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

In the Matter of the Accusation Against:

Juan Guerrero Bautista, M.D.

Physician's and Surgeon's Certificate No. A 122998

Respondent.

done.

DECISION

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

This Decision shall become effective at 5:00 p.m. on May 24, 2023.

IT IS SO ORDERED: April 24, 2023.

MEDICAL BOARD OF CALIFORNIA

Case No.: 800-2019-054764

Laurie Rose Lubiano, J.D., Chair

Panel A

	1	
1	Rob Bonta	
2	Attorney General of California STEVE DIEHL	
3	Supervising Deputy Attorney General LYNETTE D. HECKER	
4	Deputy Attorney General State Bar No. 182198	
5	California Department of Justice 2550 Mariposa Mall, Room 5090	
6	Fresno, CA 93721 Telephone: (559) 705-2320	
7	Facsimile: (559) 445-5106 Attorneys for Complainant	
8		
9	BEFOR MEDICAL BOARD	
10	DEPARTMENT OF C	ONSUMER AFFAIRS
11	STATE OF C.	ALIFORNIA
12		
13	In the Matter of the Accusation Against:	Case No. 800-2019-054764
14	JUAN GUERRERO BAUTISTA, M.D. 1805 E. Fir Ave, Suite 101	OAH No. 2022060301
15	Fresno, CA 93720	STIPULATED SETTLEMENT AND
16	Physician's and Surgeon's Certificate No. A 122998	DISCIPLINARY ORDER
17	Respondent.	
18		
19	In the interest of a prompt and speedy settle	ment of this matter, consistent with the public
20	interest and the responsibility of the Medical Boar	d of California of the Department of Consumer
21	Affairs, the parties hereby agree to the following	Stipulated Settlement and Disciplinary Order
22	which will be submitted to the Board for approval	and adoption as the final disposition of the
23	Accusation.	
24	PART	CIES
25	1. William Prasifka (Complainant) is the	Executive Director of the Medical Board of
26	California (Board). He brought this action solely	in his official capacity and is represented in this
27	matter by Rob Bonta, Attorney General of the Star	te of California, by Lynette D. Hecker, Deputy
28	Attorney General.	
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- 2. Respondent Juan Guerrero Bautista, M.D. (Respondent) is represented in this proceeding by attorney Robert Cervantes, whose address is: 1340 Van Ness Avenue Fresno, CA 93721.
- 3. On or about September 26, 2012, the Board issued Physician's and Surgeon's Certificate No. A 122998 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-054764, and will expire on June 30, 2024, unless renewed.

JURISDICTION

- 4. Accusation No. 800-2019-054764 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on April 14, 2022. Respondent timely filed his Notice of Defense contesting the Accusation.
- 5. A copy of Accusation No. 800-2019-054764 is attached as "Exhibit A" and incorporated herein by reference.

ADVISEMENT AND WAIVERS

- 6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2019-054764. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.
- 7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.
- 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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CULPABILITY

- 9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2019-054764, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.
- 10. Respondent agrees that, at a hearing, Complainant could establish a *prima facie* case or factual basis for the charges in Accusation No. 800-2019-054764, a true and correct copy of which is attached hereto as Exhibit A, that Respondent hereby gives up his right to contest those charges, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 122998 to disciplinary action.
- 11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

- 12. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.
- 13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2019-054764 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

- 14. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.
- 15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 122998 issued to Respondent, Juan Guerrero Bautista, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five (35) months on the following terms and conditions:

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

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

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

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

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

- 3. <u>OBEY ALL LAWS</u>. Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.
- 4. <u>INVESTIGATION/ENFORCEMENT COST RECOVERY</u>. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena enforcement, as applicable, in the amount of \$4,500 (four thousand five hundred). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Payment must be made in full within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board of California. Any and all requests for a payment plan shall be submitted in writing by respondent to the Board. Failure to comply with the payment plan shall be considered a violation of probation.

The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay investigation and enforcement costs, including expert review costs (if applicable).

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

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

6. <u>GENERAL PROBATION REQUIREMENTS.</u>

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

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

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

Respondent's period of non-practice while on probation shall not exceed two (2) years. Periods of non-practice will not apply to the reduction of the probationary term.

