

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

In the Matter of the Accusation
Against:

Vernal Martin Hansen, M.D.

Physician's and Surgeon's
Certificate No. G 34639

Case No.: 800-2019-051643

Respondent.

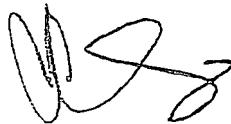
DECISION

The attached Stipulated Settlement 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 March 24, 2022.

IT IS SO ORDERED: February 22, 2022.

MEDICAL BOARD OF CALIFORNIA



Laurie Rose Lubiano, J.D., Chair
Panel A

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 KAROLYN M. WESTFALL
Deputy Attorney General
4 State Bar No. 234540
600 West Broadway, Suite 1800
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P.O. Box 85266
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8 *Attorneys for Complainant*

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

In the Matter of the Accusation Against:
VERNAL MARTIN HANSEN, M.D.
2557 Chino Hills Parkway, Ste. A
Chino Hills, CA 91709

Physician's and Surgeon's Certificate
No. G 34639,

Respondent.

Case No. 800-2019-051643
OAH No. 2021030257
**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

PARTIES

22 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
23 California (Board). He brought this action solely in his official capacity and is represented in this
24 matter by Rob Bonta, Attorney General of the State of California, by Karolyn M. Westfall,
25 Deputy Attorney General.

26 2. Respondent Vernal Martin Hansen, M.D. (Respondent) is represented in this
27 proceeding by attorney Jack M. Schuler, Esq., whose address is: 5850 Canoga Ave., Suite 400,
28 Woodland Hills, CA 91367.

1 3. On or about July 1, 1977, the Board issued Physician's and Surgeon's Certificate No.
2 G 34639 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at
3 all times relevant to the charges brought in Accusation No. 800-2019-051643, and will expire on
4 October 31, 2022, unless renewed.

5 **JURISDICTION**

6 4. Accusation No. 800-2019-051643 was filed before the Board, and is currently
7 pending against Respondent. The Accusation and all other statutorily required documents were
8 properly served on Respondent on January 19, 2021. Respondent timely filed his Notice of
9 Defense contesting the Accusation.

10 5. A copy of Accusation No. 800-2019-051643 is attached hereto as Exhibit A and is
11 incorporated herein by reference.

12 **ADVISEMENT AND WAIVERS**

13 6. Respondent has carefully read, fully discussed with counsel, and understands the
14 charges and allegations in Accusation No. 800-2019-051643. Respondent has also carefully read,
15 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
16 Disciplinary Order.

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

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

25 **CULPABILITY**

26 9. Respondent admits the truth of each and every charge and allegation in Accusation
27 No. 800-2019-051643.

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

4 **CONTINGENCY**

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

15 12. Respondent agrees that if he ever petitions for early termination or modification of
16 probation, or if an accusation and/or petition to revoke probation is filed against him before the
17 Board, all of the charges and allegations contained in Accusation No. 800-2019-051643 shall be
18 deemed true, correct, and fully admitted by Respondent for purposes of any such proceeding or
19 any other licensing proceeding involving Respondent in the State of California.

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

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

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1 **DISCIPLINARY ORDER**

2 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 34639 issued
3 to Respondent Vernal Martin Hansen, M.D., is revoked. However, the revocation is stayed and
4 Respondent is placed on probation for five (5) years from the effective date of the Board's
5 Decision and Order, which shall be February 1, 2022, on the following terms and conditions:

6 1. **ACTUAL SUSPENSION**. As part of probation, Respondent is suspended from the
7 practice of medicine for sixty (60) days beginning the sixteenth (16th) day after the effective date
8 of this Decision.

9 2. **PRESCRIBING PRACTICES COURSE**. Within 60 calendar days of the effective
10 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
11 advance by the Board or its designee. Respondent shall provide the approved course provider
12 with any information and documents that the approved course provider may deem pertinent.
13 Respondent shall participate in and successfully complete the classroom component of the course
14 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
15 complete any other component of the course within one (1) year of enrollment. The prescribing
16 practices course shall be at Respondent's expense and shall be in addition to the Continuing
17 Medical Education (CME) requirements for renewal of licensure.

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

23 Respondent shall submit a certification of successful completion to the Board or its
24 designee not later than 15 calendar days after successfully completing the course, or not later than
25 15 calendar days after the effective date of the Decision, whichever is later.

26 3. **MEDICAL RECORD KEEPING COURSE**. Within 60 calendar days of the effective
27 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
28 advance by the Board or its designee. Respondent shall provide the approved course provider

1 with any information and documents that the approved course provider may deem pertinent.
2 Respondent shall participate in and successfully complete the classroom component of the course
3 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
4 complete any other component of the course within one (1) year of enrollment. The medical
5 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
6 Medical Education (CME) requirements for renewal of licensure.

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

12 Respondent shall submit a certification of successful completion to the Board or its
13 designee not later than 15 calendar days after successfully completing the course, or not later than
14 15 calendar days after the effective date of the Decision, whichever is later.

