

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

In the Matter of the Accusation  
Against:

Hossein Babaali, M.D.

Physician's and Surgeon's  
Certificate No. G 86162

Respondent.

Case No.: 800-2018-043431

**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 September 29, 2022.

IT IS SO ORDERED: August 30, 2022.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
3 VLADIMIR SHALKEVICH  
Deputy Attorney General  
4 State Bar No. 173955  
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5 Los Angeles, CA 90013  
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*Attorneys for Complainant*  
7

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

12 In the Matter of the Accusation Against:

13 HOSSEIN BABAALI, M.D.

14 2428 Santa Monica Blvd., Suite 402  
Santa Monica, CA 90034

15 Physician's and Surgeon's Certificate G 86162,  
16 Respondent.  
17

Case No. 800-2018-043431

OAH No. 2021070592

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

20 **PARTIES**

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

25 2. Respondent Hossein Babaali, M.D. (Respondent) is represented in this proceeding by  
26 attorney Raymond J. McMahon, whose address is: 5440 Trabuco Road, Irvine, CA 926202.1.

27 3. On August 1, 2001, the Board issued Physician's and Surgeon's Certificate No. G  
28 86162 to Hossein Babaali, M.D. (Respondent). That license was in full force and effect at all

1 times relevant to the charges brought in Accusation No. 800-2018-043431, and will expire on  
2 July 31, 2021, unless renewed.

3 **JURISDICTION**

4 4. Accusation No. 800-2018-043431 was filed before the Board, and is currently  
5 pending against Respondent. The Accusation and all other statutorily required documents were  
6 properly served on Respondent on January 13, 2022. Respondent timely filed his Notice of  
7 Defense contesting the Accusation.

8 5. A copy of Accusation No. 800-2018-043431 is attached as Exhibit A and is  
9 incorporated herein by reference.

10 **ADVISEMENT AND WAIVERS**

11 6. Respondent has carefully read, fully discussed with counsel, and understands the  
12 charges and allegations in Accusation No. 800-2018-043431. Respondent has also carefully read,  
13 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and  
14 Disciplinary Order.

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

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

23 **CULPABILITY**

24 9. Respondent understands and agrees that the charges and allegations in Accusation  
25 No. 800-2018-043431, if proven at a hearing, constitute cause for imposing discipline upon his  
26 Physician's and Surgeon's Certificate.

27 ///

28 ///



1 action between the parties, and the Board shall not be disqualified from further action by having  
2 considered this matter.

3 16. Respondent agrees that if he ever petitions for early termination or modification of  
4 probation, or if an accusation and/or petition to revoke probation is filed against him before the  
5 Board, all of the charges and allegations contained in Accusation No. 800-2018-043431 shall be  
6 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any  
7 other licensing proceeding involving Respondent in the State of California.

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

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

14 **DISCIPLINARY ORDER**

15 **IT IS HEREBY ORDERED THAT** Physician's and Surgeon's Certificate No. G 86162  
16 issued to Respondent Hossein Babaali, M.D. is revoked. However, the revocation is stayed and  
17 Respondent is placed on probation for five (5) years on the following terms and conditions:

18 1. **CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO**  
19 **RECORDS AND INVENTORIES.** Respondent shall maintain a record of all controlled  
20 substances ordered, prescribed, dispensed, administered, or possessed by Respondent in his  
21 office, as well as any recommendation or approval which enables a patient or patient's primary  
22 caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within  
23 the meaning of Health and Safety Code section 11362.5, during probation, showing all of the  
24 following: 1) the name and address of the patient; 2) the date; 3) the character and quantity of  
25 controlled substances involved; and 4) the indications and diagnosis for which the controlled  
26 substances were furnished.

27 Respondent shall keep these records in a separate file or ledger, in chronological order. All  
28 records and any inventories of controlled substances shall be available for immediate inspection

1 and copying on the premises by the Board or its designee at all times during business hours and  
2 shall be retained for the entire term of probation.

3 2. EDUCATION COURSE. Within 60 calendar days of the effective date of this  
4 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
5 for its prior approval educational program(s) or course(s) which shall not be less than 50 hours  
6 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
7 correcting any areas of deficient practice or knowledge, including but not limited to ethics and  
8 prescribing practices, and shall be Category I certified. The educational program(s) or course(s)  
9 shall be at Respondent's expense and shall be in addition to the Continuing Medical Education  
10 (CME) requirements for renewal of licensure. Following the completion of each course, the  
11 Board or its designee may administer an examination to test Respondent's knowledge of the  
12 course. Respondent shall provide proof of attendance for 75 hours of CME of which 50 hours  
13 were in satisfaction of this condition.

14 3. PRESCRIBING PRACTICES COURSE. Respondent shall not prescribe controlled  
15 substances prior to completion of a Prescribing Practices Course.

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

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

1 this Decision.

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

5 4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
6 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
7 advance by the Board or its designee. Respondent shall provide the approved course provider  
8 with any information and documents that the approved course provider may deem pertinent.  
9 Respondent shall participate in and successfully complete the classroom component of the course  
10 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
11 complete any other component of the course within one (1) year of enrollment. The medical  
12 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
13 Medical Education (CME) requirements for renewal of licensure.

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

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

22 5. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
23 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
24 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.  
25 Respondent shall participate in and successfully complete that program. Respondent shall  
26 provide any information and documents that the program may deem pertinent. Respondent shall  
27 successfully complete the classroom component of the program not later than six (6) months after  
28 Respondent's initial enrollment, and the longitudinal component of the program not later than the

1 time specified by the program, but no later than one (1) year after attending the classroom  
2 component. The professionalism program shall be at Respondent's expense and shall be in  
3 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

28 Within 60 calendar days of the effective date of this Decision, and continuing throughout



1 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall  
2 make all records available for immediate inspection and copying on the premises by the monitor  
3 at all times during business hours and shall retain the records for the entire term of probation.

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

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

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

23 In lieu of a monitor, Respondent may participate in a professional enhancement program  
24 approved in advance by the Board or its designee that includes, at minimum, quarterly chart  
25 review, semi-annual practice assessment, and semi-annual review of professional growth and  
26 education. Respondent shall participate in the professional enhancement program at Respondent's  
27 expense during the term of probation.  
28

1           7.    PATIENT NOTIFICATION.   Respondent shall provide a separate written  
2 disclosure all patients he treats in his office. The written disclosure shall be made at the time of  
3 the patient's first visit to Respondent's office following the effective date of this order. The  
4 written disclosure shall include Respondent's probation status, the length of the probation, the  
5 probation end date, all practice restrictions placed on Respondent by the board, the board's  
6 telephone number, and an explanation of how the patient can find further information on the  
7 licensee's probation on the licensee's profile page on the board's online license information  
8 internet website. The written disclosure shall be signed by the patient, and maintained by  
9 Respondent as a part of the patient's medical record. A copy of the written disclosure shall be  
10 signed by the patient and retained in the patient's medical record.

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

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

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

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

26           11. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
27 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of  
28 \$7,500.00 (seven thousand five hundred dollars. Costs shall be payable to the Medical Board of

1 California. Failure to pay such costs shall be considered a violation of probation.

2 Any and all requests for a payment plan shall be submitted in writing by respondent to the  
3 Board.

4 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to  
5 repay investigation and enforcement costs, including expert review costs.

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

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

11 13. GENERAL PROBATION REQUIREMENTS.

12 Compliance with Probation Unit

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

14 Address Changes

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

20 Place of Practice

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

24 License Renewal

25 Respondent shall maintain a current and renewed California physician's and surgeon's  
26 license.

27 Travel or Residence Outside California

28 Respondent shall immediately inform the Board or its designee, in writing, of travel to any

1 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
2 (30) calendar days.

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

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

9 15. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
10 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
11 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
12 defined as any period of time Respondent is not practicing medicine as defined in Business and  
13 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
14 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
15 Respondent resides in California and is considered to be in non-practice, Respondent shall  
16 comply with all terms and conditions of probation. All time spent in an intensive training  
17 program which has been approved by the Board or its designee shall not be considered non-  
18 practice and does not relieve Respondent from complying with all the terms and conditions of  
19 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
20 on probation with the medical licensing authority of that state or jurisdiction shall not be  
21 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
22 period of non-practice.

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

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

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

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

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

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

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

28           19. PROBATION MONITORING COSTS. Respondent shall pay the costs associated

1 with probation monitoring each and every year of probation, as designated by the Board, which  
2 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
3 California and delivered to the Board or its designee no later than January 31 of each calendar  
4 year.

5 20. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
6 a new license or certification, or petition for reinstatement of a license, by any other health care  
7 licensing action agency in the State of California, all of the charges and allegations contained in  
8 Accusation No. 800-2018-043431 shall be deemed to be true, correct, and admitted by  
9 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
10 restrict license.

11  
12 ACCEPTANCE


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

18  
19 DATED: 02/14/2022

  
\_\_\_\_\_  
HOSSEIN BABAALI, M.D.  
Respondent

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

24 DATED: February 15, 2022

  
\_\_\_\_\_  
RAYMOND J. MCMAHON  
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: February 15, 2022

Respectfully submitted,

ROB BONTA  
Attorney General of California  
ROBERT MCKIM BELL  
Supervising Deputy Attorney General



VLADIMIR SHALKEVICH  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 800-2018-043431**



1 ROB BONTA  
Attorney General of California  
2 ROBERT BELL  
Supervising Deputy Attorney General  
3 VLADIMIR SHALKEVICH  
Deputy Attorney General  
4 State Bar No. 173955  
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*Attorneys for Complainant*  
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8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

11 In the Matter of the First Amended Accusation Against:	Case No. 800-2018-043431
12 <b>HOSSEIN BABAALI, M.D.</b> 13 <b>2428 Santa Monica Blvd., Suite 402</b> <b>Santa Monica, CA 90034</b>	<b>FIRST AMENDED</b>
14 <b>Physician's and Surgeon's Certificate</b> 15 <b>No. G 86162,</b>	<b>ACCUSATION</b>
16 Respondent.	

