

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

In the Matter of the First Amended  
Accusation Against:

Kathryn Malone, M.D.

Physician's & Surgeon's  
Certificate No. A 53252

Respondent.

Case No. 800-2018-048090

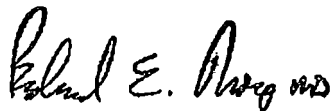
DECISION

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 December 20, 2023.

IT IS SO ORDERED: November 20, 2023.

MEDICAL BOARD OF CALIFORNIA



Richard E. Thorp, M.D., Chair  
Panel B

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 JOSEPH F. MCKENNA III  
Deputy Attorney General  
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California Department of Justice  
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8 *Attorneys for Complainant*

9  
10 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
11 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**  
12

13 In the Matter of the First Amended Accusation  
Against:

Case No. 800-2018-048090

14 **KATHRYN MALONE, M.D.**  
15 **John Muir Health**  
**Berkeley Outpatient Center**  
16 **3100 San Pablo Avenue, Suite 310**  
**Berkeley, California 94702**

OAH No. 2023030691

17 **Physician's and Surgeon's Certificate**  
18 **No. A 53252**

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

19 Respondent.  
20

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

23 **PARTIES**

24 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of  
25 California (Board). This action was brought by then Complainant William Prasifka,<sup>1</sup> solely in his  
26 official capacity. Complainant is represented in this matter by Rob Bonta, Attorney General of the  
27 State of California, and by Joseph F. McKenna III, Deputy Attorney General.

28 <sup>1</sup> Mr. Prasifka retired on December 20, 2022.

2. Respondent Kathryn Malone, M.D. (Respondent) is represented in this proceeding by attorney Vanessa Efremsky, Esq., whose address is: 2121 N. California Blvd., Suite 875, Walnut Creek, California, 94596.

3. On or about July 1, 1994, the Board issued Physician's and Surgeon's Certificate No. A 53252 to Kathryn Malone, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2018-048090, and will expire on June 30, 2024, unless renewed.

## JURISDICTION

4. On September 2, 2021, Accusation No. 800-2018-048090 was filed before the Board. A true and correct copy of the Accusation and all other statutorily required documents were properly served on Respondent on September 2, 2021. Respondent timely filed her Notice of Defense contesting the Accusation.

5. On July 28, 2023, First Amended Accusation No. 800-2018-048090 was filed before the Board, and is currently pending against Respondent. A true and correct copy of the First Amended Accusation and all other statutorily required documents were properly served on Respondent on July 28, 2023.

6. A copy of First Amended Accusation No. 800-2018-048090 is attached as Exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

7. Respondent has carefully read, discussed with her counsel, and fully understands the charges and allegations contained in First Amended Accusation No. 800-2018-048090. Respondent has also carefully read, discussed with her counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

8. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations contained in the First Amended Accusation; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse

1 decision; and all other rights accorded by the California Administrative Procedure Act and other  
2 applicable laws, having been fully advised of same by her counsel.

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

5 **CULPABILITY**

6 10. Respondent understands and agrees that the charges and allegations contained in First  
7 Amended Accusation No. 800-2018-048090, if proven at a hearing, constitute cause for imposing  
8 discipline upon her Physician's and Surgeon's Certificate No. A 53252.

9 11. Respondent stipulates that, at a hearing, Complainant could establish a *prima facie*  
10 case or factual basis for the charges and allegations contained in the First Amended Accusation;  
11 that she gives up her right to contest those charges and allegations contained in the First Amended  
12 Accusation; and that she has thereby subjected her Physician's and Surgeon's Certificate to  
13 disciplinary action.

14 **CONTINGENCY**

15 12. This stipulation shall be subject to approval by the Medical Board of California.  
16 Respondent understands and agrees that counsel for Complainant and the staff of the Board may  
17 communicate directly with the Board regarding this stipulation and settlement, without notice to  
18 or participation by Respondent or her counsel. By signing the stipulation, Respondent  
19 understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation  
20 prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as  
21 its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or  
22 effect, except for this paragraph, it shall be inadmissible in any legal action between the parties,  
23 and the Board shall not be disqualified from further action by having considered this matter.

24 13. Respondent agrees that if an accusation is ever filed against her before the Board, all  
25 of the charges and allegations contained in First Amended Accusation No. 800-2018-048090 shall  
26 be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or  
27 any other licensing proceeding involving Respondent in the State of California.

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1 Respondent's initial enrollment. Respondent shall successfully complete any other component of  
2 the course within nine (9) months of enrollment. The prescribing practices course shall be at  
3 Respondent's expense and shall be in addition to the Continuing Medical Education (CME)  
4 requirements for renewal of licensure.