15 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
16 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
17 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
18 Respondent shall participate in and successfully complete that program. Respondent shall
19 provide any information and documents that the program may deem pertinent. Respondent shall
20 successfully complete the classroom component of the program not later than six (6) months after
21 Respondent's initial enrollment, and the longitudinal component of the program not later than the
22 time specified by the program, but no later than one (1) year after attending the classroom
23 component. The professionalism program shall be at Respondent's expense and shall be in
24 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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1 A professionalism program taken after the acts that gave rise to the charges in the
2 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
3 or its designee, be accepted towards the fulfillment of this condition if the program would have
4 been approved by the Board or its designee had the program been taken after the effective date of
5 this Decision.

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

9 5. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days
10 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment
11 program approved in advance by the Board or its designee. Respondent shall successfully
12 complete the program not later than six (6) months after Respondent's initial enrollment unless
13 the Board or its designee agrees in writing to an extension of that time.

14 The program shall consist of a comprehensive assessment of Respondent's physical and
15 mental health and the six general domains of clinical competence as defined by the Accreditation
16 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
17 Respondent's current or intended area of practice. The program shall take into account data
18 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
19 Accusation(s), and any other information that the Board or its designee deems relevant. The
20 program shall require Respondent's on-site participation for a minimum of three (3) and no more
21 than five (5) days as determined by the program for the assessment and clinical education
22 evaluation. Respondent shall pay all expenses associated with the clinical competence
23 assessment program.

24 At the end of the evaluation, the program will submit a report to the Board or its designee
25 which unequivocally states whether Respondent has demonstrated the ability to practice safely
26 and independently. Based on Respondent's performance on the clinical competence assessment,
27 the program will advise the Board or its designee of its recommendation(s) for the scope and
28 length of any additional educational or clinical training, evaluation or treatment for any medical

1 condition or psychological condition, or anything else affecting Respondent's practice of
2 medicine. Respondent shall comply with the program's recommendations.

3 Determination as to whether Respondent successfully completed the clinical competence
4 assessment program is solely within the program's jurisdiction.

5 If Respondent fails to enroll, participate in, or successfully complete the clinical
6 competence assessment program within the designated time period, Respondent shall receive a
7 notification from the Board or its designee to cease the practice of medicine within three (3)
8 calendar days after being so notified. Respondent shall not resume the practice of medicine until
9 enrollment or participation in the outstanding portions of the clinical competence assessment
10 program have been completed. If Respondent did not successfully complete the clinical
11 competence assessment program, Respondent shall not resume the practice of medicine until a
12 final decision has been rendered on the accusation and/or a petition to revoke probation. The
13 cessation of practice shall not apply to the reduction of the probationary time period.

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

23 The Board or its designee shall provide the approved monitor with copies of the Decision
24 and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the
25 Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement
26 that the monitor has read the Decision and Accusation, fully understands the role of a monitor,
27 and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the
28 proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed

1 statement for approval by the Board or its designee.

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

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

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

17 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
18 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
19 name and qualifications of a replacement monitor who will be assuming that responsibility within
20 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
21 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
22 notification from the Board or its designee to cease the practice of medicine within three (3)
23 calendar days after being so notified. Respondent shall cease the practice of medicine until a
24 replacement monitor is approved and assumes monitoring responsibility.

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1 In lieu of a monitor, Respondent may participate in a professional enhancement program
2 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
3 review, semi-annual practice assessment, and semi-annual review of professional growth and
4 education. Respondent shall participate in the professional enhancement program at Respondent's
5 expense during the term of probation.

6 7. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
7 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
8 where: 1) Respondent merely shares office space with another physician but is not affiliated for
9 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that
10 location.

11 If Respondent fails to establish a practice with another physician or secure employment in
12 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
13 Respondent shall receive a notification from the Board or its designee to cease the practice of
14 medicine within three (3) calendar days after being so notified. Respondent shall not resume
15 practice until an appropriate practice setting is established.

16 If, during the course of the probation, Respondent's practice setting changes and
17 Respondent is no longer practicing in a setting in compliance with this Decision, Respondent
18 shall notify the Board or its designee within five (5) calendar days of the practice setting change.
19 If Respondent fails to establish a practice with another physician or secure employment in an
20 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
21 shall receive a notification from the Board or its designee to cease the practice of medicine within
22 three (3) calendar days after being so notified. Respondent shall not resume practice until an
23 appropriate practice setting is established.

24 8. NOTIFICATION. Within seven (7) days of the effective date of this Decision,
25 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
26 Chief Executive Officer at every hospital where privileges or membership are extended to
27 Respondent, at any other facility where Respondent engages in the practice of medicine,
28 including all physician and locum tenens registries or other similar agencies, and to the Chief

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

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

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

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

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

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

16 12. GENERAL PROBATION REQUIREMENTS.