17 **PARTIES**

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

21 2. On or about August 1, 2001, the Board issued Physician's and Surgeon's Certificate  
22 Number G 86162 to Hossein Babaali, M.D. (Respondent). The Physician's and Surgeon's  
23 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
24 expire on July 31, 2023, unless renewed.

25 **JURISDICTION**

26 3. This First Amended Accusation is brought before the Board, under the authority of  
27 the following laws. All section references are to the Business and Professions Code (Code) unless  
28

1 otherwise indicated.

2 4. Section 2227 of the Code states:

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

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

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

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

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

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

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

24 5. Section 2234 of the Code, states:

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

28 (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

1 licensee's conduct departs from the applicable standard of care, each departure  
constitutes a separate and distinct breach of the standard of care.

2 (d) Incompetence.

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

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

6 (g) The failure by a certificate holder, in the absence of good cause, to attend  
7 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.

8 6. Section 2228.1 of the Code states:

9 (a) On and after July 1, 2019, except as otherwise provided in subdivision (c),  
10 the board shall require a licensee to provide a separate disclosure that includes the  
11 licensee's probation status, the length of the probation, the probation end date, all  
12 practice restrictions placed on the licensee by the board, the board's telephone  
13 number, and an explanation of how the patient can find further information on the  
14 licensee's probation on the licensee's profile page on the board's online license  
information Internet Web site, to a patient or the patient's guardian or health care  
surrogate before the patient's first visit following the probationary order while the  
licensee is on probation pursuant to a probationary order made on and after July 1,  
2019, in any of the following circumstances:

15 (1) A final adjudication by the board following an administrative hearing or  
16 admitted findings or prima facie showing in a stipulated settlement establishing any  
of the following:

17 (A) The commission of any act of sexual abuse, misconduct, or relations with a  
patient or client as defined in Section 726 or 729.

18 (B) Drug or alcohol abuse directly resulting in harm to patients or the extent  
19 that such use impairs the ability of the licensee to practice safely.

20 (C) Criminal conviction directly involving harm to patient health.

21 (D) Inappropriate prescribing resulting in harm to patients and a probationary  
period of five years or more.

22 (2) An accusation or statement of issues alleged that the licensee committed any  
23 of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a  
stipulated settlement based upon a nolo contendere or other similar compromise that  
24 does not include any prima facie showing or admission of guilt or fact but does  
include an express acknowledgment that the disclosure requirements of this section  
25 would serve to protect the public interest.

26 (b) A licensee required to provide a disclosure pursuant to subdivision (a) shall  
obtain from the patient, or the patient's guardian or health care surrogate, a separate,  
27 signed copy of that disclosure.

28 (c) A licensee shall not be required to provide a disclosure pursuant to  
subdivision (a) if any of the following applies:

1 (1) The patient is unconscious or otherwise unable to comprehend the  
2 disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a  
guardian or health care surrogate is unavailable to comprehend the disclosure and  
sign the copy.

3 (2) The visit occurs in an emergency room or an urgent care facility or the visit  
4 is unscheduled, including consultations in inpatient facilities.

5 (3) The licensee who will be treating the patient during the visit is not known to  
the patient until immediately prior to the start of the visit.

6 (4) The licensee does not have a direct treatment relationship with the patient.

7 (d) On and after July 1, 2019, the board shall provide the following  
8 information, with respect to licensees on probation and licensees practicing under  
probationary licenses, in plain view on the licensee's profile page on the board's  
9 online license information Internet Web site.

10 (1) For probation imposed pursuant to a stipulated settlement, the causes  
alleged in the operative accusation along with a designation identifying those causes  
11 by which the licensee has expressly admitted guilt and a statement that acceptance of  
the settlement is not an admission of guilt.

12 (2) For probation imposed by an adjudicated decision of the board, the causes  
13 for probation stated in the final probationary order.

14 (3) For a licensee granted a probationary license, the causes by which the  
probationary license was imposed.

15 (4) The length of the probation and end date.

16 (5) All practice restrictions placed on the license by the board.

17 (e) Section 2314 shall not apply to this section.

18 7. Section 2241 of the Code states:

19 (a) A physician and surgeon may prescribe, dispense, or administer prescription  
20 drugs, including prescription controlled substances, to an addict under his or her treatment  
for a purpose other than maintenance on, or detoxification from, prescription drugs or  
21 controlled substances.

22 (b) A physician and surgeon may prescribe, dispense, or administer prescription drugs  
or prescription controlled substances to an addict for purposes of maintenance on, or  
23 detoxification from, prescription drugs or controlled substances only as set forth in  
subdivision (c) or in Sections 11215, 11217, 11217.5, 11218, 11219, and 11220 of the  
24 Health and Safety Code. Nothing in this subdivision shall authorize a physician and surgeon  
to prescribe, dispense, or administer dangerous drugs or controlled substances to a person  
25 he or she knows or reasonably believes is using or will use the drugs or substances for a  
26 nonmedical purpose.

27 (c) Notwithstanding subdivision (a), prescription drugs or controlled substances may  
28 also be administered or applied by a physician and surgeon, or by a registered nurse acting

1 under his or her instruction and supervision, under the following circumstances:

2 (1) Emergency treatment of a patient whose addiction is complicated by the presence  
3 of incurable disease, acute accident, illness, or injury, or the infirmities attendant  
upon age.

4 (2) Treatment of addicts in state-licensed institutions where the patient is kept under  
5 restraint and control, or in city or county jails or state prisons.

6 (3) Treatment of addicts as provided for by Section 11217.5 of the Health and Safety  
Code.

7  
8 (d) (1) For purposes of this section and Section 2241.5, "addict" means a person whose  
actions are characterized by craving in combination with one or more of the following:

9 (A) Impaired control over drug use.

10 (B) Compulsive use.

11 (C) Continued use despite harm.

12  
13 (2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is  
14 primarily due to the inadequate control of pain is not an addict within the meaning of this  
section or Section 2241.5.

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

16 (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section  
17 4022 without an appropriate prior examination and a medical indication, constitutes  
unprofessional conduct...

18 9. Section 725 of the Code states:

19 (a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or  
20 administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic  
21 procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as  
22 determined by the standard of the community of licensees is unprofessional conduct for a  
physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor,  
optometrist, speech-language pathologist, or audiologist.

23 (b) Any person who engages in repeated acts of clearly excessive prescribing or  
24 administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a  
25 fine of not less than one hundred dollars (\$100) nor more than six hundred dollars (\$600),  
or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both  
that fine and imprisonment.

26 (c) A practitioner who has a medical basis for prescribing, furnishing, dispensing,  
27 or administering dangerous drugs or prescription controlled substances shall not be subject  
to disciplinary action or prosecution under this section.

28 (d) No physician and surgeon shall be subject to disciplinary action pursuant to

1 this section for treating intractable pain in compliance with Section 2241.5.

2 10. Section 2266 of the Code states:

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

6 11. Effective on January 1, 2022, section 125.3 of the Code provides:

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

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

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

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

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

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

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

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

(h) All costs recovered under this section shall be considered a reimbursement

1 for costs incurred and shall be deposited in the fund of the board recovering the costs  
2 to be available upon appropriation by the Legislature.

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

5 (j) This section does not apply to any board if a specific statutory provision in  
6 that board's licensing act provides for recovery of costs in an administrative  
7 disciplinary proceeding.<sup>1</sup>

#### 8 DEFINITIONS

9 12. Methadone HCL is a potent, long-acting synthetic opioid. It is a Schedule II  
10 controlled substance.

11 13. Percocet is a combination narcotic used for relief of moderate to severe pain. It  
12 contains an opioid pain reliever oxycodone and a non-opioid pain reliever acetaminophen.  
13 Percocet is a dangerous drug pursuant to Business and Professions Code section 4022, and,  
14 because it contains oxycodone, it is a Schedule II controlled substance pursuant Health and Safety  
15 Code section 11055, subdivision (M).

16 14. Promethazine with codeine is a combination antihistamine. Because it contains  
17 codeine, it is a dangerous drug pursuant to Business and Professions Code section 4022 and a  
18 Schedule III controlled substance pursuant Health and Safety Code section 11056, subdivision  
19 (3).

20 15. Tramadol is a centrally acting synthetic opioid analgesic marketed under the brand  
21 name Ultram, as well as other brand names. It is used to treat moderate to severe pain. It is a  
22 dangerous drug pursuant to Business and Professions Code section 4022, and a Schedule IV  
23 controlled substance pursuant to the federal Controlled Substances Act.

24 16. Oxycodone is an opioid narcotic used for relief of moderate to severe pain. It is a  
25 dangerous drug pursuant to Business and Professions Code section 4022, and a Schedule II  
26 controlled substance pursuant Health and Safety Code section 11055, subdivision (M).

27 17. Ambien is the brand name for zolpidem tartrate, a hypnotic sedative that is generally  
28 used to treat insomnia. It is a dangerous drug pursuant to Business and Professions Code section

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<sup>1</sup> Effective January 1, 2022, subdivision (k) of Section 125.3, which exempted physicians and surgeons from paying recovery of the costs of investigation and prosecution by the Board, was repealed.

1 4022, and a Schedule IV controlled substance pursuant Health and Safety Code section 110575,  
2 subdivision (d)(32).

3 18. Xanax is a brand name of alprazolam, a benzodiazepine depressant, generally used to  
4 treat anxiety. Xanax is a dangerous drug pursuant to Business and Professions Code section 4022,  
5 and a Schedule IV controlled substance pursuant Health and Safety Code section 11057,  
6 subdivision (d)(1).

7 19. Valium is a brand name of diazepam, a benzodiazepine depressant, used to treat  
8 anxiety and insomnia. It is a dangerous drug pursuant to Business and Professions Code section  
9 4022, and a Schedule IV controlled substance pursuant Health and Safety Code section 11057,  
10 subdivision (d)(9).

11 20. Modafinil is a stimulant, usually used to treat narcolepsy. It is a dangerous drug  
12 pursuant to Business and Professions Code section 4022. It is a Schedule IV controlled substance  
13 pursuant to the Health and Safety Code section 11057, subdivision (f)(3).

