

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

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

JOHN D. KUNZ, M.D.

**Physician's and Surgeon's
Certificate No. G 57797**

Case No.: 800-2019-058998

Respondent.

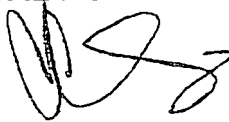
DECISION

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

This Decision shall become effective at 5:00 p.m. on February 22, 2024.

IT IS SO ORDERED: January 23, 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
Los Angeles, CA 90013
6 Telephone: (213) 269-6434
Facsimile: (916) 731-2117
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 Accusation Against:

13 **JOHN D. KUNZ, M.D.**
14 **101 W. Arrellaga St., Ste. B**
Santa Barbara, CA 93101-5950

15 **Physician's and Surgeon's**
Certificate No. G 57797

16 Respondent.

Case No. 800-2019-058998

OAH No. 2023010333

17
18 **STIPULATED SETTLEMENT AND**
19 **DISCIPLINARY ORDER**

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

22 **PARTIES**

23 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
24 California (Board). He brought this action solely in his official capacity and is represented in this
25 matter by Rob Bonta, Attorney General of the State of California, by Jonathan Nguyen, Deputy
26 Attorney General.

27 2. Respondent John D. Kunz, M.D. (Respondent) is represented in this proceeding by
28 attorney Derek F. O'Reilly-Jones, Esq., whose address is: 355 South Grand Ave., Ste. 1750
Los Angeles, CA 90071-1562. On or about July 14, 1986, the Board issued Physician's and
Surgeon's Certificate No. G 57797 to John D. Kunz, M.D. (Respondent). The Physician's and

1 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in
2 Accusation No. 800-2019-058998, and will expire on February 28, 2026, unless renewed.

3 **JURISDICTION**

4 3. Accusation No. 800-2019-058998 was filed before the Board, and is currently
5 pending against Respondent. The Accusation and all other statutorily required documents were
6 properly served on Respondent on August 24, 2022. Respondent timely filed his Notice of
7 Defense contesting the Accusation.

8 4. A copy of Accusation No. 800-2019-058998 is attached as Exhibit A and
9 incorporated herein by reference.

10 **ADVISEMENT AND WAIVERS**

11 5. Respondent has carefully read, fully discussed with counsel, and understands the
12 charges and allegations in Accusation No. 800-2019-058998. Respondent has also carefully read,
13 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
14 Disciplinary Order.

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

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

23 **CULPABILITY**

24 8. Respondent understands and agrees that the charges and allegations in Accusation
25 No. 800-2019-058998, if proven at a hearing, constitute cause for imposing discipline upon his
26 Physician's and Surgeon's Certificate.

27 9. Respondent does not contest that, at an administrative hearing, Complainant could
28 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-

1 2019-058998, a true and correct copy of which is attached hereto as Exhibit A, and that he has
2 thereby subjected his Physician's and Surgeon's Certificate, No. G 57797 to disciplinary action.

3 10. ACKNOWLEDGMENT. Respondent acknowledges the Disciplinary Order below,
4 requiring the disclosure of probation pursuant to Business and Professions Code section 2228.1,
5 serves to protect the public interest.

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

9 **RESERVATION**

10 12. The admissions made by Respondent herein are only for the purposes of this
11 proceeding, or any other proceedings in which the Medical Board of California or other
12 professional licensing agency is involved, and shall not be admissible in any other criminal or
13 civil proceeding.

14 **CONTINGENCY**

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

25 14. Respondent agrees that if he ever petitions for early termination or modification of
26 probation, or if an accusation and/or petition to revoke probation is filed against him before the
27 Board, all of the charges and allegations contained in Accusation No. 800-2019-058998 shall be
28 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any

1 other licensing proceeding involving Respondent in the State of California.

2 15. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
3 be an integrated writing representing the complete, final and exclusive embodiment of the
4 agreement of the parties in this above entitled matter.

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

8 17. In consideration of the foregoing admissions and stipulations, the parties agree that
9 the Board may, without further notice or opportunity to be heard by the Respondent, issue and
10 enter the following Disciplinary Order:

11 **DISCIPLINARY ORDER**

12 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 57797 issued
13 to Respondent JOHN D. KUNZ, M.D. is revoked. However, the revocation is stayed and
14 Respondent is placed on probation for five (5) years on the following terms and conditions.

15 1. **PATIENT DISCLOSURE.** Before a patient's first visit following the effective date
16 of this order and while the respondent is on probation, the respondent must provide all patients, or
17 patient's guardian or health care surrogate, with a separate disclosure that includes the
18 respondent's probation status, the length of the probation, the probation end date, all practice
19 restrictions placed on the respondent by the board, the board's telephone number, and an
20 explanation of how the patient can find further information on the respondent's probation on the
21 respondent's profile page on the board's website. Respondent shall obtain from the patient, or the
22 patient's guardian or health care surrogate, a separate, signed copy of that disclosure. Respondent
23 shall not be required to provide a disclosure if any of the following applies: (1) The patient is
24 unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure
25 and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the
26 copy; (2) The visit occurs in an emergency room or an urgent care facility or the visit is
27 unscheduled, including consultations in inpatient facilities; (3) Respondent is not known to the
28 patient until immediately prior to the start of the visit; (4) Respondent does not have a direct

1 treatment relationship with the patient.