17 Compliance with Probation Unit

18 Respondent shall comply with the Board's probation unit.

19 Address Changes

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

25 Place of Practice

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

1 License Renewal

2 Respondent shall maintain a current and renewed California physician's and surgeon's
3 license.

4 Travel or Residence Outside California

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

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

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

14 14. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
15 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
16 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
17 defined as any period of time Respondent is not practicing medicine as defined in Business and
18 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
19 patient care, clinical activity or teaching, or other activity as approved by the Board. If
20 Respondent resides in California and is considered to be in non-practice, Respondent shall
21 comply with all terms and conditions of probation. All time spent in an intensive training
22 program which has been approved by the Board or its designee shall not be considered non-
23 practice and does not relieve Respondent from complying with all the terms and conditions of
24 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
25 on probation with the medical licensing authority of that state or jurisdiction shall not be
26 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
27 period of non-practice.

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1 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
2 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
3 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
4 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
5 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

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

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

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

24 17. LICENSE SURRENDER. Following the effective date of this Decision, if
25 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
26 the terms and conditions of probation, Respondent may request to surrender his or her license.
27 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
28 determining whether or not to grant the request, or to take any other action deemed appropriate

1 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
2 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
3 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
4 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
5 application shall be treated as a petition for reinstatement of a revoked certificate.

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

11 ACCEPTANCE

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

17
18 DATED: 11-3-2021 *Vernal Martin Hansen M.D.*
19 VERNAL MARTIN HANSEN, M.D.
20 Respondent

21 I have read and fully discussed with Respondent Vernal Martin Hansen, M.D., the terms
22 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
23 Order. I approve its form and content.

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25 DATED: 11/4/21 *Jack M. Schuler*
26 JACK M. SCHULER, ESQ.
27 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: 11/4/21

Respectfully submitted,

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



KAROLYN M. WESTFALL
Deputy Attorney General
Attorneys for Complainant

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83116199.docx

Exhibit A

Accusation No. 800-2019-051643

1 XAVIER BECERRA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 KAROLYN M. WESTFALL
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8 *Attorneys for Complainant*

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

In the Matter of the Accusation Against:

Case No. 800-2019-051643

VERNAL MARTIN HANSEN, M.D.
2557 Chino Hills Parkway, Ste. A
Chino Hills, CA 91709

A C C U S A T I O N

Physician's and Surgeon's Certificate
No. G 34639,

Respondent.

PARTIES

1. William Prasifka (Complainant) brings this 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 July 1, 1977, the Medical Board issued Physician's and Surgeon's Certificate No. G 34639 to Vernal Martin Hansen, 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 October 31, 2022, unless renewed.

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JURISDICTION

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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 (Code) unless otherwise indicated.

4. Section 2227 of the Code states, in pertinent part:

(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.
- (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.

...

5. Section 2234 of the Code, states, in pertinent part:

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:

...

- (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.

...

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

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1 and 90 tabs of lorazepam⁴ 2 mg. Respondent did not consider safer alternatives to these
2 medications, did not discuss the risks and benefits of these medications, and did not refer the
3 patient to counseling at that time or any time thereafter. The patient's chart does not contain any
4 prior treatment records from other prescribers, does not indicate any history or symptoms of
5 anxiety, and does not contain any medical reasoning for these prescriptions.

6 10. Between on or about February 23, 2016, and on or about December 24, 2019, Patient
7 A was seen by Respondent for approximately 50 clinical visits. Throughout that time,
8 Respondent's handwritten notes are difficult to read and regularly fail to include a history of
9 present illness (HPI). At approximately thirty (30) of these visits, a blood pressure reading was
10 not obtained from Patient A.

11 11. Between on or about February 23, 2016, and on or about December 24, 2019,
12 Respondent maintained Patient A on monthly refills of medications, that included but was not
13 limited to, Soma, Norco, MS Contin,⁵ Percocet,⁶ and lorazepam. Throughout that time,
14 Respondent did not prescribe the patient naloxone,⁷ and the patient's chart does not indicate pain
15 levels or how the patient was functioning at each visit. The chart also does not indicate the
16 patient's history, symptoms, or severity of anxiety, or contain a referral for mental health
17 treatment. Her chart also does not contain a signed pain contract, urine drug screens, imaging to
18 confirm his diagnoses, a documented discussion with the patient regarding safer alternatives or
19 complementary therapies, or a referral for mental health treatment.

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22 ⁴ Lorazepam (brand name Ativan) is a benzodiazepine medication used to treat anxiety, a
23 Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision
(d), and a dangerous drug pursuant to Business and Professions Code section 4022.

24 ⁵ MS Contin (Brand name for morphine) is an opioid pain medication, a Schedule II
25 controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a
dangerous drug pursuant to Business and Professions Code section 4022.

26 ⁶ Percocet (brand name for oxycodone and acetaminophen combination) is an opioid pain
27 medication, a Schedule II controlled substance pursuant to Health and Safety Code section 11055,
subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

28 ⁷ Naloxone (brand name Narcan) is a medication used to rapidly reverse opioid overdose.

1 12. Between on or about February 23, 2016, and on or about December 24, 2019,
2 Respondent did not offer the patient any vaccinations or counseling regarding smoking cessation,
3 did not obtain a colon cancer screen or annual physical, and did not refer her to gynecology.