#### 14 FACTUAL ALLEGATIONS

##### 15 Patient 1

16 21. On April 26, 2018, the Board received a complaint from a licensed physician who  
17 cared for Patient 1.<sup>2</sup> The physician complained that Respondent, who is trained as a  
18 pulmonologist, prescribed a large quantity of methadone HCL 10 mg to Patient 1, and believed  
19 that this medication was inappropriately prescribed. The Board then proceeded to investigate the  
20 care and treatment rendered by Respondent to Patient 1.

21 22. Patient 1 was a 50-year-old male, when he first became Respondent's patient on or  
22 about May 13, 2013. Respondent obtained a history of back surgery 11 years prior and a broken  
23 wrist surgery 17 years before. Patient 1 complained of severe pain all over his body, a boil on the  
24 lower part of his buttocks, extreme fatigue, severe joint, back, leg and arm pain, and recent weight  
25 gain. Respondent documented the patient's chief complaint as "pain in sacral area and knees –  
26 chronic; his glucose not controlled; blood pressure poorly controlled." The physical examination  
27 noted edema with purulent drainage on the patient's left gluteal region, and a positive finding of a

28 <sup>2</sup> The patients are identified in this Accusation by number to protect their privacy.



1 tremor on neurological exam. Otherwise, the physical examination was normal. The patient's  
2 blood sugar was elevated. The patient's problem list included a perianal abscess, hypoglycemia,  
3 hypertension, COPD, osteoporosis, rheumatoid arthritis, depression, and chronic pain.

4 23. Respondent saw Patient 1 86 times between May 13, 2013, and December 16, 2019  
5 (76 times after April 24, 2014.) During his treatment of Patient 1, Respondent prescribed  
6 increasing quantities of controlled substances, including opiates, sedatives, and stimulants, as  
7 detailed below. Respondent initially failed to obtain and document Patient 1's informed consent  
8 for the use of controlled substances. It was not until May 12, 2014, when the dose of methadone  
9 HCL 10 mg reached 70 mg bid did Respondent document in Patient 1's medical record that he  
10 "explained to patient extensively about various side effect [sic.]" Just two months later, on July  
11 10, 2014, Respondent made the first of many documented efforts to refer Patient 1 to a pain  
12 management specialist.

13 24. During the entire course of treatment, Respondent did not formulate or document a  
14 treatment plan for Patient 1. Without a detailed plan and without concrete benchmarks,  
15 Respondent had no control over his treatment of Patient 1. This resulted in massive over-  
16 prescription of methadone HCL 10 mg to Patient 1, complicated by the concomitant prescription  
17 of multiple agents with synergistic risks.

18 25. During the entire course of treatment, Respondent failed to ensure accurate  
19 documentation of medications he prescribed to Patient 1, making it nearly impossible to use  
20 Respondent's medical record to easily and accurately determine exactly which controlled  
21 medications were in use and which medications were prescribed when, in what quantity, and with  
22 what instructions.

23 26. Respondent was aware that Patient 1 was a high-risk, drug-seeking patient. During his  
24 interview with the Board, Respondent described Patient 1 as follows:

25 "[H]e was seeing me because of chronic pain. A lot of pain. He would complain of his  
26 knees, his back pain, and he would have all kinds of excuses, but -- uh -- yes. He does have  
27 severe arthritis, and uh -- medical conditions that require pain medication. But this guy was  
28 living in an environment that was infested with drugs. Cocaine, all kinds of things. And

1 with prostitutes, and different things he was involved with. And I explained to him that, you  
2 know, he needs to stop using illicit drugs, and if he has pain, he can take pain medication.  
3 From my training, if I can get somebody away from abusive drugs like heroin, cocaine,  
4 Percocet, these things that make them high, and that would be -- to me that's success. And  
5 this guy, from my training -- what's good about methadone HCL 10 mg is that it controls  
6 the pain, but at the same time doesn't allow them to get high."

7 ". . . he was on pain – on narcotics. Before I had him. He was using it. He was using drugs  
8 and all that to control his pain... Illicit drugs and some prescribed by physicians. A lot of it  
9 was illicit drugs."

10 Respondent never documented in the chart that Patient 1 was abusing illicit drugs. Instead,  
11 Respondent documented treating Patient 1 for chronic pain, insomnia, and depression. Patient 1  
12 often presented with elevated blood pressure or pulse, which signaled potential stimulant abuse,  
13 yet Respondent never obtained or documented a detailed substance abuse history. Respondent  
14 never included substance use disorder as one of Patient 1's differential diagnoses. Respondent  
15 never obtained toxicological screening of Patient 1.

16 27. On November 13, 2014, Respondent denied a request by Patient 1 for the use of  
17 medical marijuana. Even if it was Respondent's practice, at that time, not to use routine  
18 toxicological screening in patients to whom he prescribed massive doses of methadone HCL 10  
19 mg, Patient 1's request for medical marijuana should have increased his index of suspicion for  
20 substance use disorder well beyond the threshold necessary to trigger toxicological screening. On  
21 June 16, 2016, when Patient 1 requested an increased dose of Xanax and Respondent documented  
22 that he "encouraged him to quit marijuana," Respondent still did not order toxicological  
23 screening. On July 14, 2016, Patient 1 presented complaining of chest tightness with a pulse of  
24 110. Tachycardia and chest tightness may be evidence of stimulant drug abuse, but Respondent  
25 ordered no toxicological screen. Even on September 1, 2016, when Respondent documented  
26 "[illegible] drug use. Marijuana," he still did not order toxicological screening. On or about May  
27 7, 2019, a note from the Interdisciplinary Spine Clinic reported that methamphetamine was  
28 present in Patient 1's first toxicological screen done there and that his urine drug screen of April

1 25, 2019 was "inconsistent," indicating that the methadone HCL 10 mg prescribed by Respondent  
2 was not present in the patient's urine sample. When he was confronted with the fact that  
3 toxicological screens showed no methadone HCL 10 mg in Patient 1's urine, Respondent's  
4 response was to describe himself as "naïve." Even then, faced with concrete evidence of  
5 "inconsistent" toxicology screening and documented methamphetamine use, Respondent not only  
6 failed to institute his own toxicological screen, but he continued to issue prescriptions for massive  
7 quantities of methadone HCL 10 mg for another six months.

8 28. In his interview with the Board's investigators, Respondent admitted that the reason  
9 he finally stopped prescribing controlled medications to Patient 1 was because he came under  
10 investigation by the Board. At all times alleged herein, Respondent failed to monitor controlled  
11 substances he prescribed to Patient 1 by using CURES.<sup>3</sup> It was not until December 16, 2019, after  
12 Respondent became aware of the Board's investigation, that Respondent's records contain a  
13 CURES data review.

14 29. Starting before May 23, 2014 and continuing through December 16, 2019,  
15 Respondent prescribed methadone HCL 10 mg to Patient 1 in an inappropriate and excessive  
16 manner, prescribing massive quantities of methadone HCL 10 mg and allowing Patient 1 to have  
17 access to as much as 300 mg of methadone HCL 10 mg per day. Before finally determining on  
18 December 15, 2019 that he could no longer prescribe methadone HCL 10 mg to Patient 1,  
19 Respondent documented several attempts to decrease Patient 1's use of Methadone HCL 10 mg:  
20 on 2/12/15 "he should try to decrease methadone HCL 10 mg", on 10/20/15 "try to decrease pain  
21 meds," and 12/15/16 "he is trying to reduce his pain meds." On 10/8/19, Respondent documented  
22

23 <sup>3</sup> "CURES" means the Department of Justice, Bureau of Narcotics Enforcement's  
24 California Utilization, Review and Evaluation System (CURES) for the electronic monitoring of  
25 the prescribing and dispensing of Schedule II, III, IV and V controlled substances dispensed to  
26 patients in California pursuant to Health and Safety Code section 11165. The CURES database  
27 captures data from controlled substance prescriptions filled as submitted by pharmacies, hospitals,  
28 and dispensing physicians. Law enforcement and regulatory agencies use the data to assist in  
their efforts to control the diversion and resultant abuse of controlled substances. Prescribers and  
pharmacists may request a patient's history of controlled substances dispensed in accordance with  
guidelines developed by the Department of Justice. Starting on October 2, 2018, all California  
physicians and other prescribing health care professionals were mandated by Health and Safety  
Code section 11165.4 to consult CURES before prescribing Schedule II, III or IV controlled  
substance for the first time, and at least once every six months thereafter.

1 that he would taper methadone HCL 10 mg by 10% unless a pain specialist recommended  
2 otherwise. On 11/8/19, that taper was nominally implemented, yet #424 tablets of 10 mg  
3 methadone HCL 10 mg were prescribed that day and the next.

4 30. Due to Respondent's inadequate record of care and treatment of Patient 1, it is  
5 unclear how much methadone HCL 10 mg Respondent was actually giving Patient 1 at any given  
6 point. On 11/2/13, when 180 tablets were dispensed, the intended dose was 60 mg per day. On  
7 1/3/14, Respondent documented increasing methadone HCL 10 mg to 50 mg bid. CURES data  
8 shows that dose was dispensed to the patient. On 2/13/14, 3/20/14, and 4/24/14, the quantity of  
9 methadone HCL 10 mg intended to be prescribed was not documented. On 5/12/14, the dose of  
10 methadone HCL 10 mg was increased to 70 mg bid, 14 tablets daily. But, Patient 1 actually had  
11 22 tablets per day available from the prescriptions filled on 1/24/14 to 2/4/14. The daily dosage  
12 available in the spring and summer of 2014 varied from 20 mg to 330 mg per day. Omitting that  
13 chaotic period, the average daily dosage of methadone HCL 10 mg prescribed by Respondent to  
14 Patient 1, between September 3, 2014 and September 17, 2018, was 159 mg, a 14% increase in  
15 dose from the intended 140 mg. Between 12/19/14 and 1/19/15, Respondent gave Patient 1 840  
16 tablets of methadone HCL 10 mg, enough to take 27.1 tablets per day, every day for 31 days.  
17 Respondent made no comment anywhere in the medical record to explain why he consistently  
18 overdosed Patient 1 with methadone HCL 10 mg over a period of years.