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

9. <u>COMPLETION OF PROBATION</u>. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the

completion of probation. This term does not include cost recovery, which is due within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board and timely satisfied. Upon successful completion of probation, Respondent's certificate shall be fully restored.

- 10. <u>VIOLATION OF PROBATION</u>. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.
- 11. <u>LICENSE SURRENDER</u>. Following the effective date of this Decision, if
 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
 the terms and conditions of probation, Respondent may request to surrender his or her license.
 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
 determining whether or not to grant the request, or to take any other action deemed appropriate
 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
 application shall be treated as a petition for reinstatement of a revoked certificate.
- 12. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.
- 13. <u>FUTURE ADMISSIONS CLAUSE</u>. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care

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1	licensing action agency in the State of California, all of the charges and allegations contained in		
2	Accusation No. 800-2019-054764 shall be deemed to be true, correct, and admitted by		
3	Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny of		
4	restrict license.		
5	ACCEPTANCE		
6	I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully		
7	discussed it with my attorney, Robert Cervantes. I understand the stipulation and the effect it wil		
8	have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and		
9	Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the		
10	Decision and Order of the Medical Board of California.		
11	The wo		
12	DATED: 11/3/2022 Juan Juan		
13	JUAN GUERRERO BAUTISTA, M.D. Respondent		
14	I have read and fully discussed with Respondent Juan Guerrero Bautista, M.D. the terms		
15	and conditions and other matters contained in the above Stipulated Settlement and Disciplinary		
16	Order. I approve its form and content.		
17			
18	DATED: 11/3/2022 // Well Sout		
19	ROBERT CERVANTES Attorney for Respondent		
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22	111		
23	111		
24	111		
25	///		
26	///		
27	111		
28	111		

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2	Accusation No. 800-2019-054764 shall be deemed to be true, correct, and admitted by			
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12	DATED:			
13	JUAN GUERRERO BAUTISTA, M.D. Respondent			
14	I have read and fully discussed with Respondent Juan Guerrero Bautista, M.D. the terms			
15	and conditions and other matters contained in the above Stipulated Settlement and Disciplinary			
16	Order. I approve its form and content.			
17				
18	DATED:			
19	ROBERT CERVANTES Attorney for Respondent			
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(JUAN GUERRERO BAUTISTA, M.D.) STIPULATED SETTLEMENT (800-2019-054764)

ENDORSEMENT The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California. DATED: 11/4/2022 FR2021306382 36658707.docx

Respectfully submitted,

ROB BONTA Attorney General of California STEVE DIEHL

Supervising Deputy Attorney General

LYNETTE D. HECKER Deputy Attorney General Attorneys for Complainant

Exhibit A

Accusation No. 800-2019-054764

1	ROB BONTA	
2	Attorney General of California STEVE DIEHL	
3	Supervising Deputy Attorney General LYNETTE D. HECKER	
4	Deputy Attorney General State Bar No. 182198	
5	California Department of Justice 2550 Mariposa Mall, Room 5090	
6	Fresno, CÂ 93721 Telephone: (559) 705-2320	
7	Facsimile: (559) 445-5106 Attorneys for Complainant	
8	BEFOR	r rur
9	MEDICAL BOARD	OF CALIFORNIA
10	DEPARTMENT OF CO STATE OF C	
11	,	
12	In the Matter of the Accusation Against:	Case No. 800-2019-054764
13	JUAN GUERRERO BAUTISTA, M.D. 1805 E. Fir Ave., Ste. 101	ACCUSATION
14	Fresno, CA 93720	
15	Physician's and Surgeon's Certificate No. A 122998,	
16	Respondent.	
17		
18		
19	PAR	
20	 William Prasifka (Complainant) bring 	s this Accusation solely in his official capacity
21	as the Executive Director of the Medical Board of	f California, Department of Consumer Affairs
22	(Board).	
23	2. On or about September 26, 2012, the	Medical Board issued Physician's and
24	Surgeon's Certificate Number A 122998 to Juan (Guerrero Bautista, M.D. (Respondent). The
25	Physician's and Surgeon's Certificate was in full	force and effect at all times relevant to the
26	charges brought herein and will expire on June 30	, 2022, unless renewed.
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28	111	
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 This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

