

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

**In the Matter of the Accusation
Against:**

Ronald P. Becker, M.D.

**Physician's and Surgeon's
Certificate No. G 58254**

Respondent.

Case No.: 800-2021-080547

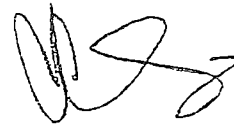
DECISION

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 February 2, 2024.

IT IS SO ORDERED: January 4, 2024.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 EDWARD KIM
Supervising Deputy Attorney General
3 JONATHAN NGUYEN
Deputy Attorney General
4 State Bar No. 263420
Department of Justice
5 300 So. Spring Street, Suite 1702
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7 *Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:

12 **RONALD P. BECKER, M.D.**
13 **24679 Monroe Avenue, Suite 102/103**
Murrieta, CA 92562-9590

14 **Physician's and Surgeon's Certificate**
15 **No. G 58254**

16 Respondent.

Case No. 800-2021-080547

OAH No. 2023010329

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

17
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. Reji Varghese (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 Jonathan Nguyen, Deputy
24 Attorney General.

25 2. Respondent Ronald P. Becker, M.D. (Respondent) is represented in this proceeding
26 by attorney Gary Wittenberg, whose address is: 1901 Avenue of the Stars, Suite 1750
27 Los Angeles, CA 90067.

28 3. On or about August 18, 1986, the Board issued Physician's and Surgeon's Certificate

1 No. G 58254 to Respondent. The Physician's and Surgeon's Certificate was in full force and
2 effect at all times relevant to the charges brought in Accusation No. 800-2021-080547, and will
3 expire on December 31, 2023, unless renewed.

4 **JURISDICTION**

5 4. Accusation No. 800-2021-080547 was filed before the Board, and is currently
6 pending against Respondent. The Accusation and all other statutorily required documents were
7 properly served on Respondent on August 24, 2022. Respondent timely filed his Notice of
8 Defense contesting the Accusation.

9 5. A copy of Accusation No. 800-2021-080547 is attached as exhibit A and incorporated
10 herein by reference.

11 **ADVISEMENT AND WAIVERS**

12 6. Respondent has carefully read, fully discussed with counsel, and understands the
13 charges and allegations in Accusation No. 800-2021-080547. Respondent has also carefully read,
14 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
15 Disciplinary Order.

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

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

24 **CULPABILITY**

25 9. Respondent understands and agrees that the charges and allegations in Accusation
26 No. 800-2021-080547, if proven at a hearing, constitute cause for imposing discipline upon his
27 Physician's and Surgeon's Certificate.

28 10. Respondent does not contest that, at an administrative hearing, Complainant could

1 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-
2 2021-080547, a true and correct copy of which is attached hereto as Exhibit A, and that he has
3 thereby subjected his Physician's and Surgeon's Certificate, No. G 58254 to disciplinary action.

4 11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
5 discipline and he agrees to be bound by the Board's probationary terms as set forth in the
6 Disciplinary Order below.

7 **CONTINGENCY**

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

18 13. Respondent agrees that he ever petitions for early termination or modification of
19 probation, or if an accusation and/or petition to revoke probation is filed against him before the
20 Board, all of the charges and allegations contained in Accusation No. 800-2021-080547 shall be
21 deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or
22 any other licensing proceeding involving Respondent in the State of California.

23 14. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
24 be an integrated writing representing the complete, final and exclusive embodiment of the
25 agreement of the parties in this above entitled matter.

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

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

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

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

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

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

27 4. PROHIBITED PRACTICE. During probation, Respondent is prohibited from
28 making or issuing any written exemption from immunization, or any other written statements

1 providing that any child is exempt from the requirements of Chapter 1 (commencing with Section
2 120325, but excluding Section 120380) and Sections 120400, 120405, 120410, and 120415 of the
3 Health and Safety Code. After the effective date of this Decision, all patients being treated by the
4 Respondent shall be notified that the Respondent is prohibited from making or issuing any written
5 exemption from immunization. Any new patients must be provided this notification at the time of
6 their initial appointment.

7 Respondent shall maintain a log of all patients to whom the required oral notification was
8 made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's
9 medical record number, if available; 3) the full name of the person making the notification; 4) the
10 date the notification was made; and 5) a description of the notification given. Respondent shall
11 keep this log in a separate file or ledger, in chronological order, shall make the log available for
12 immediate inspection and copying on the premises at all times during business hours by the Board
13 or its designee, and shall retain the log for the entire term of probation.

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

23 6. 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 7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
27 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of
28 \$41,000 (Forty-one thousand dollars). Costs shall be payable to the Medical Board of California.

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

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

6 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
7 repay investigation and enforcement costs.

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

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

13 9. GENERAL PROBATION REQUIREMENTS.