19 31. Starting in approximately February 2, 2016, and continuing through December 16,  
20 2019 Respondent inappropriately and excessively prescribed promethazine (Phenegran with  
21 codeine) to Patient 1, concomitantly with methadone HCL 10 mg. On August 24, 2017,  
22 Respondent documented his intent to taper and discontinue giving this medication to Patient 1:  
23 "Promethazine was given 12 oz next time 6 oz and then d/c." However, CURES data reveals that  
24 Respondent did not discontinue his prescription of promethazine to Patient 1. Respondent did  
25 indeed prescribe 12 oz (360 mL) in late August 2017. Instead of following the plan to taper and  
26 discontinue Patient 1's promethazine, Respondent prescribed 8 oz (240 mL), not 6 oz in  
27 September 2017, before prescribing 12 oz more in October 2017 and then returning to monthly  
28 prescriptions of at least 8 oz, which continued until January 2019. Respondent lacked control of

1 the quantity of promethazine with codeine he prescribed to Patient 1, from August to November  
2 2017. While he documented that he was discontinuing treatment, he actually prescribed 14.4,  
3 12.9, 8.6, and 14.4 mL of promethazine with codeine per day. On average, between February 1,  
4 2016, and February 2, 2019, Respondent prescribed 11.5 mL of promethazine per day to Patient  
5 1.

6 32. During his interview with Board's investigators, Respondent explained that this  
7 prescribing of promethazine to a patient he knew was suffering from a substance use disorder was  
8 because the patient told him it was the only thing that worked. Respondent further suggested that  
9 Phenergan with codeine may be indicated to treat the postnasal drip that can occur after nasal use  
10 of illicit drugs. Phenergan with codeine is the key ingredient of "Purple Drank," a concoction  
11 often abused by people who snort cocaine or methamphetamine. It is highly inappropriate to  
12 prescribe it to treat the adverse effects of intranasal stimulant abuse.

13 33. Respondent prescribed tramadol HCL to Patient 1 sporadically from June 4, 2015,  
14 through November 17, 2016. Respondent never documented in Patient 1's medical record when or  
15 why tramadol HCL was prescribed to Patient 1. Respondent never documented in Patient 1's  
16 medical record when or why he discontinued prescribing tramadol HCL to Patient 1.

17 34. A combination of opioids and benzodiazepines is among the most dangerous  
18 combination therapies a physician can prescribe for his patient. Methadone HCL 10 mg, Xanax,  
19 and Ambien all contain Black Box warnings about the risk of concomitant prescription of opiates  
20 and benzodiazepines. While Respondent documented on September 11, 2014, that he was "also  
21 concerned about mixing anxiolytics & Methadone HCL 10 mg," he did nothing about that  
22 concern. Respondent went on to prescribe massive doses of methadone HCL 10 mg, steady doses  
23 of Xanax, and variable doses of Ambien to Patient 1 over a period of five more years. During the  
24 interview, Respondent attempted to explain his use of high-dose treatment with Ambien as a  
25 reaction to Patient 1's known use of cocaine. Respondent stated that typically, he would start with  
26 Benadryl or perhaps 5 mg Ambien. "But with the guy who was on cocaine, lots of drugs... you  
27 can give them Ambien 10 mg... It may not even touch them, you know?"

28 35. Respondent did not document his prescribing of Xanax to Patient 1 consistently and

1 had no record of how much Xanax he prescribed to Patient 1. On March 12, 2015, when  
2 Respondent documented that Patient 1 requested a refill of Xanax, Xanax was not listed as one of  
3 the medications prescribed previously. Xanax was absent from the medication list on March 5,  
4 2015, March 12, 2015, and January 28, 2016. Xanax was listed on Patient 1's medication list on  
5 April 21, 2016, but then absent again on November 17, 2016. On May 11, 2015, Respondent  
6 documented: "He feels anxious and can't focus." "Xanax 30" is written. Yet on that date, CURES  
7 data shows that #60, not #30 Xanax 1 mg was prescribed. Similarly, on January 7, 2016, when  
8 Patient 1 complained of nervousness with Ambien, Respondent documented prescribing Xanax 1  
9 mg daily. Yet on January 4, 2016 and February 1, 2016, #60 of 1 mg Xanax was prescribed,  
10 according to CURES data. CURES data also shows that from May 5, 2015 through December 4,  
11 2018, Respondent prescribed sufficient Xanax for Patient 1 to take approximately 2 mg per day,  
12 every day, either as two 1 mg tabs daily or one 2 mg tab daily.

13 36. From October 18, 2014 through May 10, 2015, Respondent prescribed Ambien to  
14 Patient 1, one 5 mg tablet or fewer daily. On May 11, 2015, the same day that sixty 1 mg tablets  
15 of Xanax were prescribed, 30 tablets of 5 mg Ambien were prescribed, as well as methadone  
16 HCL 10 mg. From that point forward, through September 16, 2018, Respondent issued a total of  
17 fifteen prescriptions for Ambien 5 mg tablets. On June 9, 2015, the second of those prescriptions  
18 was issued, giving Patient 1 access to 1.3 Ambien tablets per day, a 30% increase in dose of the  
19 intended quantity. Respondent failed to accurately document his prescribing of Ambien to Patient  
20 1.

21 37. On December 12, 2014, February 14, 2015, and June 4, 2015, Respondent prescribed  
22 #30 tablets of 5 mg Valium to Patient 1. The only mention in the medical record of Valium is  
23 when its discontinuation is noted on November 9, 2015. The concomitant use of Valium together  
24 with Xanax and Ambien is never discussed in Respondent's record. Respondent never  
25 documented any consideration or reason why he prescribed Valium to Patient 1, or why he  
26 discontinued prescribing Valium to Patient 1.

27 38. Respondent prescribed all three medications (Valium, Xanax, and Ambien) to Patient  
28 1 between June 4, 2015, and June 12, 2015.

1           39. During his care and treatment of Patient 1, Respondent prescribed modafinil to  
 2 Patient 1 consistently from January 31, 2014, to January 12, 2017, at approximately 200 mg per  
 3 day. Respondent did not consider and did not document any reasoning for his use of modafinil  
 4 and the risks of prescribing it with multiple sedatives and opioids. The rationale for prescribing a  
 5 stimulant, presumably to treat obstructive sleep apnea (OSA), while at the same time prescribing  
 6 methadone HCL 10 mg, Phenergan with codeine, Flexeril, Xanax, Valium, and Ambien is never  
 7 discussed in the patient's chart. Modafinil is modestly effective as an adjuvant therapy for OSA  
 8 because it alters sleep-wake cycles, operating as a stimulant. Giving a stimulant to treat OSA  
 9 while at the same time as giving seven different sedative agents is irrational, and the risks exceed  
 10 benefits, particularly in a man who is known to abuse marijuana and was known or should have  
 11 been known to abuse methamphetamine.

12           40. Between May 23, 2014 and December 16, 2019, Patient 1 was dispensed controlled  
 13 substances, prescribed to him by Respondent, as follows:

Date Prescription Dispensed:	Controlled substance Dispensed	Quantity Dispensed
5/23/14	Methadone HCL 10 mg	360 Pills
6/4/14	Methadone HCL 10 mg	60 Pills
6/6/14	Modafinil 200 mg	30 Pills
7/10/14	Modafinil 200 mg	30 Pills
7/11/14	Methadone HCL 10 mg	100 Pills
7/14/14	Methadone HCL 10 mg	420 Pills
8/11/14	Methadone HCL 10 mg	290 Pills
8/13/14	Methadone HCL 10 mg	130 Pills
	Modafinil 200 mg	30 Pills
9/3/14	Methadone HCL 10 mg	420 Pills
9/5/14	Modafinil 200 mg	30 Pills

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9/19/14	Diazepam 10 mg	1 Pill
	Acetaminophen with Codeine 300/30 mg	1 Pill
9/26/14	Methadone HCL 10 mg	390 Pills
9/29/14	Diazepam 10 mg	1 Pill
	Acetaminophen with Codeine 300/30 mg	1 Pill
10/18/14	Ambien 5 mg	30 Pills
10/24/14	Methadone HCL 10 mg	420 Pills
11/17/14	Ambien 5 mg	30 Pills
	Modafinil 200 mg	30 Pills
11/22/14	Methadone HCL 10 mg	420 Pills
12/12/14	Valium 5 mg	30 Pills
	Modafinil 200 mg	30 Pills
12/17/14	Ambien 5 mg	30 Pills
12/19/14	Methadone HCL 10 mg	420 Pills
1/5/15	Methadone HCL 10 mg	420 Pills
1/12/15	Ambien 5 mg	30 Pills
1/19/15	Methadone HCL 10 mg	420 Pills
2/19/15	Methadone HCL 10 mg	420 Pills
3/17/15	Methadone HCL 10 mg	420 Pills
4/17/15	Ambien 5 mg	30 Pills
	Methadone HCL 10 mg 10 mg	420 Pills
	Modafinil 200 mg	30 Pills
5/11/15	Ambien 5 mg	30 Pills
	Xanax 1 mg	60 Pills
	Methadone HCL 10 mg	420 Pills