2 2. EDUCATION COURSE. Within 60 calendar days of the effective date of this
3 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
4 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
5 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
6 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
7 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
8 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
9 completion of each course, the Board or its designee may administer an examination to test
10 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
11 hours of CME of which 40 hours were in satisfaction of this condition.

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

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

26 Respondent shall submit a certification of successful completion to the Board or its
27 designee not later than 15 calendar days after successfully completing the course, or not later than
28 15 calendar days after the effective date of the Decision, whichever is later.

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

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

15 Respondent shall submit a certification of successful completion to the Board or its
16 designee not later than 15 calendar days after successfully completing the course, or not later than
17 15 calendar days after the effective date of the Decision, whichever is later.

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

28 A professionalism program taken after the acts that gave rise to the charges in the

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

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

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

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

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

1 medicine. Respondent shall comply with the program's recommendations.

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

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

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

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

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

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

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

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

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

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

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

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

13 10. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
14 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
15 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
16 enforcement, as applicable, in the amount of \$59,646.60 (fifty-nine thousand, six hundred forty-
17 six dollars and sixty cents). Costs shall be payable to the Medical Board of California. Failure to
18 pay such costs shall be considered a violation of probation.

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

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

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

28 Respondent shall submit quarterly declarations not later than 10 calendar days after the end

1 of the preceding quarter.

2 12. GENERAL PROBATION REQUIREMENTS.

3 Compliance with Probation Unit

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

5 Address Changes

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

11 Place of Practice

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

15 License Renewal

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

18 Travel or Residence Outside California

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

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

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

28 14. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or

1 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
2 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
3 defined as any period of time Respondent is not practicing medicine as defined in Business and
4 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
5 patient care, clinical activity or teaching, or other activity as approved by the Board. If
6 Respondent resides in California and is considered to be in non-practice, Respondent shall
7 comply with all terms and conditions of probation. All time spent in an intensive training
8 program which has been approved by the Board or its designee shall not be considered non-
9 practice and does not relieve Respondent from complying with all the terms and conditions of
10 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
11 on probation with the medical licensing authority of that state or jurisdiction shall not be
12 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
13 period of non-practice.

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

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

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

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

26 15. COMPLETION OF PROBATION. Respondent shall comply with all financial
27 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
28 completion of probation. This term does not include cost recovery, which is due within 30

1 calendar days of the effective date of the Order, or by a payment plan approved by the Medical
2 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
3 shall be fully restored.

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

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

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

26 19. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
27 a new license or certification, or petition for reinstatement of a license, by any other health care
28 licensing action agency in the State of California, all of the charges and allegations contained in

1 Accusation No. 800-2019-058998 shall be deemed to be true, correct, and admitted by
2 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
3 restrict license.

4 **ACCEPTANCE**

5 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
6 discussed it with my attorney, Derek F. O'Reilly-Jones, Esq.. I understand the stipulation and the
7 effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated
8 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
9 bound by the Decision and Order of the Medical Board of California.

10 DATED: 10/9/2023


11 JOHN D. KUNZ, M.D.
Respondent

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

15 DATED: 10/09/2023


16 DEREK F. O'REILLY-JONES, ESQ.
Attorney for Respondent

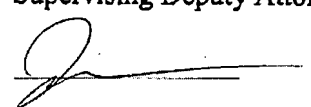
17 **ENDORSEMENT**

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

20 DATED: 10/10/2023

21 Respectfully submitted,

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


24 JONATHAN NGUYEN
25 Deputy Attorney General
26 Attorneys for Complainant

27 LA2022602482
28 66273221.docx

1 ROB BONTA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 TAN N. TRAN
Deputy Attorney General
4 State Bar No. 197775
300 South Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 269-6535
6 Facsimile: (916) 731-2117
Attorneys for Complainant
7

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

12 In the Matter of the Accusation Against:

Case No. 800-2019-058998

13 **JOHN D. KUNZ, M.D.**
14 **101 W. Arrellaga St., Ste. B**
Santa Barbara, CA 93101-5950

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. G 57797,**

Respondent.

17
18
19 **PARTIES**

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 July 14, 1986, the Board issued Physician's and Surgeon's Certificate
24 Number G 57797 to John D. Kunz, 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 February 29, 2024, unless renewed.

27 ///

28 ///

1
2
3
4
5
6
7
8
9
0
1
2
3
4
5
6
7
8
9
0
İ
2
3
4
5
6
7
8

4. Section 2004 of the Code states:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(i) Administering the board's continuing medical education program.

(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:

(2) Have his or her right to practice suspended for a period not to exceed one year 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.

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

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

9 STATUTORY PROVISIONS

10 6. Section 2234 of the Code, states:

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

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

16 (b) Gross negligence.

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

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

24 (2) When the standard of care requires a change in the diagnosis, act, or
25 omission that constitutes the negligent act described in paragraph (1), including, but
26 not limited to, a reevaluation of the diagnosis or a change in treatment, and the
27 licensee's conduct departs from the applicable standard of care, each departure
28 constitutes a separate and distinct breach of the standard of care.