14 Compliance with Probation Unit

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

16 Address Changes

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

22 Place of Practice

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

26 License Renewal

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

1 Travel or Residence Outside California

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

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

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

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

25 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
26 months, Respondent shall successfully complete the Federation of State Medical Board's Special
27 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
28 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model

1 Disciplinary Orders and Disciplinary Guidelines” prior to resuming the practice of medicine.

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

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

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

9 12. COMPLETION OF PROBATION. Respondent shall comply with all financial
10 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
11 completion of probation. This term does not include cost recovery, which is due within 30
12 calendar days of the effective date of the Order, or by a payment plan approved by the Medical
13 Board and timely satisfied. Upon successful completion of probation, Respondent’s certificate
14 shall be fully restored.

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

22 14. LICENSE SURRENDER. Following the effective date of this Decision, if
23 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
24 the terms and conditions of probation, Respondent may request to surrender his or her license.
25 The Board reserves the right to evaluate Respondent’s request and to exercise its discretion in
26 determining whether or not to grant the request, or to take any other action deemed appropriate
27 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
28 shall within 15 calendar days deliver Respondent’s wallet and wall certificate to the Board or its

1 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
2 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
3 application shall be treated as a petition for reinstatement of a revoked certificate.

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

9 16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
10 a new license or certification, or petition for reinstatement of a license, by any other health care
11 licensing action agency in the State of California, all of the charges and allegations contained in
12 Accusation No. 800-2021-080547 shall be deemed to be true, correct, and admitted by
13 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
14 restrict license.

15 ACCEPTANCE

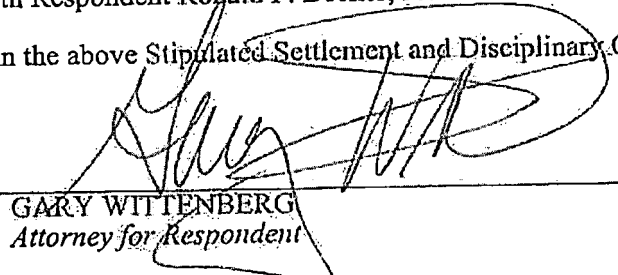
16 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
17 discussed it with my attorney, Gary Wittenberg. I understand the stipulation and the effect it will
18 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
19 Disciplinary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

21
22 DATED: 12/1/23


23 RONALD P. BECKER, M.D.
Respondent

24 I have read and fully discussed with Respondent Ronald P. Becker, M.D. the terms and
25 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
26 I approve its form and content.

27 DATED: 12-1-23


28 GARY WITTENBERG
Attorney for Respondent

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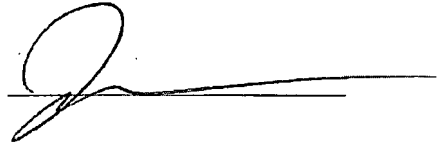
ENDORSEMENT

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

DATED: 12/1/2023

Respectfully submitted,

ROB BONTA
Attorney General of California
EDWARD KIM
Supervising Deputy Attorney General



JONATHAN NGUYEN
Deputy Attorney General
Attorneys for Complainant

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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:

Case No. 800-2021-080547

13 **RONALD P. BECKER, M.D.**
14 **24679 Monroe Avenue, Suite 102/103**
Murrieta, CA 92562

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. G 58254,**

Respondent.

17
18 **PARTIES**

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

23 2. On or about August 18, 1986, the Board issued Physician's and Surgeon's Certificate
24 Number G 58254 to Ronald P. Becker, M.D. (Respondent). The Physician's and Surgeon's
25 Certificate was in full force and effect at all times relevant to the charges brought herein and will
26 expire on December 31, 2023, unless renewed.

27 ///

28 ///

JURISDICTION

1
2 3. This Accusation is brought before the Board, under the authority of the following
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise
4 indicated.

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

9 5. Section 2234 of the Code, states:

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

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

14 (b) Gross negligence.

15 (c) Repeated negligent acts. To be repeated, there must be two or more
16 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.

17 (1) An initial negligent diagnosis followed by an act or omission medically
18 appropriate for that negligent diagnosis of the patient shall constitute a single
negligent act.

19 (2) When the standard of care requires a change in the diagnosis, act, or
20 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
21 licensee's conduct departs from the applicable standard of care, each departure
constitutes a separate and distinct breach of the standard of care.

22 (d) Incompetence.

23

24 6. Section 2266 of the Code states: "The failure of a physician and surgeon to
25 maintain adequate and accurate records relating to the provision of services to their patients
26 constitutes unprofessional conduct."

