary action under section 2234, subsection (c), in that she committed repeated negligent acts in her care and treatment of Patient 1. The circumstances are as follows:

26. Paragraphs 7 through 24, above are repeated here as if fully set forth.

27. Respondent was repeatedly negligent in her care and treatment of Patient 1 for her acts including, but not limited to, the following:

a. Failing to obtain medical records from Patient 1's co-treating physician at any time in her treatment of Patient 1;

b. Prescribing a long term antimicrobial therapy for chlamydia pneumoniae infection;

c. Testing and treating bacterial and fungal colonization in the nostrils and stool of Patient 1;

d. Performing an inadequate workup and evaluation for Patient's 1's complaints of fatigue, joint pain and elevated white blood count by failing to document and perform a complete physical examination;

e. Failing to perform or review an EKG in a patient with known PVC and scheduled cardiac ablation before prescribing azithromycin;

f. Failing to obtain Patient 1's records from other concurrent providers before starting medication regimens;

g. Failing to evaluate and document potential side effects of the antibiotics she prescribed to Patient 1;

h. Failing to consider pertinent alternative diagnoses for Patient 1's fatigue, such as iron deficiency;

i. Failing to consider medication interactions between medications and supplements Patient 1 was taking; and

j. Improperly evaluating the lab test results of Patient 1 for Chlamydia pneumoniae, EBV, and Lyme disease.

THIRD CAUSE FOR DISCIPLINE

(Repeated Negligent Acts, Patient 2)

28. Respondent is subject to disciplinary action under section 2234, subsection (c), in that she was repeatedly negligent in her care and treatment of Patient 2. The circumstances are as follows:

29. Patient 2 is a 53-year-old man who presented to Respondent's clinic on or about February 26, 2014, reporting that he had been bitten by a tick three days ago, which was the third time he had been bitten by a tick in the last two years. Patient 2 had started doxycycline 200 mg, twice a day, two days before the appointment. Respondent instructed Patient 2 to continue the doxycycline prescription until "the tick comes back negative for Lyme or for six weeks." The dose of doxycycline should have been 100 mg twice a day, for ten days. Respondent also ordered a Western Blot test for diagnosis of Lyme disease to be drawn four months later in June of 2014.

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30. On or about March 18, 2014, Patient 2 reported that the tick results were negative and that he had stopped the antibiotics. On or about July 24, 2014, Patient 2 appeared for another appointment and reported that he was feeling good. The Lyme Western Blot panel was positive for IgM, IgG, and the IFA was "equivocal" at 40. The CD-57 count was 15. Respondent interpreted these results as likely a "false positive/equivocal." Respondent ordered a Chlamydia pneumoniae test, without indicating the reason for the test.

31. On or about August 13, 2014, Respondent had a phone consultation with Patient 2. Respondent told Patient 2 that the Chlamydia pneumoniae test showed elevated IgG at 1:512, which suggested an active infection, recommended Patient 2 take immune supportive herbs and minerals and repeat the Chlamydia pneumoniae and CD-57 lab tests in three months. On or about December 27, 2014, repeat Chlamydia pneumoniae tests showed IgG now reduced from 1:512 to 1:256. The plan was to continue the mineral supplementation and repeat the Chlamydia pneumoniae test in six to eight weeks.

32. On or about June 18, 2015, Patient 2 reported a two-month history of coughing. His Chlamydia pneumoniae test at this time had decreased further to 1:64. Respondent prescribed 14 days of azithromycin, 250 mg per day, and suggested checking a chest x-ray in a week and half if the cough had not improved.[6] She prescribed numerous plant enzymes and other naturopathic remedies. The plan was to repeat lab tests in three months. Respondent also ordered a nasal swab to measure "levels of microbial DNA."

33. On or about July 6, 2015, the cough had improved, but not resolved entirely. Respondent ordered a chest x-ray. On or about July 7, 2015, Respondent had a telephone consultation with Patient 2. Patient 2 reported that the cough had almost completely resolved. Respondent noted the nasopharyngeal swab results showed a "strong fungal load" and "low bacterial load" of non pathogenic fungi and bacteria and that Patient 2 was otherwise asymptomatic. Respondent ordered intranasal antibacterials and antifungals including bactroban,

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[6] When treating community acquired pneumonia with azithromycin, the standard of care is to prescribe 500 mg on day one, and 250 mg daily for an additional four days, for a total treatment of five days.

itraconazole, EDTA and gentamycin sprayed twice a day for four weeks. She also ordered additional naturopathic agents such as activated charcoal and repeat hair mineral analysis in four to five months.