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

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

14 Failure to successfully complete the prescribing practices course and submit a certification  
15 of successful completion to the Board or its designee, within one (1) year of the effective date of  
16 the Decision, is a violation of this agreement and shall be deemed an act of unprofessional  
17 conduct and a separate and distinct basis for discipline, in addition to any other action that may be  
18 taken based on Respondent's failure to successfully complete the prescribing practices course and  
19 submit a certification of successful completion to the Board or its designee.

20 3. MEDICAL RECORD KEEPING COURSE.

21 Within sixty (60) calendar days of the effective date of this Decision, Respondent shall  
22 enroll in a course in medical record keeping approved in advance by the Board or its designee.  
23 Respondent shall provide the approved course provider with any information and documents that  
24 the approved course provider may deem pertinent. Respondent shall participate in and  
25 successfully complete the classroom component of the course not later than six (6) months after  
26 Respondent's initial enrollment. Respondent shall successfully complete any other component of  
27 the course within nine (9) months of enrollment. The medical record keeping course shall be at  
28 Respondent's expense and shall be in addition to the CME requirements for renewal of licensure.

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

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

10 Failure to successfully complete the medical record keeping course and submit a  
11 certification of successful completion to the Board or its designee, within one (1) year of the  
12 effective date of the Decision, is a violation of this agreement and shall be deemed an act of  
13 unprofessional conduct and a separate and distinct basis for discipline, in addition to any other  
14 action that may be taken based on Respondent's failure to successfully complete the medical  
15 record keeping course and submit a certification of successful completion to the Board or its  
16 designee.

17 4. INVESTIGATION/ENFORCEMENT COST RECOVERY.

18 Respondent is hereby ordered to reimburse the Board its costs of enforcement, including  
19 legal review, as applicable, in the amount of fourteen thousand one hundred sixty-four dollars  
20 (\$14,164.00). Costs shall be payable to the Medical Board of California. Failure to pay such costs  
21 is a violation of this agreement and shall be deemed an act of unprofessional conduct and a  
22 separate and distinct basis for discipline.

23 Any and all requests for a payment plan shall be submitted in writing by Respondent to the  
24 Board.

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

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5. FAILURE TO COMPLY.

Any failure by Respondent to comply with the terms and conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and grounds for further disciplinary action.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Vanessa Efremsky, Esq. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 53252. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 10/2/2023

  
KATHRYN MALONE, M.D.  
Respondent

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

DATED: Oct. 2, 2023

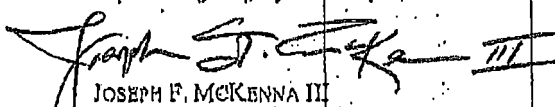
V.L. Efremsky  
VANESSA EFREMSKY, ESQ.  
Attorney for Respondent

ENDORSEMENT

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

DATED: October 2, 2023

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

  
JOSEPH F. MCKENNA III  
Deputy Attorney General  
Attorneys for Complainant

SF2021401658/Duo, No. 84165014



1 ROB BONTA  
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6 Facsimile: (415) 703-5480  
E-mail: David.Carr@doj.ca.gov  
7 *Attorneys for Complainant*

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

12 In the Matter of the First Amended Accusation  
Against:

Case No. 800-2018-048090

13 **KATHRYN MALONE, M.D.**

**FIRST AMENDED ACCUSATION**

14 John Muir Health  
15 Berkeley Outpatient Center  
3100 San Pablo Avenue, Suite 310  
16 Berkeley, CA 94702

17 Physician's and Surgeon's Certificate No.  
A 53252,

18 Respondent.  
19

20  
21 **PARTIES**

22 1. Reji Varghese, (Complainant) brings this Accusation solely in his official capacity as  
23 the Executive Director of the Medical Board of California, Department of Consumer Affairs  
24 (Board).

25 2. On July 1, 1994, the Board issued Physician's and Surgeon's Certificate No. A 53252  
26 to Kathryn Malone, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full  
27 force and effect at all times relevant to the charges brought herein and will expire on June 30,  
28 2024, unless renewed.

JURISDICTION

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

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code states:

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

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

" ... "

6. Section 2228.1 of the Code states:

"(a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the 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:

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

" ... "

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

" ... "

1 7. Section 2241 of the Code states:

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

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

14 "..."

15 8. Section 2242 of the Code states:

16 "(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in  
17 Section 4022<sup>1</sup> without an appropriate prior examination and a medical indication,  
18 constitutes unprofessional conduct.

19 "..."

20 9. Section 2266 of the Code states:

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

24 10. The incidents alleged herein occurred in Alameda County, California.