- 4. Section 725 of the Code states, in pertinent part:
 - (a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon,
 - (c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or administering dangerous drugs or prescription controlled substances shall not be subject to disciplinary action or prosecution under this section.
 - (d) No physician and surgeon shall be subject to disciplinary action pursuant to this section for treating intractable pain in compliance with Section 2241.5.
- 5. This Section 2227 of the Code states:
 - (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
 - (1) Have his or her license revoked upon order of the board.
 - (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
 - (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
 - (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
 - (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

- (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.
- 6. Section 2234 of the Code, states in pertinent part:

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

- (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.
- (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
 - (1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
 - (2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

COST RECOVERY

7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

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PERTINENT DRUGS AND DEFINITIONS

- 8. Hematocrit is the percentage of red blood cells in the patient's whole blood. It depends on the number and size of red blood cells. A hematocrit test is usually part of a complete blood count.
 - 9. Hyperestrogenemia is a condition of having higher than normal estrogen levels.
- 10. Hypogonadism is a condition in which the male testes or the female ovaries produce little or no sex hormones.
- 11. Testosterone is a Schedule III controlled substance pursuant to Health and Safety Code section 11056(f)(6), and is a dangerous drug as defined by Business and Professions Code section 4211. Testosterone is an anabolic steroid.
- 12. Therapeutic phlebotomy is the removal of blood from the body to treat a health problem. This procedure may be done to treat: too much iron in the blood (hemochromatosis); too many red blood cells in the blood (polycythemia vera); or too much porphyrin in the blood (porphyria).
- 13. Venous stasis involves an inflammation of the skin in the lower legs as a result of chronic venous insufficiency. If the valves or walls of the veins in the legs are not working properly, it is difficult for blood to circulate from the legs back to the heart.

FACTUAL ALLEGATIONS

Circumstances Related to Patient A1

- 14. Patient A was 49-years old when he was first seen by Respondent for medical care in or around August of 2015. Patient A had a history of polycythemia vera, hypogonadism, hyperestrogenemia, and venous stasis of the right ankle and foot that had been treated by phlebectomy resulting in chronic wound management. Respondent noted that Patient A had been purchasing testosterone on the street to self-treat for hypogonadism. Respondent began prescribing testosterone for Patient A as an alternative to him obtaining it illicitly.
- 15. Patient A's hematocrit levels were slightly higher than 54%, in or around the time when Respondent first began prescribing testosterone to Patient A.

¹ The patients' names are redacted to protect their privacy.

16. Respondent prescribed testosterone to Patient A from on or about September 11,2015, through on or around December 21, 2020, as follows:

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Date	Strength	Quantity	Days' Supply
9/11/2015	200mg/1ml	10	30
11/06/2015	200mg/1ml	10	30
12/21/2015	200mg/1ml	10	46
2/8/2016	200mg/1ml	10	30
3/24/2016	200mg/1ml	. 10	46
5/3/2016	200mg/1ml	10	46
7/1/2016	200mg/1ml	10	45
8/17/2016	200mg/1ml	10	35
9/21/2016	200mg/1ml	10	35
10/28/2016	200mg/1ml	10	35
12/13/2016	200mg/1ml	10	50
1/20/2017	200mg/1ml	20	70 .
3/30/2017	200mg/1ml	20	70
6/16/2017	200mg/1ml	20	70
8/25/2017	200mg/1ml	20	70
11/3/2017	200mg/1ml	20	70
1/12/2018	200mg/1ml	10	35
2/24/2018	200mg/1ml	10	35
4/2/2018	200mg/1ml	10	35
5/10/2018	200mg/1ml	10	- 35
9/15/2018	200mg/1ml	10	35
10/22/2018	200mg/1ml	10	35
12/10/2018	200mg/1ml	10	35
1/17/2019	200mg/1ml	10	35
3/23/2019	200mg/1ml	10	34
4/29/2019	200mg/1ml	10	34
6/3/2019	200mg/1ml	10	34
7/9/2019	200mg/1 ml	10	34
8/19/2019	200mg/1ml	10	35
9/26/2019	200mg/1ml	10	35
11/04/2019	200mg/1ml	10	35
3/3/2020	200mg/1ml	24	84
5/26/2020	200mg/1ml	24	84
9/15/2020	200mg/1ml	24	84
12/21/2020	200mg/1ml	24	84