4 13. On or about May 17, 2016, Patient A was seen by Respondent for a medication refill.
5 During this visit, although the patient reported that she had recently fallen in the shower and was
6 rendered unconscious, Respondent did not perform a neurologic examination. During this visit,
7 Respondent performed cryotherapy⁸ on the patient, but the records do not contain a skin exam or
8 documented informed consent for this procedure.

9 14. On or about July 14, 2016, Patient A was seen by Respondent for a medication refill
10 with complaints of sore throat. Respondent did not perform a rapid strep test or order a throat
11 culture, but diagnosed the patient with pharyngitis, and prescribed antibiotics.

12 15. On or about September 8, 2016, Patient A was seen by Respondent for a medication
13 refill. During this visit, Respondent performed cryotherapy on the patient, but the records do not
14 contain a skin exam or documented informed consent for this procedure.

15 16. On or about October 20, 2016, Respondent refilled Patient A's digoxin prescription.

16 17. On or about December 1, 2016, Patient A was seen by Respondent for a medication
17 refill with complaints of headaches and backaches. During this visit, the patient refused to
18 provide a blood pressure reading, but Respondent refilled her digoxin prescription with three
19 refills.

20 18. On or about January 26, 2017, Patient A was seen by Respondent for a medication
21 refill with complaints of sore throat and postnasal drip. Respondent did not perform a rapid strep
22 test or order a throat culture, but diagnosed the patient with pharyngitis, and prescribed
23 antibiotics.

24 19. On or about February 16, 2017, Patient A was seen by Respondent for a medication
25 refill and monthly check-up. During this visit, Respondent performed cryotherapy on the patient,
26 but the records do not contain a skin exam or documented informed consent for this procedure.

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28 ⁸ Cryotherapy involves the local or general use of low temperatures to treat a variety of
tissue lesions.

1 20. On or about April 13, 2017, Patient A was seen by Respondent for a follow-up.
2 Although the patient's lungs were clear, Respondent ordered a throat culture and prescribed
3 antibiotics.

4 21. On or about July 3, 2017, Patient A was seen by Respondent for a medication refill
5 with complaints of tonsil pain. Respondent ordered a throat culture, recommended the patient
6 stop smoking, provided her with an ENT referral, and prescribed antibiotics.

7 22. On or about July 20, 2017, Patient A was seen by Respondent for an urgent care visit
8 with complaints of throat pain. Respondent did not obtain a rapid strep test, but diagnosed the
9 patient with pharyngitis and sinusitis, and prescribed antibiotics.

10 23. On or about August 10, 2017, Patient A was diagnosed with tongue cancer.

11 24. In or around September 2017, Patient A was seen by pain management physician,
12 J.K., M.D., (Dr. J.K.). Dr. J.K. prescribed Patient A fentanyl⁹ patches for pain.

13 25. On or about September 28, 2017, Patient A was seen by Respondent for a medication
14 refill. Although Respondent was aware that the patient was seeing a pain management physician
15 at that time, Respondent did not speak with that provider or obtain those treatment records at any
16 time. At the conclusion of this visit, Respondent counseled Patient A not to take her Norco and
17 Percocet at the same time, but maintained her on the same medication regimen.

18 26. On or about October 2, 2017, Patient A was seen by Respondent for an urgent care
19 visit with complaints of cough. Respondent did not obtain a rapid strep test but ordered a throat
20 culture, the results of which revealed routine respiratory flora. At the conclusion of this visit,
21 Respondent prescribed the patient antibiotics.

22 27. On or about December 19, 2017, Patient A was seen by Respondent for a check-up
23 and medication refill. At the conclusion of this visit, Respondent added 90 tabs of MS Contin to
24 the patient's monthly medication regimen. The patient's chart does not indicate any medical
25 reasoning for this prescription.

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28 ⁹ Fentanyl is an opioid pain medication, a Schedule II controlled substance pursuant to
Health and Safety Code section 11055, subdivision (c), and a dangerous drug pursuant to
Business and Professions Code section 4022.

1 28. On or about May 10, 2018, Patient A was seen by Respondent for a follow-up visit
2 with complaints of nausea. At the conclusion of this visit, Respondent diagnosed the patient with
3 sinusitis and a dental infection, and prescribed antibiotics and nystatin.¹⁰ The patient's chart does
4 not indicate Respondent's rationale for this treatment.

5 29. On or about January 2, 2019, Patient A was seen by Respondent for a medication
6 refill. The patient's CURES report was printed for the first time on this date.

7 30. On or about May 1, 2019, Patient A was seen by Respondent for a medication refill
8 with complaints of a bad cough. Although the patient's lungs were clear, Respondent diagnosed
9 the patient with bronchitis, and prescribed antibiotics.

10 31. On or about December 4, 2018, May 30, 2019, November 20, 2019, and December
11 18, 2019, Respondent provided Patient A with B-12 injections. The patient's chart does not
12 contain Patient A's B-12 level or any rationale for this treatment.