27 ///

28 ///

1 OTHER RELEVANT STATUTORY PROVISIONS

2 7. Section 120335 of the Health and Safety Code, states:

3 (a) As used in this chapter, 'governing authority' means the governing board of
4 each school district or the authority of each other private or public institution
5 responsible for the operation and control of the institution or the principal or
6 administrator of each school or institution.

7 (b) The governing authority shall not unconditionally admit any person as a
8 pupil of any private or public elementary or secondary school, child care center, day
9 nursery, nursery school, family day care home, or development center, unless, prior to
10 his or her first admission to that institution, he or she has been fully immunized. The
11 following are the diseases for which immunizations shall be documented:

12 (1) Diphtheria.

13 (2) Haemophilus influenzae type b.

14 (3) Measles.

15 (4) Mumps.

16 (5) Pertussis (whooping cough).

17 (6) Poliomyelitis.

18 (7) Rubella.

19 (8) Tetanus.

20 (9) Hepatitis B.

21 (10) Varicella (chickenpox).

22 (11) Any other disease deemed appropriate by the department, taking into
23 consideration the recommendations of the Advisory Committee on
24 Immunization Practices of the United States Department of Health and Human
25 Services, the American Academy of Pediatrics, and the American Academy of
26 Family Physicians.

27 (c) Notwithstanding subdivision (b), full immunization against hepatitis B shall
28 not be a condition by which the governing authority shall admit or advance any pupil
to the 7th grade level of any private or public elementary or secondary school.

(d) The governing authority shall not unconditionally admit or advance any
pupil to the 7th grade level of any private or public elementary or secondary school
unless the pupil has been fully immunized against pertussis, including all pertussis
boosters appropriate for the pupil's age.

(e) The department may specify the immunizing agents that may be utilized and
the manner in which immunizations are administered.

...

1 (g)(1) A pupil who, prior to January 1, 2016, submitted a letter or affidavit on
2 file at a private or public elementary or secondary school, child day care center, day
3 nursery, nursery school, family day care home, or development center stating beliefs
4 opposed to immunization shall be allowed enrollment to any private or public
5 elementary or secondary school, child day care center, day nursery, nursery school,
6 family day care home, or development center within the state until the pupil enrolls in
7 the next grade span.

8 (2) For purposes of this subdivision, 'grade span' means each of the following:

9 (A) Birth to preschool.

10 (B) Kindergarten and grades 1 to 6, inclusive, including transitional
11 kindergarten.

12 (C) Grades 7 to 12, inclusive.

13 (3) Except as provided in this subdivision, on and after July 1, 2016, the
14 governing authority shall not unconditionally admit to any of those institutions
15 specified in this subdivision for the first time, or admit or advance any pupil to 7th
16 grade level, unless the pupil has been immunized for his or her age as required by this
17 section.

18 ...

19 8. Section 120370 of the Health and Safety Code, states:¹

20 (a) (1) Prior to January 1, 2021, if the parent or guardian files with the
21 governing authority a written statement by a licensed physician and surgeon to the
22 effect that the physical condition of the child is such, or medical circumstances
23 relating to the child are such, that immunization is not considered safe, indicating the
24 specific nature and probable duration of the medical condition or circumstances,
25 including, but not limited to, family medical history, for which the physician and
26 surgeon does not recommend immunization, that child shall be exempt from the
27 requirements of this chapter, except for Section 120380, and exempt from Sections
28 120400, 120405, 120410, and 120415 to the extent indicated by the physician and
surgeon's statement.

(2) Commencing January 1, 2020, a child who has a medical exemption issued
before January 1, 2020, shall be allowed continued enrollment to any public or
private elementary or secondary school, child care center, day nursery, nursery
school, family day care home, or developmental center within the state until the child
enrolls in the next grade span.

For purposes of this subdivision, "grade span" means each of the following:

(A) Birth to preschool, inclusive.

¹ Effective January 1, 2016, through December 31, 2019, Health and Safety Code section 120370, subdivision (a), stated: "If the parent or guardian files with the governing authority a written statement by a licensed physician to the effect that the physical condition of the child is such, or medical circumstances relating to the child are such, that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances, including, but not limited to, family medical history, for which the physician does not recommend immunization, that child shall be exempt from the requirements of Chapter 1 (commencing with Section 120325, but excluding Section 120380) and Sections 120400, 120405, 120410, and 120415 to the extent indicated by the physician's statement."

1 (B) Kindergarten and grades 1 to 6, inclusive, including transitional
2 kindergarten.

3 (C) Grades 7 to 12, inclusive.

4 (3) Except as provided in this subdivision, on and after July 1, 2021, the governing
5 authority shall not unconditionally admit or readmit to any of those institutions specified in
6 this subdivision, or admit or advance any pupil to 7th grade level, unless the pupil has been
7 immunized pursuant to Section 120335 or the parent or guardian files a medical exemption
8 form that complies with Section 120372.