1		Modafinil 200 mg	30 Pills
2	6/4/15	Tramadol HCL 50 mg	120 Pills
3		Valium 5 mg	30 Pills
4	6/9/15	Ambien 5mg	30 Pills
5		Modafinil 200 mg	30 Pills
6	6/12/15	Xanax 1mg	60 Pills
7		Methadone HCL 10 mg	420 Pills
8	7/7/15	Xanax	60 Pills
9		Methadone HCL 10 mg	420 Pills
10		Modafinil 200 mg	30 Pills
11	7/9/15	Ambien 5 mg	30 Pills
12	8/1/15	Modafinil 200 mg	30 Pills
13	8/3/15	Ambien 5 mg	30 Pills
14	8/6/15	Xanax 1 mg	60 Pills
15		Methadone HCL 10 mg	420 Pills
16	8/17/15	Tramadol HCL 50 mg	120 Pills
17	8/28/15	Ambien 5mg	30 Pills
18		Modafinil 200 mg.	30 Pills
19	8/29/15	Xanax 1 mg	120 Pills
20	9/2/15	Methadone HCL 10 mg	420 Pills
21	9/16/15	Tramadol HCL 50 mg	120 Pills
22	9/25/15	Methadone HCL 10 mg	420 Pills
23	9/26/15	Ambien 5 mg	30 Pills
24		Modafinil 200 mg	30 Pills
25	10/16/15	Xanax 1 mg	60 Pills
26	10/17/15	Tramadol HCL 50 mg	120 Pills
27	10/21/15	Ambien 5 mg	30 Pills
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	Methadone HCL 10 mg	420 Pills
	Modafinil 200 mg	30 Pills
11/12/15	Xanax 2 mg	30 Pills
11/13/15	Methadone HCL 10 mg	420 Pills
11/20/15	Modafinil 200 mg	30 Pills
11/21/15	Ambien 5 mg	30 Pills
12/5/15	Xanax 1 mg	60 Pills
12/12/15	Methadone HCL 10 mg	420 Pills
12/16/15	Tramadol HCL 50 mg	120 Pills
12/19/15	Modafinil 200 mg	30 Pills
12/31/15	Ambien 5 mg	30 Pills
	Xanax 1 mg	60 Pills
1/4/16	Xanax 1 mg	60 Pills
1/8/16	Methadone HCL 10 mg	420 Pills
1/14/16	Tramadol HCL 50 mg	120 Pills
1/19/16	Modafinil 200 mg.	30 Pills
1/28/16	Ambien 5 mg	30 Pills
1/29/16	Modafinil 200 mg	30 Pills
2/1/16	Xanax 1mg	60 Pills
	Promethazine HCL - Codeine	240 mL
	Methadone HCL 10 mg	420 Pills
2/11/16	Modafinil 200 mg	30 Pills
2/29/16	Promethazine HCL - Codeine	240 mL
3/1/16	Xanax 2 mg	30 Pills
	Methadone HCL 10 mg	420 Pills
3/5/16	Modafinil 200 mg	30 Pills

1	3/14/16	Tramadol HCL 50 mg	120 Pills
2	3/29/16	Xanax 2 mg	30 Pills
3		Promethazine HCL - Codeine	240 mL
4		Methadone HCL 10 mg	420 Pills
5		Modafinil 200 mg	30 Pills
6	4/6/16	Promethazine HCL - Codeine	240 mL
7	4/21/16	Xanax 1 mg	60 Pills
8		Methadone HCL 10 mg	420 Pills
9		Modafinil 200 mg	30 Pills
10	4/27/16	Promethazine HCL - Codeine	240 mL
11	5/9/16	Tramadol HCL 50 mg	90 Pills
12	5/19/16	Xanax 1 mg	60 Pills
13		Methadone HCL 10 mg	420 Pills
14		Modafinil 200 mg	30 Pills
15	5/27/16	Promethazine HCL - Codeine	240 mL
16	6/9/16	Tramadol HCL 50 mg	90 Pills
17	6/16/16	Xanax 1 mg	60 Pills
18		Methadone HCL 10 mg	420 Pills
19	6/18/16	Modafinil 200 mg	30 Pills
20	6/27/16	Promethazine HCL - Codeine	240 mL
21	7/14/16	Xanax 1 mg	60 Pills
22		Methadone HCL 10 mg	420 Pills
23		Modafinil 200 mg	30 Pills
24	7/25/16	Promethazine HCL - Codeine	360 mL
25	8/8/16	Methadone HCL 10 mg	420 Pills
26	8/16/16	Modafinil 200 mg	30 Pills
27	8/20/16	Xanax 1 mg	60 Pills
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8/25/16	Promethazine HCL - Codeine	360 mL
9/7/16	Methadone HCL 10 mg	420 Pills
9/14/16	Xanax 2mg	30 Pills
9/24/16	Promethazine HCL - Codeine	360 mL
9/30/16	Methadone HCL 10 mg	420 Pills
10/7/16	Xanax 2mg	30 Pills
10/24/16	Promethazine HCL - Codeine	780 mL
	Methadone HCL 10 mg	420 Pills
	Modafinil 200 mg	30 Pills
10/31/16	Xanax 2mg	30 Pills
11/17/16	Tramadol HCL 50 mg	120 Pills
11/21/16	Promethazine HCL - Codeine	360 ML
	Methadone HCL 10 mg	420 Pills
	Modafinil 200 mg	30 Pills
12/5/16	Xanax 2 mg	30 Pills
12/16/16	Methadone HCL 10 mg	420 Pills
	Modafinil 200 mg	30 Pills
12/17/16	Tramadol CHL 50 mg	60 Pills
12/21/16	Promethazine HCL - Codeine	360 ML
12/28/16	Xanax 2mg	30 Pills
1/12/16	Modafinil 200 mg	30 Pills
1/16/17	Methadone HCL 10 mg	420 Pills
1/20/17	Promethazine HCL - Codeine	360 mL
1/21/17	Promethazine HCL - Codeine	240 mL
1/24/17	Xanax 2 mg	30 Pills
1/31/17	Tramadol HCL 50 mg	60 Pills
2/8/17	Methadone HCL 10 mg	420 Pills

1	2/22/17	Promethazine HCL - Codeine	240 mL
2	3/3/17	Xanax 60 mg	30 Pills
3		Methadone HCL 10 mg	420 Pills
4	3/16/17	Promethazine HCL - Codeine	240 mL
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6	3/27/17	Methadone HCL 10 mg	420 Pills
7		Tramadol HCL 50 mg	90 Pills
8	4/5/17	Xanax 2 mg	30 Pills
9	4/14/17	Promethazine HCL - Codeine	360 mL
10	4/19/17	Methadone HCL 10 mg	420 Pills
11	5/2/17	Xanax 2 mg	30 Pills
12	5/10/17	Promethazine HCL - Codeine	600 mL
13	5/12/17	Methadone HCL 10 mg	420 Pills
14	5/26/17	Xanax 2 mg	30 Pills
15	6/7/17	Promethazine HCL - Codeine	360 ML
16	6/8/17	Methadone HCL 10 mg	420 Pills
17	7/7/17	Ambien 5 mg	30 Pills
18		Xanax 2 mg	30 Pills
19		Promethazine HCL - Codeine	360 ML
20		Methadone HCL 10 mg	420 Pills
21	7/25/17	Promethazine HCL - Codeine	113 mL
22	8/3/17	Xanax 2 mg	30 Pills
23		Promethazine HCL - Codeine	360 ML
24		Methadone HCL 10 mg	420 Pills
25	8/17/17	Ambien 5 mg	30 Pills
26	8/28/17	Xanax 1 mg	60 Pills
27		Promethazine HCL - Codeine	360 ML
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1		Methadone HCL 10 mg	420 Pills
2	9/19/17	Ambien 5 mg	30 Pills
3	9/21/17	Xanax 2 mg	30 Pills
4		Methadone HCL 10 mg	420 Pills
5	9/25/17	Promethazine HCL - Codeine	360 ML
6	10/19/17	Xanax 2 mg	30 Pills
7		Methadone HCL 10 mg	420 Pills
8	10/23/17	Promethazine HCL - Codeine	360 ML
9	11/17/17	Promethazine HCL - Codeine	240 mL
10		Methadone HCL 10 mg	420 Pills
11		Tramadol HCL 50 mg	30 Pills
12	12/11/17	Xanax 2 mg	30 Pills
13		Methadone HCL 10 mg	420 Pills
14	12/19/17	Promethazine HCL - Codeine	240 mL
15	1/5/18	Promethazine HCL - Codeine	240 mL
16	1/10/18	Methadone HCL 10 mg	420 Pills
17	1/27/18	Xanax 2 mg	30 Pills
18	2/1/18	Promethazine HCL - Codeine	240 mL
19	2/2/18	Methadone HCL 10 mg	420 Pills
20	2/27/18	Xanax 2mg	30 Pills
21	3/1/18	Ambien 5 mg	30 Pills
22		Promethazine HCL - Codeine	240 mL
23		Methadone HCL 10 mg	420 Pills
24	3/27/18	Xanax 2 mg	30 Pills
25	4/2/18	Promethazine HCL - Codeine	360 ML
26		Methadone HCL 10 mg	420 Pills
27	5/1/18	Promethazine HCL - Codeine	240 mL
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1		Methadone HCL 10 mg	420 Pills
2	5/22/18	Promethazine HCL - Codeine	240 mL
3	5/30/18	Xanax 2 mg	30 Pills
4		Promethazine HCL - Codeine	240 mL
5		Methadone HCL 10 mg	420 Pills
6	6/30/18	Promethazine HCL - Codeine	180 mL
7		Methadone HCL 10 mg	420 Pills
8	7/30/18	Xanax 2 mg	30 Pills
9		Promethazine HCL - Codeine	240 mL
10		Methadone HCL 10 mg	420 Pills
11	8/16/18	Ambien 5 mg	30 Pills
12	8/30/18	Xanax 2 mg	30 Pills
13		Promethazine HCL - Codeine	240 mL
14		Methadone HCL 10 mg	420 Pills
15	9/16/18	Ambien 5 mg	30 Pills
16	9/17/18	Xanax 2 mg	30 Pills
17		Promethazine HCL - Codeine	540 mL
18		Methadone HCL 10 mg	420 Pills
19		Tramadol HCL 50 mg	30 Pills
20	9/16/18	Ambien 5 mg	30 Pills
21	10/11/18	Promethazine HCL - Codeine	30 mL
22	11/1/18	Xanax 2 mg .	60 Pills
23		Methadone HCL 10 mg	420 Pills
24	11/13/18	Promethazine HCL - Codeine	240 mL
25	12/4/18	Xanax 2 mg	60 Pills
26		Promethazine HCL - Codeine	240 mL
27		Methadone HCL 10 mg	420 Pills

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1	1/3/19	Promethazine HCL - Codeine	240 mL
2	1/4/19	Methadone HCL 10 mg	420 Pills
3	2/2/19	Promethazine HCL - Codeine	240 mL
4	2/4/19	Methadone HCL 10 mg	420 Pills
5	3/6/19	Methadone HCL 10 mg	420 Pills
6	4/8/19	Methadone HCL 10 mg	196 Pills
7	6/7/19	Methadone HCL 10 mg	420 Pills
8	7/1/19	Methadone HCL 10 mg	420 Pills
9	8/8/19	Methadone HCL 10 mg	420 Pills
10	9/5/19	Methadone HCL 10 mg	360 Pills
11	10/8/19	Methadone HCL 10 mg	360 Pills
12	11/18/19	Methadone HCL 10 mg	324 Pills
13	11/19/19	Methadone HCL 10 mg	100 Pills
14	12/16/19	Methadone HCL 10 mg	60 Pills

15 **Patient 2**

16 41. Patient 2 was a male 47-year-old non-smoker when he first saw Respondent on or  
17 about June 6, 2012, after inhaling toxic fumes from a concrete sealer that was applied in his  
18 apartment building. Respondent recorded in Patient 2's record that Patient 2 had no prior medical  
19 problems. After a few hours of exposure, he complained that he was suffering shortness of breath,  
20 blurry vision, headache, sinus and throat irritation, chest discomfort, and abdominal pain. At that  
21 time, Patient 2 was taking over the counter medications Aleve<sup>4</sup> and Nyquil.