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

- 15 A. Failing to document why Patient A needed chronic opioids for approximately
16 four (4) years;
- 17 B. Failing to safely prescribe opioids to Patient A;
- 18 C. Failing to safely prescribe benzodiazepines to Patient A;
- 19 D. Failing to maintain complete, legible records regarding his care and treatment
20 of Patient A;
- 21 E. Prescribing several sedating medications to Patient A without weaning, without
22 adequately warning of risks associated with combined medications, and without
23 use of safer alternatives;
- 24 F. Failing to document an appropriate HPI at each visit with Patient A;
- 25 G. Failing to provide routine preventative care to Patient A, including but not
26 limited to, vaccinations, colon cancer screenings, annual physical examinations,
27 gynecology referral, and counseling regarding cessation of smoking;

28 ¹⁰ Nystatin is an antifungal medication that fights infections caused by fungus.

- 1 H. Repeatedly prescribing antibiotics to Patient A without rationale;
2 I. Failing to document his rationale for care and treatment of Patient A, including
3 but not limited to, providing B-12 injections, failing to perform a neurological
4 examination when the patient complained of head trauma, and performing
5 cryotherapy without documenting a skin exam; and
6 J. Failing to adequately assess and treat Patient A's hypertension.

7 **PATIENT B**

8 33. On or about July 13, 2015, Patient B, a then fifty-four year old female, began
9 receiving treatment from Respondent as her primary care physician. Patient B had a history of
10 chronic intermittent neck and back pain, obesity, type II diabetes, bilateral plantar fasciitis, and
11 chronic cough. Patient B's prior treatment regimen from other physicians included monthly
12 prescriptions of opioids and benzodiazepines.

13 34. Between on or about July 13, 2015, and October 12, 2017, Respondent provided
14 Patient B regular prescriptions of lorazepam, Soma, and Norco, but her certified complete records
15 contain no treatment records for that timeframe.

16 35. On or about October 13, 2017, Patient B was seen by Respondent for medication
17 refills, complaints of cough, and a request for him to complete a DMV form on her behalf. The
18 patient reported she was seeing a pulmonologist, but Respondent did not speak with that provider
19 or obtain those treatment records at any time. At this visit, Respondent diagnosed the patient
20 with, among other things, pain, anxiety, and depression. At the conclusion of this visit,
21 Respondent prescribed Patient B 120 tabs of Soma 350 mg, 120 tabs of Norco 10/325 mg, and
22 promethazine with codeine.¹¹ Respondent did not consider safer alternatives to these
23 medications, did not discuss the risks and benefits of these medications, and did not refer the
24 patient to counseling at that time or any time thereafter. The patient's chart does not contain a

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26 ¹¹ Promethazine with codeine is an opioid cough suppressant used to treat symptoms
27 caused by the common cold, flu, allergies, or other breathing illnesses, a Schedule II controlled
28 substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous
drug pursuant to Business and Professions Code section 4022.

1 completed DMV form,¹² any prior treatment records from other prescribers, indicate any history
2 or symptoms of anxiety, or any medical reasoning for these prescriptions.

3 36. Between on or about October 13, 2017, and on or about December 15, 2019, Patient
4 B was seen by Respondent for approximately 26 clinical visits. Throughout that time,
5 Respondent's handwritten records are difficult to read and regularly fail to include an HPI.

6 37. Between on or about October 12, 2017, and on or about June 12, 2018, Respondent
7 maintained Patient B on monthly prescriptions of lorazepam. Throughout that time, the patient's
8 chart does not indicate her history, symptoms, or severity of anxiety, or contain a referral for
9 mental health treatment.

10 38. Between on or about October 13, 2017, and on or about December 15, 2019,
11 Respondent maintained Patient B on monthly refills of Norco, Soma, and promethazine with
12 codeine. Throughout that time, Respondent did not prescribe the patient naloxone, and the
13 patient's chart does not indicate pain levels or how the patient was functioning at each visit. Her
14 chart also does not contain any CURES reports, urine drug screens, or imaging to confirm his
15 diagnoses, and does not include a documented discussion with the patient regarding safer
16 alternatives or complementary therapies.

17 39. Between on or about October 13, 2017, and on or about December 15, 2019,
18 Respondent did not offer the patient any vaccinations or counseling regarding weight loss, and
19 did not obtain a colon cancer screen, an annual physical, or refer her to gynecology.

20 40. On or about September 7, 2018, Patient B was seen by Respondent for a medication
21 refill with complaints of sore throat and cough. At this visit, Respondent did not obtain a rapid
22 strep test or order a chest x-ray, but ordered a throat culture that later revealed negative results.
23 At the conclusion of this visit, Respondent diagnosed Patient B with bronchitis and pharyngitis,
24 and prescribed antibiotics.

25 41. On or about December 3, 2018, Patient B was seen by Respondent for a medication
26 refill with complaints of yellow phlegm and cough medicine not working. At this visit, the
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28 ¹² The patient requested additional DMV forms from Respondent on April 11, 2018 and
May 11, 2018, though the chart contains no copies of these forms.