9 (b) If there is good cause to believe that a child has been exposed to a disease listed in
10 subdivision (b) of Section 120335 and the child's documentary proof of immunization status
11 does not show proof of immunization against that disease, that child may be temporarily
12 excluded from the school or institution until the local health officer is satisfied that the child
13 is no longer at risk of developing or transmitting the disease.

14 COST RECOVERY

15 9. Section 125.3 of the Code states:

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

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

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

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

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

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

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

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

10. Respondent Ronald P. Becker, M.D. is subject to disciplinary action under Code section 2234, subdivision (b), in that he committed gross negligence in his care and treatment of Patient 1.² The circumstances are as follows:

11. At all relevant times, Respondent practiced as a pediatrician at a solo practice in Murrieta, California.

Patient 1

12. Patient 1 first presented to Respondent on November 3, 2015, when he was five (5) days old. Respondent recorded that Patient 1 had received the birth dose of HBV (Hepatitis B vaccine) #1.

13. Respondent saw Patient 1 again on December 29, 2015, when he was two (2) months of age. At that visit, Respondent administered Pentacel, the combination vaccine for diphtheria, tetanus, whooping cough, polio, and Haemophilus influenzae type B.

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² The patients whose care and treatment are at-issue in this charging document are designated by number (e.g., "Patient 1") to address privacy concerns. The patients' identities are known to Respondent and will be further disclosed during discovery.

1 14. At Patient 1's next visit, on January 12, 2016, Respondent documented that Patient 1
2 had no immunization reactions from the vaccines administered at the visit on December 29,
3 2015. Respondent also documented that Patient 1 was due for HBV #2 and PCV (pneumococcal
4 conjugate vaccine) #1. Respondent noted that only one vaccine would be administered at a time
5 and Patient 1 was given PCV #1.

6 15. On January 19, 2016, Respondent administered HBV #2 to Patient 1.

7 16. Between February 10, 2016, and March 14, 2016, Patient 1 was seen by Respondent
8 several times for upper respiratory symptoms and treated for croup.

9 17. On March 29, 2016, Patient 1 had his five (5)-month-old well-child visit with
10 Respondent. Respondent administered Pentacel #2 and PCV #2.

11 18. On May 31, 2016, Respondent administered Pentacel #3 and PCV #3 to Patient 1.

12 19. At Patient 1's eight (8)-month-old visit on June 30, 2016, Respondent documented
13 that Patient 1 had a fever of 103 degrees Fahrenheit after receiving his last round of vaccines on
14 May 31, 2016. Patient 1 was also worked up for continued wheezing and screening for low
15 hemoglobin with a chest x-ray and lab work. Respondent also administered HBV #3.

16 20. At Patient 1's well-child assessment at twelve (12)-months of age, on November 2,
17 2016, Respondent documented that Patient 1 was due for MMR (measles, mumps, and rubella) #1
18 and VZV (Varicella-zoster virus) #1 and administered both.

19 21. On November 17, 2016, Patient 1 returned to Respondent with his mother reporting
20 an "allergic reaction" to his left thigh from the immunizations. Respondent documented the
21 injection site to be indurated, but it was unclear if it was infected. Patient 1 was treated with
22 antibiotics.

23 22. On December 5, 2016, Respondent administered Hepatitis A #1 to Patient 1.

24 23. At Patient 1's eighteen (18)-month-old visit, on May 22, 2017, Respondent
25 administered DTaP (diphtheria, tetanus, and whooping cough) #4 and Hib (Haemophilus
26 influenzae type B) #4.

27 24. On July 24, 2017, Respondent administered PCV #4 and Hepatitis A #2 to Patient 1.

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1 25. Over the next several years, Patient 1 had multiple visits with Respondent. He was
2 treated for viral syndromes, otitis media, and reactive airway disease. Respondent documented
3 that Patient 1 was up to date on his vaccines and that Patient 1 had a local reaction to one vaccine.
4 Patient 1 received influenza vaccine on October 5, 2018, at three (3)-years of age, and on
5 November 8, 2019, at four (4)-years of age.

6 26. In June 2020, Patient 1 was referred to a cardiologist for a murmur, chest discomfort
7 and palpitation. The cardiology consult diagnosed a normal functional murmur and did not
8 recommend further work up or restriction.

9 27. On February 26, 2021, at his 5-year-old well-child assessment, Respondent
10 documented that Patient 1's mother wanted to "delay vaccines, if possible." Respondent also
11 documented that Patient 1 was due for DTaP #5, IPV (polio) #4, MMR and VZV #2. Respondent
12 only administered DTaP at this visit.