22 42. Respondent saw Patient 2 112 times between June 6, 2012, and March 28, 2019 (57  
23 times after June 5, 2014). While under Respondent's care, Patient 2's condition transitioned from  
24 a relatively healthy patient whom Respondent documented had no prior medical problems to a  
25 drug-seeking patient with opioid dependence.

26 43. During 2012, Respondent noted that Patient 2 complained that he suffered from back  
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28 <sup>4</sup> Aleve is an over-the-counter naproxen.



1 pain, headaches, and anxiety. However, Respondent failed to document a recognized indication  
2 for the institution of chronic opioid and benzodiazepine treatment. During his interview with the  
3 Board's investigators, Respondent related a history of war-related injuries to Patient 2's back, and  
4 fall with re-injury during the incident of exposure to toxic fumes when the treatment started.  
5 Respondent also claimed that Patient 2 was taking significant amounts of pain medications before  
6 he began to see Respondent. However, none of this history is documented anywhere in Patient 2's  
7 medical record. Respondent began treatment of Patient 2 with opioids and benzodiazepines  
8 without obtaining a psychological evaluation of Patient 2.

9 44. Initially, Respondent prescribed Vicodin and Xanax to Patient 2. One month later, on  
10 July 5, 2012, Respondent was prescribing MS-Contin 15 mg twice a day, along with Xanax, to  
11 Patient 2. Respondent's records show that he doubled the dose of Xanax because Patient 2  
12 requested it.

13 45. By January 10, 2013, Respondent was prescribing 200 mg daily of MS-Contin, 2 mg  
14 daily of Xanax, and 10 mg of Ambien, at which time Respondent documented for the first time  
15 that Patient 2 was "cautioned about getting used to pain medications."

16 46. By the June 5, 2014 visit, Respondent's medical record documented sufficient  
17 information to diagnose Patient 2 with opioid use disorder. Respondent documented that  
18 "mentally he may be depended on the meds. He denies it when discussed with him." "He is very  
19 resistant to lowering his meds. He wants to increase it." However, despite these observations  
20 Respondent did not attempt to taper medications to which Patient 2 has become "addicted," and  
21 he did not refer Patient 2 to an addiction specialist. Instead, Respondent documented that he  
22 "encouraged him take less meds as possible." Regardless of what Respondent encouraged, he, in  
23 fact, steadily increased the dose and quantity of opioids, Percocet and oxycodone, he  
24 concomitantly prescribed to Patient 2. Respondent also prescribed methadone to Patient 2 on July  
25 21, 2015, August 20, 2015, November 5, 2015, and August 30, 2017. Respondent did not  
26 document any reason or the thought process for prescribing methadone to Patient 2.

27 47. On or about December 11, 2017, Respondent documented a diagnosis of "addiction"  
28 in Patient 2's medical record.

1           48. At all times during his treatment of Patient 2, Respondent failed to perform and/or  
2 document an adequate physical examination to justify initiation and continuation of chronic  
3 opioid treatment of Patient 2.

4           49. At all times during his treatment of Patient 2, Respondent failed to obtain and  
5 document Patient 2's informed consent for initiation and continuation of Patient 2's chronic  
6 opioid treatment or to enter into a pain agreement with Patient 2.

7           50. At all times during his treatment of Patient 2, Respondent failed to obtain any  
8 toxicology screening of Patient 2 to confirm that his medication intake was consistent with what  
9 Respondent prescribed.

10           51. At all times during his treatment of Patient 2, Respondent failed to develop and  
11 document a treatment plan with goals and benchmarks for Patient 2. Respondent failed to assess  
12 the effectiveness of treatment of Patient 2 and to modify it accordingly. During Respondent's  
13 treatment of Patient 2, the patient made no progress and continued to complain of pain.  
14 Respondent repeatedly documented that he advised Patient 2 to reduce his opioid doses. On  
15 March 24, 2016, when Respondent documented the need to decrease Patient 2's pain medication,  
16 Patient 2 protested and indicated that his psychologist and psychiatrist told him "he needs the  
17 medication." Respondent never contacted Patient 2's psychologist or psychiatrist, but instead  
18 allowed Patient 2, who was developing a dependence on opioids, to control his opioid treatment.  
19 This pattern continued even after Respondent documented on August 18, 2016 that Patient 2  
20 threatened to kill himself if his medications were changed. Even after Respondent was, or should  
21 have been, aware that Patient 2 became dependent on opioids, Respondent failed to arrange for an  
22 addiction referral. Despite repeatedly documenting his intent to do so, Respondent failed to  
23 arrange for a referral of Patient 2 to a pain management specialist. Respondent failed to arrange  
24 and follow up on a referral to mental health treatment of Patient 2. Instead, Respondent prescribed  
25 dangerous doses of opioids to Patient 2 for years. Despite repeatedly documenting his intent to  
26 reduce the amount of controlled substances he was prescribing to Patient 2, including on June 15,  
27 2014, November 19, 2015, and March 24, 2016, Respondent failed to do so.

28           52. Having previously described Patient 2 in his assessment as suffering from memory

1 loss, starting on or about November 17, 2016, he assessed Patient 2 with dementia, and described  
 2 Patient 2's neurological/psychiatric assessment as "depressed, anxious, nervous and fearful."  
 3 Respondent did not document any explanation of how he arrived at the diagnosis of "dementia" in  
 4 a 50-year-old man who had no medical issues four years prior. Early dementia in a 50-year-old  
 5 man requires an extensive neurological workup. Respondent, however, failed to refer Patient 2 for  
 6 a neurological assessment and did not perform and did not document that he performed one  
 7 himself.

8 53. At all times during his treatment of Patient 2, Respondent failed to keep an accurate  
 9 and complete list of medications he was prescribing to Patient 2. Respondent failed to document  
 10 the dose, frequency, indication, and amount of each prescription issued for controlled medications  
 11 he prescribed to Patient 2.

12 54. Between April 22, 2014 and December 16, 2019, Patient 2 was dispensed controlled  
 13 substances, prescribed to him by Respondent, as follows:

Date Prescription Dispensed:	Controlled substance Dispensed	Quantity Dispensed
4/22/14	Oxycodone HCL 15 mg	90 Pills
5/12/14	Oxycodone CHL 15 mg Xanax 2mg	90 Pills 72 Pills
5/22/14	Oxycodone HCL 15 mg	90 Pills
7/20/14	Oxycodone HCL 15 mg Ambien 10 mg	90 Pills 30 Pills
8/13/14	Oxycodone HCL 15 mg	90 Pills
9/2/14	Oxycodone HCL 15 mg	90 Pills
9/24/14	Oxycodone HCL 15 mg	120 Pills
10/13/14	Oxycodone HCL 15 mg	120 Pills
10/31/14	Oxycodone HCL 15 mg	120 Pills