1 patient's lungs were clear and Respondent did not order a chest x-ray. At the conclusion of this
2 visit, Respondent diagnosed Patient B with bronchitis and prescribed antibiotics.

3 42. On or about March 13, 2019, Patient B was seen by Respondent for a medication
4 refill with complaints of cough. At this visit, the patient's lungs were clear and Respondent did
5 not order a chest x-ray. At the conclusion of this visit, Respondent diagnosed Patient B with
6 bronchitis and prescribed antibiotics.

7 43. On or about September 4, 2019, Patient B was seen by Respondent for a medication
8 refill with complaints of cough, sore throat, and aches. At this visit, the patient's lungs were
9 clear, and Respondent did not obtain a rapid strep test or order a chest x-ray. At the conclusion of
10 this visit, Respondent diagnosed Patient B with bronchitis and prescribed antibiotics.

11 44. On or about October 8, 2019, Patient B was seen by Respondent for a medication
12 refill. At that time, her oxygen saturation was measured to be 82%, her lungs were clear, and
13 Respondent did not order a chest x-ray. At the conclusion of this visit, Respondent diagnosed the
14 patient with bronchitis and prescribed antibiotics.

15 45. On or about October 29, 2019, Patient B was seen by Respondent for an urgent care
16 visit with complaints of sore throat, cough, runny nose, and fever. At this visit the patient's lungs
17 were clear, and Respondent did not obtain a rapid strep test or order a chest x-ray. At the
18 conclusion of this visit, Respondent diagnosed the patient with bronchitis and prescribed
19 antibiotics.

20 46. On or about November 15, 2019, Patient B underwent a chest x-ray that had been
21 ordered by Respondent sometime prior. The results revealed clear lungs with no acute
22 cardiopulmonary disease.

23 47. On or about January 2, 2020, Patient B signed an agreement for using pain
24 medication for chronic pain for the first time during her care and treatment with Respondent.

25 48. Respondent committed gross negligence in his care and treatment of Patient B, which
26 included, but was not limited to, the following:

- 27 A. Failing to document why Patient B needed chronic opioids for over four (4)
28 years;

- 1 B. Failing to safely prescribe opioids to Patient B;
- 2 C. Failing to safely prescribe benzodiazepines to Patient B;
- 3 D. Failing to maintain complete, legible records regarding his care and treatment
4 of Patient B;
- 5 E. Prescribing several sedating medications to Patient B without weaning, without
6 warning of risks associated with combined medications, and without use of
7 safer alternatives;
- 8 F. Failing to document an appropriate HPI at each visit with Patient B;
- 9 G. Failing to provide routine preventative care to Patient B, including but not
10 limited to, vaccinations, colon cancer screenings, annual physical examinations,
11 and gynecology referral;
- 12 H. Repeatedly prescribing antibiotics to Patient B without rationale; and
- 13 I. Failing to document his rationale for care and treatment of Patient B, including
14 but not limited to, failing to address documented oxygen saturation of 84%, and
15 repeated prescriptions for codeine despite normal lung examinations and
16 normal chest x-ray.

17 **PATIENT C**

18 49. In or around 2014, Patient C, a then forty-four year old male, began receiving
19 treatment from Respondent as his primary care physician. Patient C had a history of low back
20 pain, a prior fusion at lumbar four/five, intermittent bilateral sciatica, an implantable nerve
21 stimulator, left shoulder pain with chronic rotator cuff tear, and migraine. Patient C's prior
22 treatment regimen from other physicians included monthly prescriptions of opioids and
23 benzodiazepines.

24 50. In or around 2017, Respondent provided Patient C regular prescriptions of fentanyl,
25 Norco, and Xanax,¹³ but his certified complete records contain no treatment records for 2017.

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27 ¹³ Xanax (brand name for alprazolam) is a benzodiazepine medication used to treat
28 anxiety, a Schedule IV controlled substance pursuant to Health and Safety Code section 11057,
subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

1 51. On or about January 5, 2018, Patient C was seen by Respondent for a follow-up visit.
2 At this visit, no HPI, review of systems, subjective complaints, lipid levels, or lab results were
3 noted, but Respondent prescribed the patient atorvastatin.¹⁴ Three days later, Respondent
4 prescribed the patient 60 tabs of Norco 10/325 mg, 15 fentanyl 100 mcg patches, 15 fentanyl 75
5 mcg patches, and 60 tabs of Xanax 1 mg.

6 52. Between on or about January 5, 2018, and on or about December 16, 2019, Patient C
7 was seen by Respondent for approximately twenty-four (24) clinical visits. Throughout that time,
8 Respondent's handwritten records are difficult to read and regularly fail to include an HPI.

9 53. Between on or about January 5, 2018, and on or about August 15, 2019, Respondent
10 maintained Patient C on monthly prescriptions of Norco and fentanyl. Throughout that time,
11 Respondent did not discuss the risks and benefits of these medications with Patient C, and the
12 patient's chart does not contain any prior treatment records from other prescribers, urine drug
13 screens, pain levels, how the patient was functioning at each visit, or a documented discussion
14 with the patient regarding safer alternatives or complementary therapies.