34. Paragraphs 7 through 12, above, are incorporated by reference as if fully set forth here.

35. Respondent was repeatedly negligent in her care and treatment of Patient 2 for her acts including, but not limited to, the following:

a. Providing improper initial testing and treatment of suspected Lyme by prescribing an excessively high and long dose of doxycycline to Patient 2, as well as failing to order a Lyme serology panel at the initial visit, and then and ordering it four months later;

b. Ordering Chlamydia pneumoniae serology panels on three occasions, even though Patient 2 had no documented symptoms or clinical features suggestive of Chlamydia pneumoniae;

c. Prescribing an inappropriate dosage and duration of azithromycin for treatment of community acquired pneumoniae; and

d. Prescribing an inappropriate intranasal antimicrobial treatment for nonpathogenic colonization in Patient 2.

FOURTH CAUSE FOR DISCIPLINE

(Repeated Negligent Acts, Patient 3)

36. Respondent is subject to disciplinary action under section 2234, subsection (c), in that she was repeatedly negligent in her care and treatment of Patient 3. The circumstances are as follows:

37. Patient 3 is a 54-year-old man. His treatment with Respondent between February 25, 2016 and April 28, 2016 shows that he had a past medical history of being treated for chronic Lyme disease and anxiety. He had been treated for chronic Lyme disease for the previous five or six years.

38. On or about March 15, 2016, Patient 3 reported that he had been experiencing intermittent night sweats. He also complained of significant stressors, abdominal cramping, and difficulty weaning off the benzodiazepine lorazepam. On or about April 26, 2016, Patient 3

reported continued anxiety. He reported a history of cold sores as a child. Respondent did not document a physical examination indicating the presence of herpes labialis lesions. Respondent nonetheless started Patient 3 on valacyclovir 1000 mg daily for prevention of oral herpes reactivation. She also continued topical testosterone. Respondent charted that Patient 3 has a history of positive antibody titers to Chlamydia pneumoniae with results in August of 2015, showing IgG at 1:256, and IgA at 1:64.

39. On or about April 28, 2016, Patient 3 had a telephone visit with Respondent. He stated that he would like a better antibiotic other than doxycycline, because stress was making the infection worse and the antibiotic he was currently on was not working well. Patient 3 was already taking doxycycline at this time, at the level of 100 mg twice per day. Respondent suggested "pulsing" metronidazole, 500 mg twice a day on two consecutive days per week, and then taking doxycycline as scheduled. This type of "pulse" dosing of metronidazole is used in treating C.Diff colitis in order to capture differential spore production times. There was no indication for this treatment in the case of Patient 3. There was no indication for any antibiotic regimen in Patient 3's records, as the assessment does not specify a diagnosis associated with an antibiotic plan.

40. Paragraphs 7 through 12, above, are incorporated by reference as if fully set forth here.

41. Respondent was repeatedly negligent in her care and treatment of Patient 3 for her acts including, but not limited to, the following:

a. Treating Patient 3 with suppressive dosing of valacyclovir without an examination showing active infection or lesion, and with no evidence of recurrent and/or severe herpetic infections; and

b. Prescribing doxycycline and metronidazole (pulsed dosing) without specifying a reason.

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FIFTH CAUSE FOR DISCIPLINE

(Failing to Maintain Adequate and Accurate Medical Records)

42. Respondent has subjected her license to disciplinary action under sections 2234 and 2266 by failing to maintain adequate and accurate records relating to the provision of services to Patients 1, 2, and 3.

43. After Respondent provided the treatment rendered to Patients 1, 2, and 3 alleged above, but before providing Patients 1, 2, and 3's medical records to Board investigators in response to a subpoena the investigators served, Respondent obtained the Patients' signatures on a document entitled "Informed Consent," which she subsequently included in the medical records. This document states that many of the treatments she provides the patients, "while derived from extensive scientific data implying hypothetical applications to the treatment of specific disease, in large part must be considered hypothetical or experimental." The form continues on to state that the treatments have not been proven by double-blind placebo controlled studies. It states that the treatments provided are relatively non-toxic, but that the patient is informed of the risk of adverse reaction or side effects and waives that risk. The form further states that the patient is aware of section 2234.1, which prohibits a practitioner from recommending a complementary or alternative medicine treatment in a way that delays or dissuades a patient from obtaining conventional diagnosis and treatment, and that Respondent has not done so. Finally, the form states that regardless of the date on which the Patient signed the form, the informed consent noted above was in fact provided before Respondent undertook any treatment of the patient.

44. Paragraphs 7 through 41, above are repeated here as if fully set forth.

45. As set forth in paragraphs 7 through 44, Respondent failed to adequately and accurately document the provision of care to Patients 1, 2, and 3, thus subjecting her license to discipline.

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SIXTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

46. Respondent has subjected her license to disciplinary action under sections 2227 and 2234 of the Code, in that she has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 7 through 45, 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 Number G 68163, issued to Lisa Marie Hosbein, M.D.;

2. Revoking, suspending or denying approval of Lisa Marie Hosbein, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Lisa Marie Hosbein, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: April 26, 2019

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

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