1	11/14/14	Oxycodone HCL 15 mg	180 Pills
2	12/14/14	Oxycodone HCL 15 mg	180 Pills
3	1/15/15	Oxycodone HCL 15 mg	180 Pills
4	2/13/15	Oxycodone HCL 15 mg	180 Pills
5	3/13/15	Oxycodone HCL 15 mg	180 Pills
6	3/20/15	Vicodin 325-5 mg	100 Pills
7	4/14/15	Oxycodone HCL 15 mg	120 Pills
8	4/24/15	Percocet 325-5	120 Pills
9	5/11/15	Oxycodone HCL 15 mg	120 Pills
10	6/12/15	Oxycodone HCL 15 mg	120 Pills
11	7/9/15	Ambien 10 mg	30 Pills
12	7/10/15	Oxycodone HCL 15 mg	120 Pills
13	7/21/15	Methadone HCL 10 mg	240 Pills
14	8/20/15	Methadone HCL 10 mg	240 Pills
15	9/29/15	Oxycodone HCL 15 mg	120 Pills
16		Percocet 325-10 mg	120 Pills
17	10/29/15	Oxycodone HCL 15 mg	120 Pills
18		Percocet 325-10 mg	120 Pills
19	11/5/15	Methadone HCL 10 mg	120 Pills
20	11/23/15	Oxycodone HCL 15 mg	120 Pills
21		Percocet 325-10 mg	120 Pills
22	12/21/15	Oxycodone HCL 15 mg	120 Pills
23		Percocet 325-10 mg	120 Pills
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25	1/21/16	Oxycodone HCL 15 mg	120 Pills
26		Percocet 325-10 mg	120 Pills
27	2/23/16	Oxycodone HCL 15 mg	120 Pills
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1		Percocet 325-10 mg	120 Pills
2	3/22/16	Oxycodone HCL 15 mg	120 Pills
3		Percocet 325-10 mg	120 Pills
4	4/22/16	Oxycodone HCL 15 mg	120 Pills
5		Percocet 325-10 mg	120 Pills
6	5/23/16	Oxycodone HCL 15 mg	120 Pills
7		Percocet 325-10 mg	120 Pills
8	6/20/16	Oxycodone HCL 15 mg	180 Pills
9	7/5/16	Percocet 325-10 mg	120 Pills
10	7/21/16	Oxycodone HCL 15 mg	120 Pills
11	8/4/16	Percocet 325-10 mg	120 Pills
12	8/17/16	Oxycodone HCL 15 mg	120 Pills
13	9/2/16	Percocet 325-10 mg	120 Pills
14	9/26/16	Percocet 325-10 mg	120 Pills
15	10/14/16	Oxycodone HCL 15 mg	120 Pills
16	11/4/16	Percocet 325-10 mg	120 Pills
17	11/14/16	Oxycodone HCL 15 mg	120 Pills
18	12/15/16	Promethazine HCL with Codeine	270 ML
19	1/4/17	Percocet 325-10 mg	120 Pills
20		Oxycodone HCL 15 mg	120 Pills
21	2/2/17	Percocet 325-10 mg	90 Pills
22		Oxycodone HCL 15 mg	90 Pills
23	3/1/17	Percocet 325-10 mg	120 Pills
24		Oxycodone HCL 15 mg	120 Pills
25	4/25/17	Percocet 325-10 mg	120 Pills
26	4/26/17	Oxycodone HCL 15 mg	120 Pills
27	6/1/17	Percocet 325-10 mg	120 Pills
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	Oxycodone HCL 15 mg	120 Pills
6/30/17	Percocet 325-10 mg	120 Pills
	Oxycodone HCL 15 mg	120 Pills
7/28/17	Percocet 325-10 mg	120 Pills
	Oxycodone HCL 15 mg	120 Pills
8/30/17	Methadone HCL 10 mg	240 Pills
9/29/17	Percocet 325-10 mg	120 Pills
	Oxycodone HCL 15 mg	120 Pills
10/27/17	Percocet 325-10 mg	120 Pills
	Oxycodone HCL 15 mg	120 Pills
11/30/17	Percocet 325-10 mg	120 Pills
	Oxycodone HCL 15 mg	120 Pills
12/29/17	Percocet 325-10 mg	120 Pills
	Oxycodone HCL 15 mg	120 Pills
1/31/18	Percocet 325-10 mg	120 Pills
	Oxycodone HCL 15 mg	120 Pills
2/27/18	Percocet 325-10 mg	120 Pills
2/28/18	Oxycodone HCL 15 mg	120 Pills
3/30/18	Percocet 325-10 mg	120 Pills
	Oxycodone HCL 15 mg	120 Pills
5/1/18	Percocet 325-10 mg	120 Pills
	Oxycodone HCL 15 mg	120 Pills
6/29/18	Percocet 325-10 mg	120 Pills
	Oxycodone HCL 15 mg	120 Pills
7/31/18	Percocet 325-10 mg	120 Pills
	Oxycodone HCL 15 mg	120 Pills
8/30/18	Percocet 325-10 mg	120 Pills

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	Oxycodone HCL 15 mg	120 Pills
10/4/18	Percocet 325-10 mg Oxycodone HCL 15 mg	120 Pills 120 Pills
11/5/18	Percocet 325-10 mg Oxycodone HCL 15 mg	120 Pills 120 Pills
12/4/18	Percocet 325-10 mg Oxycodone HCL 15 mg	120 Pills 120 Pills
1/3/19	Percocet 325-10 mg Oxycodone HCL 15 mg	120 Pills 120 Pills
2/4/19	Percocet 325-10 mg Oxycodone HCL 15 mg	120 Pills 120 Pills
3/1/19	Percocet 325-10 mg Oxycodone HCL 15 mg	120 Pills 120 Pills
4/3/19	Percocet 325-10 mg Oxycodone HCL 15 mg	120 Pills 120 Pills
5/2/19	Percocet 325-10 mg Oxycodone HCL 15 mg	120 Pills 120 Pills
5/31/19	Percocet 325-10 mg Oxycodone HCL 15 mg	120 Pills 120 Pills
7/3/19	Percocet 325-10 mg Oxycodone HCL 15 mg	120 Pills 120 Pills
8/2/19	Percocet 325-10 mg Oxycodone HCL 15 mg	120 Pills 120 Pills
8/30/19	Percocet 325-10 mg Oxycodone HCL 15 mg	120 Pills 120 Pills
10/1/19	Percocet 325-10 mg Oxycodone HCL 15 mg	120 Pills 120 Pills
10/31/19	Percocet 325-10 mg	108 Pills

1		Oxycodone HCL 15 mg	108 Pills
2	11/26/19	Percocet 325-10 mg	90 Pills
3		Oxycodone HCL 15 mg	90 Pills
4	12/31/19	Percocet 325-10 mg	90 Pills
5		Oxycodone HCL 15 mg	90 Pills
6	1/31/20	Percocet 325-10 mg	90 Pills
7		Oxycodone HCL 15 mg	45 Pills
8	2/28/20	Percocet 325-10 mg	60 Pills
9		Oxycodone HCL 15 mg	60 Pills
10	4/1/20	Percocet 325-10 mg	90 Pills
11		Oxycodone HCL 15 mg	90 Pills
12	4/30/20	Percocet 325-10 mg	90 Pills
13		Oxycodone HCL 15 mg	90 Pills
14	6/1/20	Percocet 325-10 mg	90 Pills
15		Oxycodone HCL 15 mg	90 Pills
16	6/30/20	Percocet 325-10 mg	90 Pills
17		Oxycodone HCL 15 mg	90 Pills
18	7/30/20	Percocet 325-10 mg	90 Pills
19		Oxycodone HCL 15 mg	90 Pills
20	8/31/20	Percocet 325-10 mg	90 Pills
21		Oxycodone HCL 15 mg	90 Pills
22	9/29/20	Percocet 325-10 mg	90 Pills
23		Oxycodone HCL 15 mg	90 Pills

**Patient 3**

55. Patient 3 was a 41-year-old woman at the time she consulted with Respondent for a cosmetic procedure on or about April 10, 2018. Respondent documented that Patient 3's face was treated on that day with a Titan laser for "tightening jawline and fat reduction." The fee for this treatment was \$500. Respondent failed to document any examination of the area and did not



1 describe the procedure he performed.

2 56. Also, on April 10, 2018, Respondent prepared a diagram on which he marked the  
3 posterior upper thigh for liposuction of areas 10, 11, and 12 with a discounted fee of \$5000. The  
4 patient completed an application to Care Credit for a loan of \$5000 to be used for her next  
5 procedure.

6 57. The patient returned to Respondent's office two days later, on or about April 12,  
7 2018. She was given Tylenol with codeine 30mg and lorazepam 0.5mg at 4pm. At 5:30 pm she  
8 was given another Tylenol with Codeine and lorazepam tablet.

9 58. Patient 3 signed a consent form for the surgery. She consented to "Cellulaze" as the  
10 treatment to be performed. Respondent's chart for Patient 3 fails to explain or document why and  
11 how the patient decided and consented to have a "Cellulaze" procedure when the form dated  
12 April 10, 2012 quoted the patient a price for liposuction. Respondent wrote on the consent form  
13 that the Cellulaze was "cancelled changed to liposuction of inner post thigh + lateral." At the  
14 bottom of the page, Respondent wrote, "Addendum: Explained to her + she wants liposuction  
15 instead of cellulaze." Neither this addendum nor the addendum note indicating that Cellulaze was  
16 canceled and changed to liposuction were co-signed by Patient 3. Neither change to the informed  
17 consent form was timed to indicate if the changes were made before or after the patient was  
18 sedated.

19 59. The procedure began at 5:30 pm. There is no documentation of when the surgery  
20 ended. The patient was given additional medication (hydrocodone 5-325 #2, lorazepam 0.5, and  
21 clonidine 0.1) at 7:00 pm. She was discharged to home by "Charrise." Patient 3's post-surgical  
22 caregiver was not noted in Respondent's records. Respondent's discharge note is timed at 2300  
23 (11:00 pm). The patient complained that she "stumbled out" of the office by herself.

24 60. The patient claimed that she had significant pain and a slow recuperation post-  
25 operatively. Respondent's next note, dated April 30, 2018, states Patient 3 was "satisfied with  
26 result."

27 61. Patient 3 returned on June 15, 2018, for treatment "picogenesis face" for which she  
28 was charged \$450. Patient 3 returned once again on July 18, 2018. Respondent noted that the

1 patient is "unhappy with her liposuction and wants her money back" and that she "asked for  
2 freecellulaze procedure." He wrote: "I told her that her cellulite may improve in the area of  
3 liposuction. There were some improvement but not much. She [doesn't] like the result of her  
4 liposuction for not improving her cellulite. Since she consented to lipo No refund given. She said  
5 she will complain to Medical board if I don't give her refund. She was pleased with her  
6 liposuction but claimed she didn't want it. Requested refund since didn't understand the procedure  
7 that was done for which she consented. . . ."

8 62. Patient 3 then sent a certified letter to Respondent requesting copies of her medical  
9 records and an invoice for the procedure showing a \$0 balance. Three invoices were provided by  
10 the patient: #01514 dated 4/12/18 for \$7,000; #01608 dated 9/10/18 for \$7,000 less \$550 care  
11 credit - 25% cancelation fee Reimburse check of \$3,255; and a second version of #01608 for  
12 \$5,000 - \$550 care credit - 25% cancelation fee Reimburse check of \$3,255. The patient never  
13 received her medical records following her written request.

#### 14 FIRST CAUSE FOR DISCIPLINE

##### 15 (Gross Negligence)

16 63. Respondent Hossein Babaali, M.D. is subject to disciplinary action under  
17 section 2234, subdivision (b) of the Code in that he was grossly negligent in his care and  
18 treatment of two patients. The circumstances are as follows:

19 64. The allegations of paragraphs 12 through 54 are incorporated herein by reference.

20 65. Each of the following was an extreme departure from the standard of care:

21 A) The manner of prescribing controlled substances to Patient 1 was an extreme  
22 departure from the standard of care.