### 25 COST RECOVERY

26 11. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
27 administrative law judge to direct a licensee found to have committed a violation or violations of  
28 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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<sup>1</sup> Dangerous drug means any drug unsafe for self-use in humans or animals, including  
drugs that require a prescription to be lawfully dispensed.

1 **FACTUAL ALLEGATIONS**

2 **PATIENT A<sup>2</sup>**

3 12. Beginning in November, 2012, Respondent treated Patient A for a variety of medical  
4 conditions, including chronic back pain.<sup>3</sup> Patient A was on long-term opioid therapy for his  
5 chronic pain and, as of December 17, 2020, Respondent prescribed morphine<sup>4</sup> (45 milligrams two  
6 times a day) to Patient A.

7 13. Despite prescribing long-term opioids for pain, Respondent often documented  
8 minimal physical examinations. For example, on September 17, 2019, Respondent documented  
9 "tenderness and deformity" in the musculoskeletal physical exam for Patient A. On June 19,  
10 2020, despite the primary visit description of the patient's abnormal gait, Respondent documented  
11 that Patient A had a "normal gait" in the physical examination. Respondent prescribed pain  
12 medications to Patient A for chronic back pain for years, but failed to document a thorough back  
13 examination including a clinically adequate assessment of Patient A's degree of disability and  
14 level of functioning.

15 **PATIENT B**

16 14. Respondent first began treating Patient B in September, 2009, after the patient's knee  
17 replacement surgery. Patient B was on methadone<sup>5</sup> maintenance therapy at the time, managed by

18 ////

19  
20 <sup>2</sup> The subject patients are designated as Patient A and Patient B to protect their privacy.  
Respondent can confirm the patients' identities through discovery.

21 <sup>3</sup> Patient A was diagnosed with lumbar spine stenosis (narrowing of the spaces in the  
22 spine) and spondylosis (wear and tear on spinal discs) which can put painful pressure on the  
nerves that travel through the spine.

23 <sup>4</sup> Morphine sulfate is a potent opioid analgesic given for relief of moderate to severe pain.  
24 It is both a dangerous drug as defined in 4022 of the Code, and a Schedule II controlled substance  
and narcotic. Morphine can produce drug dependence and has high potential for abuse.

25 <sup>5</sup> Methadone is a synthetic narcotic analgesic with similar results as with morphine. It is a  
26 dangerous drug as defined in section 4022 of the Code, and a Schedule II controlled substance  
and narcotic. Methadone should be used with caution with patients also receiving other narcotic  
27 analgesics. Patient B was receiving a daily dose of 60 milligrams of methadone from an outside  
clinic when she first presented to Respondent for care.

1 another facility. Respondent initially managed Patient B's arthritic knee pain with opioids<sup>6</sup>, joint  
2 injections, and physical therapy.

3 15. Respondent's medical records related to Patient B's level of functioning and knee  
4 pain were limited. Physician notes reflecting physical examination of the knee were often absent,  
5 or overly brief.<sup>7</sup> Over the ten years of treatment by Respondent there was not one detailed knee  
6 examination documented in Patient B's medical record.

7 16. In 2012, Patient B suffered several family tragedies and Respondent prescribed  
8 alprazolam<sup>8</sup> for anxiety. Although Patient B was treated for anxiety, little documentation exists  
9 in the records: there was no documentation of assessment for anxiety or psychiatric evaluation.  
10 For example, by October 1, 2019, Respondent was prescribing diazepam<sup>9</sup> (5 milligrams up to two  
11 times a day) for anxiety with no documentation related to Patient B's anxiety.

12 17. Respondent also prescribed Soma<sup>10</sup> to Patient B for chronic back pain for several  
13 years, though proper indication would be for short-term use because of the possibility of adverse  
14 interaction. Respondent was concurrently prescribing benzodiazepines and high dosages of  
15 opioids to Patient B; the risk of continued use of Soma was significant. Respondent failed to  
16 document information related to Patient B's back pain: the medical records lacked medical  
17 history and physical examinations. Records of the September 9, 2019, visit describe unspecified  
18 back pain without further examination, and a note dated June 28, 2018 simply states "chronic  
19

20 <sup>6</sup> For example, on October 18, 2019, Respondent was prescribing hydrocodone-  
21 acetaminophen 10-325 milligrams 1 tablet every 8 hours. It is a dangerous drug as defined in  
22 section 4022, and a Schedule II controlled substance and narcotics, and is used to treat pain.

23 <sup>7</sup> On June 24, 2019, musculoskeletal exam states only "exhibits tenderness."

24 <sup>8</sup> Also known as Xanax, alprazolam is a psychotropic from the benzodiazepine class which  
25 is used for the management of anxiety disorder or the short-term relief of the symptoms of  
26 anxiety. It is a dangerous drug as defined in section 4022 and a Schedule IV controlled  
27 substance and a narcotic.