13 28. On May 20, 2021, Respondent documented that Patient 1's mother had a new
14 diagnosis of an autoimmune disease, +ANA (antinuclear antibody), and that Patient 1's sibling
15 had been diagnosed with IDDM (insulin-dependent diabetes mellitus). Blood work performed
16 that same day showed that Patient 1 had positive titers for the presence of rubella, measles,
17 mumps and varicella antibodies (IgG immune).

18 29. Effective June 2, 2021, Respondent provided a permanent medical exemption for
19 Patient 1 for the DTaP, Hepatitis B, IPV, MMR, Tdap and Varicella vaccines. The documented
20 grounds for the exemption was "at risk for vaccine injury," based on "maternal and sibling severe
21 autoimmune disease. MMRV IgG immune. History of severe local reactions."

22 30. When interviewed by the Board about his care and treatment of Patient 1, Respondent
23 reiterated that he provided Patient 1 with the permanent medical exemption to vaccination based
24 on Patient 1's mother's new autoimmune condition coupled with Patient 1's sibling's new
25 diagnosis of insulin dependent diabetes. Respondent felt Patient 1 was at risk for possible "issues
26 with autoimmune" and of having "medical complications from the vaccines." Respondent
27 admitted that he had "no proof" that a maternal history of autoimmune disease is a risk factor for
28 vaccine injury, but stated that based on "reading" he has done that "there is some concern for

1 maternal autoimmune disease and sibling with autoimmune disease and we just proceed with
2 caution.”

3 31. On September 16, 2021, Respondent documented that Patient 1 was still due for
4 MMR and VZV #2 and that his mother wanted to “discuss vaccines personally.” Respondent did
5 not document anything further about any discussion with Patient 1’s mother, nor did he
6 administer any vaccines to Patient 1 that day.

7 32. The standard of care in the medical community requires pediatricians to provide
8 complete preventative care as well as acute care for their patients. This includes providing
9 appropriate anticipatory guidance and administering childhood vaccines to prevent vaccine
10 preventable disease, as well as communicating accurate and evidence-based information
11 regarding the safety of vaccines. The standard of care requires that a pediatrician administering
12 vaccinations understand the appropriate reasons for providing a medical exemption for
13 vaccination, and to communicate with scientific accuracy the true risks and benefits for the
14 recommended vaccinations.

15 33. Respondent committed an extreme departure in his care and treatment of Patient 1
16 when he provided a permanent vaccine exemption for Patient 1. Patient 1’s positive titers for
17 rubella, measles, mumps and varicella were only evidence that Patient 1 did not require additional
18 vaccinations for these specific pathogens and did not qualify Patient 1 for a medical exception
19 from all vaccinations. Based on Patient 1’s medical records, there was insufficient basis for other
20 vaccine exemptions, including the permanent exemptions Respondent provided for DTaP, HBV,
21 IPV and Tdap. Respondent justified these exemptions based on a family history of autoimmune
22 conditions, which is outside the standard of care. Respondent’s failure to vaccinate a healthy
23 child placed not only that child at risk for acquiring a vaccine preventable disease, a risk that
24 includes both significant morbidity and mortality for that individual child, but also placed the
25 community at risk, as when immunity drops, infectious diseases circulate. Patient 1 had several
26 documented episodes of reactive airway disease as well as otitis media, conditions that, although
27 common, pose risk and may be indications for additional vaccines, including seasonal influenza
28 and COVID-19.

1 34. Respondent committed gross negligence in violation of Code section 2234,
2 subdivision (b), as set forth in paragraphs 11 through 33, inclusive above, whether proven
3 individually, jointly, or in any combination thereof, when he provided Patient 1 with a permanent
4 vaccine exemption without adequate justification. As such, cause for discipline exists.

5 **SECOND CAUSE FOR DISCIPLINE**

6 **(Repeated Negligent Acts)**

7 35. Respondent Ronald P. Becker, M.D. is subject to disciplinary action under Code
8 section 2234, subdivision (c), in that he committed repeated negligent acts in his care and
9 treatment of Patients 1, 2, 3 and 4. The circumstances are as follows:

10 36. The allegations contained in the First Cause for Discipline herein are incorporated by
11 reference as if fully set forth.

12 Patient 2

13 37. Patient 2 first presented to Respondent on March 10, 2017, when he was almost five
14 (5) months of age. Respondent documented that the examination was normal, but that Patient 2
15 was losing weight. His mother was supplementing breast milk with goat milk. Patient 2 was 5.6
16 kilograms, which is below the 5th percentile for his age. Respondent did not document Patient 2's
17 vaccination status or that any vaccines were administered at that visit.

18 38. Respondent saw Patient 2 again on March 17, 2017, and March 31, 2017, and did not
19 document Patient 2's vaccination status or that any vaccines were administered at either of those
20 visits.