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17. Patient A's hematocrit levels from on or about August 11, 2015, to on or about December 11, 2020, are summarized as follows:

Date Lab Ordered	Hematocrit %
. 8/11/2015	54.4
1/12/2017	56
3/9/2018	57
8/4/2018	57
2/28/2019	61
2/21/2020	54
12/11/2020	56

18. Respondent recognized Patient A's elevated hematocrit and even referred him to hematology for evaluation for therapeutic phlebotomy, but never referred Patient A to an endocrinologist for further evaluation of his elevated hematocrit levels.

Circumstances Related to Patient B

- 19. Patient B was 42-years old when he first presented to the office and was seen by Respondent, in or around 2015. Patient B reported a history of steroid and bovine testosterone use, which he desired to buy medical grade instead of street grade. Though Respondent initially saw Patient B, a different physician in the office eventually became Patient B's principal treating physician. Despite this, Patient B variously continued to see both Respondent and the other physician.
- 20. In or around 2015, Respondent saw Patient B four times and the other physician saw Patient B once. In or around 2016, Respondent saw Patient B for two visits, the last of which occurred on or about March 10, 2016. The other physician also saw Patient B twice, in or around 2016, the last of which occurred on or about August 19, 2016. From on or about July 20, 2015, through on or about July 27, 2016, Respondent prescribed testosterone for Patient B as follows:

Date	Strength	Quantity	Days' Supply
7/20/2015	200mg/1ml	8	30
8/21/2015	200mg/1ml	10	30
9/21/2015	200mg/1ml	10	30
10/20/2015	200mg/1ml	4	28
11/21/2015	200mg/1ml	8	28
12/23/2015	200mg/1ml	8	30
1/19/2016	200mg/1 ml	8	30

2/22/2016	200mg/1ml	10	30
3/20/2016	200mg/1ml	10	30
4/18/2016	200mg/1ml	10	30
5/23/2016	200mg/1ml	10	30
6/25/2016	200mg/1ml	10	30
7/27/2016	200mg/1ml	10	30

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21. From on or about August 28, 2016, through on or about April 14, 2017, two other physicians in the same office as Respondent prescribed testosterone for Patient B, as follows:

Date	Strength	Quantity	Day's Supply
8/29/2016	200mg/1ml	10	30
10/1/2016	200mg/1ml	10	30
11/2/2016	200mg/1ml	10	30
12/1/2016	200mg/1ml	10	30
1/1/2017	200mg/1ml	. 10	30
1/30/2017	200mg/1ml	8	28
3/7/2017	200mg/1ml	8	28
4/15/2017	200mg/1ml	8	28

22. On or about May 25, 2017, Patient B was seen by a chiropractor in the office. However, Patient B was not seen by a physician, or other mid-level medical provider in their office in or about the entire year of 2017. Further, Patient B was not seen in the office at all for approximately the entire first half of 2018, until on or about July 13, 2018. Despite this, Respondent prescribed testosterone to Patient B on or about August 11, 2017, on or about November 3, 2017, and on or about January 11, 2018, as follows:

Date	Strength	Quantity	Days' Supply
8/11/2017	200mg/1ml	24	90
11/3/2017	200mg/1ml	24	84.
1/11/2018	200mg/1ml	24	84

23. Thereafter, Patient B received prescriptions from one of the other physicians in Respondent's office. Respondent did not consider Patient B to be his patient and Respondent's records do not contain any clinical notes or documentation of exams, consultations, visits, or review of Patient B's records in or around the entire year of 2017, through in or around the first half of 2018.

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Patient C was 56-years old, in or around 2015, when he was first seen by Respondent 24. for medical care. Patient C had a history of various medical conditions including hypogonadism.