23 B) It was an extreme departure from the standard of practice for Respondent to fail  
24 to obtain and document informed consent to treat Patient 2 with opioids.

25 C) It was an extreme departure from the standard of practice for Respondent to fail  
26 to obtain informed consent from Patient 1 to treat him with opioids and benzodiazepines  
27 simultaneously.

28 D) It was an extreme departure from the standard of care for Respondent to fail to

1 obtain and document a detailed medical history of Patient 1, including his history of substance  
2 use or abuse.

3 E) It was an extreme departure from the standard of care for Respondent to fail to  
4 document a treatment plan with specific objective goals for Patient 1.

5 F) It was an extreme departures from the standard of care for Respondent to fail to  
6 assess ongoing treatment of Patient 1 and the patient's progress.

7 G) It was an extreme departure from the standard of care for Respondent to fail to  
8 accurately document the exact treatment plan he formulated each time Respondent issued a  
9 prescription for a controlled medication to Patient 1.

10 H) After Patient 1's aberrant drug behavior became evident to Respondent, it was  
11 an extreme departure from the standard of care for Respondent to fail to address it and take  
12 vigorous steps to control it on an ongoing basis.

13 I) After Patient 1's aberrant drug behavior became obvious and known to  
14 Respondent, it was an extreme departure from the standard of care for Respondent to fail to  
15 obtain urine drug screening for Patient 1.

16 J) It was an extreme departure from the standard of care for Respondent to fail to  
17 obtain and/or assess Patient 1's EKG each time Respondent increased Patient 1's methadone dose  
18 while prescribing other medications that have an impact on the patient's Q.T. segment.

19 K) Each prescription of the stimulant modafinil from 1/13/14 to 1/12/17 while at  
20 the same time prescribing the sedative agents methadone, Phenergan with codeine, Flexeril,  
21 Xanax, Valium, and Ambien to Patient 1 was an extreme departure from the standard of care.

22 L) After he became aware of Patient 1's illicit drug use, it was an extreme  
23 departure from the standard of care for Respondent to fail to document this in Patient 1's medical  
24 record.

25 M) It was an extreme departure from the standard of care for Respondent to fail to  
26 reduce or discontinue prescribing controlled substances to Patient 1 after Respondent documented  
27 that controlled substances he was prescribing to Patient 1 should be reduced.

28 O) It was an extreme departure from the standard of care for Respondent to fail to

1 refer Patient 1 for specialty care.

2 P) Respondent's manner of prescribing controlled substances to Patient 2 was an  
3 extreme departure from the standard of care.

4 Q) Respondent's failure to document any reason to begin prescribing controlled  
5 substances to Patient 2 was an extreme departure from the standard of care.

6 R) It was an extreme departure from the standard of care for Respondent to fail to  
7 document that Patient 2 was suffering from physical and/or mental war injuries in Patient 2's  
8 medical record.

9 S) It was an extreme departure from the standard of care for Respondent to fail to  
10 obtain and record an informed consent for Patient 2 for treatment with opioids and/or  
11 benzodiazepines.

12 T) It was an extreme departure from the standard of care for Respondent to fail to  
13 develop and document an ongoing treatment plan for Patient 2.

14 U) It was an extreme departure from the standard of care for Respondent to fail to  
15 assess the effectiveness of Patient 2's treatment and modify it accordingly.

16 V) It was an extreme departure from the standard of care for Respondent to fail to  
17 provide ongoing toxicology screening for Patient 2.

18 W) It was an extreme departure from the standard of care for Respondent to fail to  
19 ensure that Patient 2 established treatment with a mental health provider, and to communicate  
20 with that provider about Patient 2's mental health progress.

21 X) After assessing Patient 2 with dementia, it was an extreme departure from the  
22 standard of care for Respondent to fail to refer Patient 2 for a neurological evaluation.

23 Y) Respondent's failure to clearly document the dose, frequency, indication, and  
24 amount of each prescription for controlled medication issued to Patient 2 was an extreme  
25 departure from the standard of care.

26 Z) Respondent's failure to document his rationale and treatment instructions for  
27 Patient 2's use of methadone was an extreme departure from the standard of care.

28

1 SECOND CAUSE FOR DISCIPLINE

2 (Repeated Negligent Acts)

3 66. Respondent Hossein Babaali, M.D. is subject to disciplinary action under section  
4 2234, subdivision (c) of the Code in that Respondent committed repeated acts of negligence in his  
5 care and treatment of three patients. The circumstances are as follows:

6 67. The allegations of paragraphs 12 through 62 are incorporated herein by reference.

7 68. In addition to the departures from the standard of care in his care and treatment of  
8 Patients 1 and 2, as alleged in paragraph 65, Respondent departed from the standard of care in his  
9 care and treatment of Patient 3, as follows:

10 AA) Respondent's failure to obtain and properly document informed consent for the  
11 liposuction procedure he performed on Patient 3 was a departure from the standard of care.

12 BB) Respondent's failure to evaluate and document the evaluation of Patient 3 upon  
13 her discharge and to document the identity of the patient's post-operative caregiver was a  
14 departure from the standard of care.

15 CC) Respondent's failure to provide Patient 3's medical records to her upon her  
16 written request was a departure from the standard of care.

17 THIRD CAUSE FOR DISCIPLINE

18 (Incompetence)

19 69. Respondent Hossein Babaali, M.D. is subject to disciplinary action under section  
20 2234, subdivision (d) of the Code in that Respondent demonstrated a lack of knowledge and/or  
21 ability in his care and treatment of two patients. The circumstances are as follows:

22 70. The allegations of paragraphs 11 through 54 are incorporated herein by reference.

23 71. Each of the following, taken separately or together, exhibits Respondent's lack of  
24 knowledge and/or ability:

25 A) During his interview with the Board's investigators, Respondent related that he  
26 was unaware of potential diversion of methadone.

27 B) During his interview with the Board's investigators, Respondent related that he  
28 was unaware of the use of toxicology screening for patients taking controlled substances.

1 C) During his interview with the Board's investigators Respondent explained that  
2 he treated Patient 1 with Ambien, Xanax, and methadone as a reaction to Patient 1's known use of  
3 cocaine.

4 D) Respondent exhibited a lack of knowledge when he prescribed sedative agents  
5 to Patient 1 when Respondent knew or should have been aware of his prior assessment that  
6 Patient 1 suffered from obstructive sleep apnea.

7 E) Respondent's care and treatment of Patient 1 demonstrated his lack of  
8 knowledge regarding the evaluation and management of chronic pain and substance use disorder.

9 F) Respondent's care and treatment of Patient 1 demonstrated his lack of  
10 knowledge regarding the abuse potential of methadone.

11 G) Respondent's care and treatment of Patient 1 demonstrated Respondent's lack  
12 of knowledge regarding the abuse potential of Phenergan with Codeine, when during his  
13 interview Respondent stated that this medication was indicated to treat post-nasal drip associated  
14 with nasal use of illicit medication.

15 H) Respondent exhibited a lack of knowledge regarding the need to enter into pain  
16 agreements with patients, during his interview with Board investigators.

17 I) Respondent's failure to discuss in the medical record his rationale for  
18 prescribing multiple controlled medications to Patient 1, who suffered from severe polysubstance  
19 use disorder is an extreme departure from the standard of practice and an indication of shocking  
20 lack of knowledge.

#### 21 **FOURTH CAUSE FOR DISCIPLINE**

##### 22 **(Failure to Maintain Adequate and Accurate Medical Records)**

23 72. Respondent Hossein Babaali, M.D., is subject to disciplinary action under section  
24 2266 of the Code in that Respondent failed to keep and adequate and accurate records of his care  
25 and treatment of two patients. The circumstances are as follows:

26 73. The allegations of First, Second, and Third Causes for Discipline are incorporated  
27 herein by reference.

28

1 **FIFTH CAUSE FOR DISCIPLINE**

2 **(Excessive Prescribing of Controlled Substances)**

3 74. Respondent Hossein Babaali, M.D., is subject to disciplinary action under section 725  
4 of the Code in that Respondent prescribed various drugs in a manner that was clearly excessive to  
5 two patients. The circumstances are as follows:

6 75. The allegations of First, Second, Third, and Fourth Causes for Discipline are  
7 incorporated herein by reference.

8 **SIXTH CAUSE FOR DISCIPLINE**

9 **(Prescribing of Controlled Substances to Addicts)**

10 76. Respondent Hossein Babaali, M.D., is subject to disciplinary action under section  
11 2234, subdivision (a), of the code in that Respondent prescribed controlled substances to addicts,  
12 in violation of section 2241. The circumstances are as follows:

13 77. The allegations of First, Second, Third, Fourth, and Fifth Causes for Discipline are  
14 incorporated herein by reference.

15 **SEVENTH CAUSE FOR DISCIPLINE**

16 **(Prescribing of Controlled Substances Without Medical Indication)**

17 78. Respondent Hossein Babaali, M.D., is subject to disciplinary action under section  
18 2234, subdivision (a) of the Code, in that Respondent prescribed controlled substances without  
19 medical indication, in violation of section 2242. The circumstances are as follows:

20 79. The allegations of First, Second, Third, Fourth, and Fifth Causes for Discipline are  
21 incorporated herein by reference.

22 **PRAYER**

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


25 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 86162,  
26 issued to Respondent Hossein Babaali, M.D.;

27 2. Revoking, suspending or denying approval of Respondent Hossein Babaali, M.D.'s  
28 authority to supervise physician assistants and advanced practice nurses;

- 1           3.     Ordering Respondent Hossein Babaali, M.D. to pay the Board reasonable costs of
- 2 investigation and prosecution incurred after January 1, 2022.
- 3           4.     Ordering Respondent Hossein Babaali, M.D., if placed on probation, to pay the Board
- 4 the costs of probation monitoring.
- 5           5.     If disciplined, ordering Respondent Hossein Babaali, M.D. to disclose his discipline
- 6 to patients as required by section 2228.1 of the Code; and
- 7           6.     Taking such other and further action as deemed necessary and proper.

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DATED:     JAN 13 2022    

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

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