15 54. Between on or about January 5, 2018, and on or about December 16, 2019,
16 Respondent maintained Patient C on monthly prescriptions of Xanax. Throughout that time, the
17 patient's chart does not indicate his history, symptoms or severity of anxiety, or contain a referral
18 for mental health treatment.

19 55. Between on or about January 5, 2018, and on or about December 16, 2019,
20 Respondent did not offer Patient C any vaccinations, and did not obtain a colon cancer screen or
21 annual physical.

22 56. On or about April 16, 2018, Patient C was seen by Respondent for a medication refill.
23 At this visit, no HPI, review of systems, subjective complaints, lipid levels, or lab results were
24 noted, but Respondent diagnosed the patient with hyperlipidemia and refilled the patient's
25 atorvastatin prescription.

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28 ¹⁴ Atorvastatin (brand name Lipitor) is a medication used to treat high cholesterol, and a
dangerous drug pursuant to Business and Professions Code section 4022.

1 57. On or about October 18, 2018, Patient C was seen by Respondent for a medication
2 refill. At the conclusion of this visit, Respondent ordered labs, including a complete blood count
3 (CBC) and comprehensive metabolic panel (CMP).

4 58. On or about December 20, 2018, Patient C was seen by Respondent for a medication
5 refill. The patient's CURES report was printed for the first time on this date. At this visit, Patient
6 C informed Respondent that he was using a transcutaneous electrical nerve stimulation unit for
7 approximately twelve (12) hours most days and requested an increase in his anxiety medication.
8 Respondent declined to increase the medication at that time, but the medical record does not
9 contain any documented discussion with the patient regarding his symptoms or Respondent's
10 medical reasoning for that decision.

11 59. On or about February 4, 2019, Patient C was seen by Respondent for a medication
12 refill. At this visit, Respondent referred the patient to pain management, prescribed Narcan, and
13 advised the patient not to take Norco and Xanax together.

14 60. On or about June 20, 2019, Patient C was seen by Respondent for a medication refill.
15 Although the patient informed Respondent that he had seen a pain management specialist on
16 April 19, 2019, Respondent did not speak with that provider or obtain those treatment records at
17 any time. At the conclusion of this visit, Respondent maintained the patient on the same
18 medication regimen.

19 61. On or about June 25, 2019, Patient C completed the CBC and CMP labs that had been
20 ordered by Respondent on or about October 18, 2018. The results revealed a low-density
21 lipoprotein (LDL) level of 149.

22 62. On or about July 11, 2019, Patient C was seen by Respondent for a medication refill
23 and to obtain his lab results. The chart notes for this visit make no reference to the LDL results or
24 any change to his statin medication.

25 63. Respondent committed gross negligence in his care and treatment of Patient C, which
26 included, but was not limited to, the following:

- 27 A. Failing to document why Patient C needed chronic opioids over five (5) years;
28 B. Failing to safely prescribe opioids to Patient C;

- 1 C. Failing to safely prescribe benzodiazepines to Patient C;
- 2 D. Failing to maintain complete, legible records regarding his care and treatment
- 3 of Patient C;
- 4 E. Prescribing several sedating medications to Patient C without weaning, without
- 5 adequately warning of risks associated with combined medications, and without
- 6 use of safer alternatives;
- 7 F. Failing to document an appropriate HPI at each visit with Patient C; and
- 8 G. Failing to provide routine preventative care to Patient C, including but not
- 9 limited to, vaccinations, colon cancer screenings, and annual physical
- 10 examinations.

11 **PATIENT D**

12 64. In or around March 2014, Patient D, a then nineteen year old male with a history of

13 substance abuse, underwent a posterior spinal fusion and subsequent revision surgery for painful

14 Scheuermann's kyphosis.¹⁵

15 65. Between in or around March 2014 and in or around March 2015, Patient D was

16 prescribed various opiates and benzodiazepines from different prescribers.

17 66. Between in or around October 2014 and in or about March 2015, Patient D overdosed

18 on his prescribed medications two times.

19 67. On or about February 11, 2015, Patient D presented to Chino Hills Family and Urgent

20 Care Center. Patient D was not seen by a physician at that visit, but completed an initial patient

21 questionnaire form identifying his medical history of spinal fusion and hardware in 2014, and

22 current medications of oxycodone¹⁶ 30 mg every 4 to 6 hours, alprazolam 1 mg four times daily,

23 and gabapentin¹⁷ 800 mg four times daily.

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25 ¹⁵ Scheuermann's kyphosis is a structural deformity of the vertebral bodies and spine.

26 ¹⁶ Oxycodone is a narcotic pain medication, a Schedule II controlled substance pursuant to

27 Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to

28 Business and Professions Code section 4022.

¹⁷ Gabapentin is an anticonvulsant and nerve pain medication. It is a dangerous drug

pursuant to Business and Professions Code section 4022.