From on or about May 14, 2015, through on or about January 31, 2021, Respondent 25. prescribed testosterone to Patient C as follows:

Strength	Quantity	Days Supply
200mg/1ml	. 10	30
200mg/1ml	10	30
200mg/1ml ·	10	30
200mg/1ml	6	30
200mg/1ml	10	30
200mg/1ml	6	28
200mg/1ml		28
200mg/1ml	6	28
200mg/1ml	6	28
200mg/1m1	6	28
200mg/1ml	6	28
200mg/1ml	6	28
200mg/1ml	10	30
200mg/1ml	10	30
200mg/1ml	10	42
200mg/1ml	10	46
200mg/1ml	10	46
200mg/1ml	10	46
200mg/1ml	12	28
200mg/1ml	12	28
200mg/1ml	8	28
200mg/1ml	8	28
200mg/1ml	8	28
	200mg/1ml	200mg/Iml 10 200mg/Iml 6 200mg/Iml 6 200mg/Iml 6 200mg/Iml 6 200mg/Iml 6 200mg/Iml 6 200mg/Iml 10 200mg/Iml 10

5/26/2020	200mg/1ml	8	28
6/26/2020	200mg/1ml	8	28
7/27/2020	200mg/1ml	8	28
8/19/2020	200mg/1ml	8 .	28
9/26/2020	200mg/1ml	8	28
10/28/2020	200mg/1ml	8	28
11/27/2020	200mg/1ml	8	28
12/28/2020	200mg/1ml	8	28
1/31/2021	200mg/1ml	8	28

26. From on or about May 16, 2015, through on or about February 4, 2020, when tested, Patient C's hematocrit levels were as follows:

Date Lab Ordered	Hematocrit %
5/16/2015	51.1
10/5/2015	51
7/17/2018	60
10/29/2018	57
3/13/2019	56
2/4/2020	54

27. Respondent never referred Patient C to an endocrinologist for further evaluation of his elevated hematocrit levels.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

28. Respondent has subjected his Physician's and Surgeon's Certificate No. A 122998 to disciplinary action under section 2227, as defined by section 2234, subdivision (c), of the Code, in that he committed multiple acts and/or omissions constituting negligence. The circumstances are set forth in Paragraphs 14 through 27, which are hereby incorporated by reference as if fully set forth herein. Additional circumstances are as follows:

Patients A & C

29. The standard of care is to appropriately prescribe hormone replacement therapy, to include not starting therapy if an absolute contraindication exists. The 2010 Endocrine Society Clinical Practice Guideline on Testosterone Therapy in Men with Androgen Deficiency Syndromes recommends against starting testosterone replacement therapy when hematocrit is above 50% and stopping testosterone if hematocrit levels reach 54%.

2.7

- 30. Patient A's hematocrit level was 54% when taken on or about August 11, 2015. It peaked at 61% when taken on or about February 28, 2019, and was 56% when taken on or about December 11, 2020. Respondent should never have begun prescribing testosterone for Patient A and should not have continued prescribing testosterone for him over the following approximately five years. Respondent recognized Patient A's hematocrit was elevated and even referred him to hematology for an evaluation for therapeutic phlebotomy. Respondent's initial prescribing and continuing to prescribe testosterone for Patient A when his hematocrit was above 54% constitutes negligence. Respondent's inappropriate management of Patient A's hormone replacement therapy and failure to make a referral to an endocrinologist for further evaluation constitutes negligence.
- 31. Patient C's hematocrit level in 2015 was 51.1%. It peaked to 60% in 2019, and did not go below 54% until in or around late 2020. Patient C should not have been started on testosterone and should not have been continued on testosterone for the following three years which Respondent prescribed it. Respondent's continued prescription of testosterone when Patient C's hematocrit was above 54%, his inappropriate management of Patient C's hormone replacement therapy and his failure to refer Patient C to an endocrinologist for further evaluation constitutes negligence.

Patient B

- 32. The standard of care is to evaluate patients when prescribing testosterone.
- 33. Respondent's refilling testosterone prescriptions for Patient B, when Patient B had not been seen by a medical provider for the entire year of 2017, and was not seen until in or about August of 2018, without consulting with or evaluating Patient B from in or about August of 2017, through in or about January of 2018, constitutes negligence.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 122998, issued to Juan Guerrero Bautista, M.D.;

(JUAN GUERRERO BAUTISTA, M.D.) ACCUSATION NO. 800-2019-054764