21 39. On April 24, 2017, Respondent saw Patient 2 for his six (6)-month-old well-child
22 assessment. Respondent documented that Patient 2 had atopic dermatitis and that Patient 2's
23 mother was "holding off on vaccines." Respondent did not document any specific concerns
24 Patient 2's parents had regarding vaccines or any discussion about the risks of not vaccinating a
25 six (6)-month-old infant. A follow-up was planned for three (3) months later.

26 40. Respondent did not see Patient 2 again until December 10, 2018, when Patient 2 was
27 twenty-six (26) months old. Respondent did not document whether or not Patient 2 was up to
28 date on his immunizations. Respondent did not document any discussion with Patient 2's mother

1 regarding vaccinations. Patient 2 was treated for fever and diagnosed with a viral syndrome.

2 41. Respondent next saw Patient 2 on July 22, 2019, after Patient 2 had an allergic
3 reaction to peanut butter. Respondent again did not document anything about Patient 2's
4 vaccination status.

5 42. Respondent next saw Patient 2 on February 3, 2021, for a well-child assessment.
6 Patient 2 was four (4) years old. Respondent documented "parental concerns" as "starting
7 vaccines" and "2 shots ok." Respondent administered IPV. Respondent did not document any
8 discussion of the risks associated with incomplete or delayed vaccinations, including but, not
9 limited to, MMR, VZV, Pneumococcal, HiB, or influenza.

10 43. On June 30, 2021, Patient 2 presented with his mother needing either a vaccine
11 schedule or medical exemption. Respondent documented as part of his plan that he would
12 provide Patient 2 a "Temp ME (12 mos.)" Respondent did not document any rationale for the
13 temporary vaccine exemption. Respondent documented administering DTaP #1. Patient 2 was
14 referred to a pediatric allergist to manage his dairy, egg and peanut allergies.

15 44. On or about July 5, 2021, Respondent provided Patient 2 with a temporary medical
16 exemption, which included the following vaccines: DTaP, HBV, IPV, MMR and VZV. The
17 temporary exemption had an expiration date of July 5, 2022. The rationale for each exemption
18 was "at risk for adverse vaccine reaction."

19 45. When interviewed by the Board about the care and treatment he provided to Patient 2,
20 Respondent stated that at the time of the June 30, 2021, visit, Patient 2's parents were planning to
21 start Patient 2 in school, but he had received no vaccinations. The plan was to administer one
22 vaccine a month over the course of the next twelve (12) months. Respondent provided the
23 temporary exemption to Patient 2 so he could complete the vaccines required for school over the
24 next twelve (12) months, instead of all at once.

25 46. Respondent further stated at the interview that Patient 2 was "at risk for adverse
26 vaccine reaction" because Patient 2 had severe food allergies. Additionally, Patient 2 had a
27 sibling on the Autism spectrum.

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1 47. Patient 2's next visit with Respondent was on August 18, 2021. Patient 2's mother
2 reported that Patient 2 had a local skin reaction to the DTaP vaccine administered at the last visit
3 and had diarrhea for three (3) days. Respondent administered HBV #1. Respondent did not
4 document why only one vaccine was administered at that visit, why HBV #1, specifically, was
5 administered, or any discussion of the risks of incomplete or delayed vaccination.

6 48. Respondent departed from the applicable standard of care and treatment in the
7 medical community when he provided Patient 2 with a temporary medical exemption for
8 numerous vaccinations without adequate justification. The prolonged timeframe (all vaccines
9 over twelve (12) months) placed Patient 2 at risk for acquiring vaccine preventable diseases while
10 Patient 2 waited to get vaccinated. Further, Respondent failed to adequately document
11 conversations with Patient 2's parents regarding accelerating the vaccination catch up schedule,
12 or reassuring or informing Patient 2's parents of the true risks and benefits of vaccinations, as
13 well as the risks of vaccine delays. In addition to placing Patient 2 at risk for preventable diseases
14 that cause morbidity and mortality, Respondent also potentially exposed the community to
15 infectious diseases by condoning a delayed vaccination schedule.

16 Patient 3

17 49. Patient 3 is the brother of Patient 2.

18 50. Patient 3 was first treated by Respondent on January 19, 2017, when he was two (2)
19 years of age. Patient 3 presented with his mother for his two (2)-year well-child assessment. His
20 mother expressed concern that he was "not talking much." Patient 3's examination was normal
21 and Respondent did not document any delayed or incomplete vaccinations, but that the "flu
22 vaccine would be held."

23 51. Patient 3's next visit with Respondent was on December 10, 2017, when he was three
24 (3) years old. He was seen for febrile illness and he was diagnosed with a viral syndrome.
25 Respondent did not document Patient 3's vaccination status.