1 68. On or about March 30, 2015, Patient D presented to Chino Hills Family and Urgent
2 Care Center and was seen by Respondent for an initial visit, medication refill, and pain
3 management referral. At this visit, vital signs were obtained from the patient, but an HPI and
4 complete physical examination was not obtained and/or documented. The patient's chart does not
5 reference review of CURES, a discussion with the patient regarding his substance abuse history,
6 or an attempt to obtain prior medical records. Respondent diagnosed the patient with back pain
7 with a history of surgeries, and anxiety with panic attacks. At the conclusion of this visit,
8 Respondent referred Patient D to pain management and psychotherapy, and prescribed him a
9 thirty-day supply of medications, including 120 tabs of oxycodone 30 mg, 60 tabs of alprazolam 2
10 mg, and 120 tabs of gabapentin 800 mg. Respondent did not discuss the risks and benefits of
11 these medications with Patient D or safer alternatives or complementary therapies.

12 69. On or about April 1, 2015, Patient D was found unconscious and cyanotic in his bed.
13 Patient D was taken to the emergency room by ambulance and treated for overdose of his
14 prescription medications. Four days later, Patient D died as a result of complications of multiple
15 drug toxicity.

16 70. On or about September 29, 2020, an investigator for the Board (Investigator J.M.)
17 spoke with Respondent by phone and informed him that she wanted to schedule an interview to
18 discuss his care and treatment of Patient D. Respondent informed the investigator that he needed
19 to contact his attorney before scheduling an interview.

20 71. On or about October 2, 2020, Investigator J.M. called Respondent to follow-up on the
21 scheduling of the interview. Respondent informed the investigator that he was still looking for
22 legal representation. Investigator J.M. told Respondent to get back to her by October 9, 2020.

23 72. On or about October 12, 2020, having not received any correspondence from
24 Respondent, Investigator J.M. sent a certified letter to Respondent informing him that he had until
25 October 21, 2020, to provide his availability for an interview or she would issue a subpoena for
26 his appearance.

27 73. On or about October 16, 2020, Respondent contacted Investigator J.M. by phone and
28 requested she contact his attorney, J.S., to schedule the interview.

1 74. On or about October 20, 2020, Investigator J.M. spoke with attorney J.S. by phone
2 regarding scheduling the interview. On that same date, Investigator J.M. emailed attorney J.S.
3 and requested he provide five potential dates for the interview in the next thirty days.

4 75. On or about November 6, 2020, attorney J.S. emailed Investigator J.M. and confirmed
5 that the interview could take place on November 17, 2020.

6 76. On or about November 9, 2020, Investigator J.M. emailed an interview confirmation
7 letter to attorney J.S., indicating that the interview would occur on November 17, 2020, at 10:00
8 a.m., via a conference call.

9 77. On or about November 17, 2020, at 10:00 a.m. Respondent did not call in for the
10 interview as scheduled. Attorney J.S. informed Investigator J.M. that he had previously
11 confirmed the interview date and time with Respondent.

12 78. Respondent committed gross negligence in his care and treatment of Patient D, which
13 included, but was not limited to, prescribing high doses of opiate and benzodiazepine medications
14 to a new patient with previous controlled substance use, history of substance abuse and overdose,
15 and who had recently been prescribed benzodiazepines by other providers.

16 **SECOND CAUSE FOR DISCIPLINE**

17 **(Repeated Negligent Acts)**

18 79. Respondent has further subjected his Physician's and Surgeon's Certificate No.
19 G 34639 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
20 subdivision (c), of the Code, in that he committed repeated negligent acts in his care and
21 treatment of Patients A, B, C, and D, as more particularly alleged hereinafter:

- 22 A. Paragraphs 7 through 78, above, are hereby incorporated by reference and
23 realleged as if fully set forth herein;
- 24 B. Failing to adjust Patient C's statin dosage according to lipid panel results;
- 25 C. Failing to run CURES or obtain substance abuse history before prescribing
26 controlled substances to Patient D; and
- 27 D. Failing to discuss and/or document a discussion of the risks and benefits of use
28 of controlled substances before prescribing controlled substances to Patient D.

1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Failure to Maintain Adequate and Accurate Records)**

3 80. Respondent has further subjected his Physician's and Surgeon's Certificate No.
4 G 34639 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the
5 Code, in that Respondent failed to maintain adequate and accurate records regarding his care and
6 treatment of Patients A, B, C, and D, as more particularly alleged in paragraphs 7 through 78,
7 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

8 **FOURTH CAUSE FOR DISCIPLINE**

9 **(Failure to Attend and Participate in Interview)**

10 81. Respondent has further subjected his Physician's and Surgeon's Certificate No.
11 G 34639 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
12 subdivision (g), of the Code, in that without good cause, Respondent failed to attend and
13 participate in an interview by the Board, as more particularly alleged in paragraphs 64 through 78
14 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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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 34639, issued to Respondent, Vernal Martin Hansen, M.D.;
2. Revoking, suspending or denying approval of Respondent, Vernal Martin Hansen, M.D.'s authority to-supervise physician assistants and advanced practice nurses;
3. Ordering Respondent, Vernal Martin Hansen, 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: JAN 19 2021



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

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