28 <sup>9</sup> Diazepam (Valium) is a psychotropic drug used for the management of anxiety disorders  
or the short-term relief of the symptoms of anxiety. It is a dangerous drug as defined in section  
4022 and a Schedule IV controlled substance. Diazepam can produce psychological and physical  
dependence and should be prescribed with caution, especially to addiction-prone patients.

<sup>10</sup> Soma is a trade name for carisoprodol a muscle relaxant and sedative. It is a dangerous  
drug as defined in section 4022 of the Code, and a Schedule IV controlled substance.

1 back pain – we will continue her current treatment.” Patient B’s back pain was never documented  
2 appropriately to justify the ongoing use of Soma.

3 18. Respondent’s treatment plans and objectives for Patient B were also inadequate.  
4 Although there was a pain contract for the opioid therapy dated November 8, 2018, the doses in  
5 the contract do not align with the doses prescribed, nor is there mention of the methadone being  
6 concomitantly prescribed from an outside clinic. There is a similar lack of a plan to treat Patient  
7 B’s anxiety or her back pain. In fact, Patient B’s back pain is mentioned only once at the visit on  
8 June 26, 2018 that “we will continue her current treatment,” and no treatment plan or objective  
9 was documented.

10 19. Respondent was prescribing high dosage opioids, Soma, and benzodiazepines, which  
11 are a dangerous combination requiring frequent and thorough discussions of risks and benefits.  
12 Respondent failed to document discussions regarding risks and benefits at the beginning of  
13 treatment; Respondent thereafter used an inadequate, generic pain contract which did not  
14 sufficiently outline the risks and benefits of the dangerous combination of benzodiazepines and  
15 high dosage opioids.

16 20. Respondent failed to periodically review and document Patient B’s treatment and  
17 progress in regards to her anxiety management. Respondent prescribed benzodiazepines for  
18 anxiety which are appropriate in the short term, but Respondent prescribed them for years,  
19 without trying other drug classes or therapy. No indication exists in the medical record that  
20 Respondent considered alternative treatments or that such alternatives were discussed with  
21 Patient B.

#### 22 FIRST CAUSE FOR DISCIPLINE

#### 23 (Repeated Negligent Acts and/or Prescribing Without Adequate Examination and 24 Inadequate Medical Documentation Regarding Patient A)

25 21. Respondent Kathryn Malone, M.D. is subject to disciplinary action under sections  
26 2234, subdivision (c), and/or 2242, and 2266 of the Code, as further described above in  
27 Paragraphs 12 and 13, in that Respondent failed to perform and/or document adequate physical  
28 examinations of Patient A while prescribing opioids for Patient A’s chronic back pain.

**SECOND CAUSE FOR DISCIPLINE**

**(Gross Negligence/Repeated Negligent Acts and/or Failure to Conduct Physical Examination and Failure to Maintain Adequate and Accurate Record Regarding Patient B)**

22. Respondent Kathryn Malone, M.D. is subject to disciplinary action under sections 2234, subdivisions (b) and/or (c), and/or 2242, and 2266 of the Code, as further described in Paragraphs 14 through 20, in that Respondent failed to:

A. Document and/or discuss medication efficacy or progress toward treatment goals related to Patient B's knee and back pain;

B. Document and/or conduct clinically appropriate examinations of Patient B's knee and back, including periodic assessment of Patient B's level of physical functioning;

C. Document and/or conduct a formal anxiety assessment and/or psychiatric assessment despite long-term prescribing of benzodiazepines.

D. Document and/or discuss adequately the risks and benefits of prescribing the potentially dangerous combination of opioids, benzodiazepines, and narcotics for chronic pain.

E. Document and/or review alternative treatments for anxiety besides long-term use of benzodiazepines.

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1 PRAYER

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

4 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 53252,  
5 issued to Respondent Kathryn Malone, M.D.;

6 2. Revoking, suspending, or denying approval of Respondent Kathryn Malone, M.D.'s  
7 authority to supervise physician assistants and advanced practice nurses;

8 3. Ordering Respondent Kathryn Malone, M.D., to pay the reasonable and necessary  
9 costs incurred by the Board in the investigation and prosecution of this case pursuant to section  
10 125.3 of the Code, and if placed on probation, to pay the Board the costs of probation monitoring;

11 4. Ordering Respondent Kathryn Malone, M.D. if placed on probation for five years or more  
12 for overprescribing, with a finding of patient harm caused thereby, to notify her patients pursuant  
13 to 2228.1 of the Code; and

14 5. Taking such other and further action as deemed necessary and proper.  
15

16  
17 DATED: JUL 28 2023

JENNA JONES For  
REJI VARGHESE  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
Complainant

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