26 52. Patient 3 did not see Respondent again until February 3, 2021, when he was six (6)
27 years old. Respondent documented that two (2) vaccines were "ok." Respondent administered
28 VZV and MMR vaccines to Patient 3.

1 53. On June 24, 2021, Patient 3 presented to Respondent and Respondent administered
2 HBV #1.

3 54. On July 26, 2021, Patient 3 presented to Respondent and Respondent administered
4 DTaP and IPV. The following month, Respondent administered HBV #2.

5 55. Prior to commencing treatment with Respondent, Patient 3 received care and
6 treatment from another provider located in North Carolina. That provider documented
7 completing the primary series for DTaP, including the eighteen (18)-month booster, HiB vaccine
8 #1-#3, annual influenza (2015 and 2016), pneumococcal conjugate vaccine primary series, as well
9 as polio and rotavirus vaccines. There is no record of Patient 3 receiving the Hepatitis A vaccine.

10 56. On or about August 1, 2021, Respondent provided Patient 3 with a temporary medical
11 exemption, which included the following vaccines: Hepatitis B, MMR and Varicella. The
12 temporary exemption had an expiration date of December 5, 2021. The rationale for each
13 exemption was "at risk for adverse vaccine reaction."

14 57. When interviewed by the Board about the care and treatment he provided to Patient 3,
15 Respondent stated that he provided the temporary exemption to Patient 3 due to an autoimmune
16 condition that put him "at risk for adverse reaction." Patient 3 needed four (4) shots to start
17 school and Respondent's plan was to administer one shot a month for four (4) months.
18 Respondent stated that he wanted to "proceed with caution."

19 58. Respondent departed from the applicable standard of care and treatment in the
20 medical community when he provided Patient 3 with a temporary medical exemption for
21 numerous vaccinations without adequate justification. The exemption placed Patient 3 at risk for
22 acquiring vaccine preventable diseases while Patient 3 waited to get vaccinated. Further,
23 Respondent failed to adequately document conversations with Patient 3's parents regarding
24 accelerating the vaccination catch up schedule, or reassuring or informing Patient 3's parents of
25 the true risks and benefits of vaccinations, as well as the risks of vaccine delays. In addition to
26 placing Patient 3 at risk for preventable diseases that cause morbidity and mortality, Respondent
27 also potentially exposed the community to infectious diseases by condoning a delayed
28 vaccination schedule.

1 Patient 4

2 59. On April 14, 2021, Patient 4 presented to Respondent with his mother for his 4-5-
3 year-old well-child assessment. Patient 4 was four and half (4.5) years old.

4 60. According to Patient 4's immunization record, Patient 4 had already received his
5 primary vaccine series for DTaP, polio, MMR and VZV, and had completed the vaccine series for
6 HiB, PCV, and Hepatitis A and B, with other providers.

7 61. At the April 14, 2021, visit, Respondent documented that Patient 4 was due for MMR
8 #2, VZV #2, DTaP #5 and IPV #4. These vaccines were required for Patient 4 to be able to start
9 kindergarten. Respondent documented parental concerns to include "discuss vaccines."
10 Respondent's plan included administering one vaccine per month.

11 62. On June 14, 2021, Respondent administered IPV #4 to Patient 4.

12 63. On or about June 23, 2021, Respondent provided Patient 4 with a temporary medical
13 exemption, which included the following vaccines: DTaP, IPV, MMR, Tdap, and Varicella. The
14 temporary exemption had an expiration date of June 22, 2022. The rationale for each exemption
15 was "at risk for adverse vaccine reaction."

16 64. When interviewed by the Board about the care and treatment he provided to Patient 4,
17 Respondent stated that his plan was to administer Patient 4, the four (4) vaccines he needed for
18 kindergarten on a one vaccine per month schedule, instead of all on one day. Respondent stated
19 that his reasoning for this schedule and providing the temporary exemption to Patient 4 was that
20 Patient 4's family requested to spread the vaccines out and not to do them all on one day. The
21 exemption was provided so that Patient 4 could start school in September with incomplete
22 vaccinations.

23 65. Respondent departed from the applicable standard of care and treatment in the
24 medical community when he provided Patient 4 with a temporary medical exemption for
25 numerous vaccinations without adequate justification. The prolonged timeframe placed Patient 4
26 at risk for acquiring vaccine preventable diseases while Patient 4 waited to get vaccinated.
27 Further, Respondent failed to adequately document conversations with Patient 4's parents
28 regarding accelerating the vaccination catch up schedule, or reassuring or informing Patient 4's

1 parents of the true risks and benefits of vaccinations, as well as the risks of vaccine delays. In
2 addition to placing Patient 4 at risk for preventable diseases that cause morbidity and mortality,
3 Respondent also potentially exposed the community to infectious diseases by condoning a
4 delayed vaccination schedule.

5 66. Respondent committed repeated negligent acts in violation of Code section 2234,
6 subdivision (c), as set forth in paragraphs 36 through 65, inclusive above, whether proven
7 individually, jointly, or in any combination thereof, in his care and treatment of Patients 1, 2, 3
8 and 4, when he provided those patients with vaccination exemptions without adequate
9 justification. As such, cause for discipline exists.

10 THIRD CAUSE FOR DISCIPLINE

11 (Inadequate Record Keeping)

12 67. Respondent Ronald P. Becker, M.D. is subject to disciplinary action under Code
13 section 2266, in that Respondent maintained inadequate records for Patients 1, 2, 3 and 4. The
14 circumstances are as follows:

15 68. The allegations contained in the First and Second Causes for Discipline herein are
16 incorporated by reference as if fully set forth.

17 69. The American Academy of Pediatrics (AAP) recommends that physicians who do not
18 vaccinate due to parental refusal have the parents complete a refusal to vaccinate form found on
19 the AAP's website. There is nothing in the Patients' records reflecting a discussion of this form.

20 70. Respondent maintained inadequate records in his care and treatment of Patients 1, 2,
21 3 and 4, in violation of Code section 2266, as set forth in paragraphs 68 and 69, inclusive above,
22 whether proven individually, jointly, or in any combination thereof. As such, cause for discipline
23 exists.

24 FOURTH CAUSE FOR DISCIPLINE

25 (Lack of Knowledge)

26 71. Respondent Ronald P. Becker, M.D. is subject to disciplinary action under Code
27 section 2234, subdivision (d), in that he demonstrated a lack of knowledge, or incompetence, in
28 his care and treatment of Patients 1, 2, 3 and 4. The circumstances are as follows:

1 72. The allegations contained in the First, Second and Third Causes for Discipline herein
2 are incorporated by reference as if fully set forth.

3 73. Respondent's care and treatment of Patients 1, 2, 3, and 4, in addition to statements
4 made during his interview with the Board, demonstrate that Respondent does not understand valid
5 and evidence-based vaccine contraindications or precautions. Respondent consistently made
6 plans with the families of Patients 1, 2, 3, and 4, to extend the time to administer vaccinations, up
7 to a year in one case, and/or providing one vaccine a month. Such scheduling did a disservice to
8 the Patients, leaving them vulnerable to vaccine preventable disease while they slowly receive
9 vaccines one-by-one, or in the case of Patient 1, not at all. Further, through the exemptions he
10 provided, Respondent facilitated the attendance of unvaccinated children at school under false
11 medical exemption rationale.

12 74. During his interview with the Board, Respondent shared his concern regarding a link
13 between Autism and vaccines. This hypothesis arose in the 1990s based on a fraudulent student's
14 research paper in the United Kingdom. The research upon which the paper endorsing a
15 connection between Autism and vaccines was subsequently retracted and the author of the study's
16 medical license was revoked. When asked during his interview with the Board if "Autism is a
17 contraindication for vaccines," Respondent stated that "depending if the symptoms develop
18 immediately – immediately after the vaccine or that – that it – it could be linked..." Respondent
19 stated that Autism is multifactorial and "not just the vaccines." Respondent's misunderstanding
20 that there is any link between Autism and vaccines, and failure to dispel this myth and correct
21 misinformation that the families of Patients 1, 2, 3, and 4 received, demonstrates a lack of
22 knowledge.

23 75. Respondent obliged Patients 1, 2, 3 and 4's parents' requests to exempt their children
24 from vaccines, reinforced misinformation about a link between vaccines and Autism, and placed
25 Patients 1, 2, 3, and 4 at risk for potentially fatal diseases. His rationales behind Patient 1's
26 permanent exemption and Patients 2, 3 and 4's delayed vaccination schedule demonstrates a lack
27 of knowledge and incompetence.

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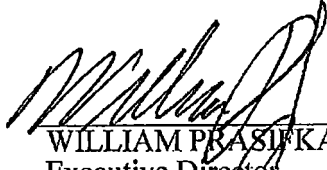
76. Respondent demonstrated incompetence in his care and treatment of Patients 1, 2, 3 and 4, in violation of Code section 2234, subdivision (d), as set forth in paragraphs 72 through 75, inclusive above, whether proven individually, jointly, or in any combination thereof. As such, cause for discipline exists.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 58254, issued to Ronald P. Becker, M.D.;
2. Revoking, suspending or denying approval of Ronald P. Becker, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Ronald P. Becker, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: AUG 24 2022



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

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