(d) Incompetence.

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

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

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

7. Section 2241 of the Code states:

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

1 prescription drugs or controlled substances.

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

10 (c) Notwithstanding subdivision (a), prescription drugs or controlled substances
11 may also be administered or applied by a physician and surgeon, or by a registered
12 nurse acting under his or her instruction and supervision, under the following
13 circumstances:

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

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

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

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

24 (A) Impaired control over drug use.

25 (B) Compulsive use.

26 (C) Continued use despite harm.

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

8. Section 725 of the Code states:

(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, dentist, podiatrist, psychologist,
physical therapist, chiropractor, optometrist, speech-language pathologist, or
audiologist.

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

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

4 (d) No physician and surgeon shall be subject to disciplinary action pursuant to
5 this section for treating intractable pain in compliance with Section 2241.5.

6 9. Section 2266 of the Code states:

7 The failure of a physician and surgeon to maintain adequate and accurate
8 records relating to the provision of services to their patients constitutes unprofessional
9 conduct.

10 COST RECOVERY

11 10. Business and Professions Code section 125.3 states that:

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

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

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

26 (d) The administrative law judge shall make a proposed finding of the amount
27 of reasonable costs of investigation and prosecution of the case when requested
28 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/Repeated Negligent Acts – 3 Patients)

11. Respondent John D. Kunz, M.D. is subject to disciplinary action under section 2234, subdivisions (b) and (c), of the Code for the commission of acts or omissions involving gross negligence/repeated negligent acts in the care and treatment of Patients 1, 2, and 3.¹ The circumstances are as follows:

Patient 1:

12. Patient 1 (or "patient") was a forty-eight-year-old female, who treated with Respondent across different settings for approximately twenty years through May 30, 2017, when she died of an apparent drug overdose/multiple drug ingestion.² Respondent began treating Patient 1 at his private practice and at Aegis Treatment Centers (Aegis), a facility which treats patients with opioid dependency.³ Respondent acknowledged that Patient 1 had also "abused stimulants," and was not a "compliant" patient. Also, per Respondent, Patient 1 was "forced out" of Aegis in 2014. Throughout this twenty-year time period, Respondent treated Patient 1 for

¹ The patients are identified by number to protect their privacy.

² An empty can of electronics duster was found near the decedent. It appeared that Patient 1 had inhaled the chemicals contained in the can, which can cause a euphoric or "high" feeling, and which can also deplete oxygen in the body and lead to death. According to the Coroner Report, Respondent was aware that Patient 1 had been self-medicating and inhaling/abusing such paraphernalia. Respondent denies that he was aware of this activity and disputes some of the claims/statements in the Coroner Report.

³ Respondent was the opioid addiction doctor at Aegis for approximately twelve years from 2008/2009 to about July 2021. Per Respondent, Aegis's policy while he worked there was that patients with opiate use disorder were not given medication-assisted treatment concurrently with benzodiazepines.

1 multiple conditions including rheumatoid arthritis, substance use/mental health disorders, anxiety,
2 and pain management.⁴

3 13. Per CURES (Controlled Substance Utilization Review and Evaluation System, a drug
4 monitoring database for Schedule II through V controlled substances dispensed in California) and
5 other medical records, Respondent was prescribing to Patient 1 a dangerous combination of
6 controlled medications, including opioids (e.g., oxycodone, methadone), benzodiazepines (e.g.,
7 clonazepam, alprazolam/Xanax), and sedative hypnotics (Lunesta, zolpidem), throughout the time
8 period he treated Patient 1.⁵ Records indicate that Patient 1 filled her last prescription on May 22,
9 2017, just eight days before her death on May 30, 2017.

10 14. Patient 1 also displayed signs ("red flags") of addiction/substance abuse. For
11 example, Patient 1 claimed that her prescriptions had been lost or stolen, and had numerous early
12 refills authorized by Respondent, despite multiple substances agreements (drug contracts)
13 between Respondent and the patient which prohibited same. Moreover, as early as 2010,
14 Respondent received information that Patient 1 may have been selling drugs out of her apartment,
15 and may have been diverting her pain medication.⁶

16 15. Despite Patient 1 having a very complex and long-standing history of dual diagnosis
17 (mental health and substance use disorders), and despite all the "red flags" of addiction and
18 noncompliant behavior that the patient displayed over the years, Respondent continued to treat
19 Patient 1 by regularly co-prescribing a dangerous combination of medications, including
20 benzodiazepines, opioids, as well as sedative hypnotics to her. In doing so, Respondent failed to
21 timely recognize the high risk for overdose and death, and should have referred Patient 1 for
22 regular follow-ups with a psychiatrist, pain specialist, and addiction specialist.

23 ⁴ Respondent made it clear in an interview with Board investigators that he is not a pain
24 management doctor, but acknowledged that he would, on occasion, have to take on that role (i.e.,
25 pain management doctor) for Patient 1 for a variety of reasons, including insurance coverage, lack
26 of availability of specialists in the area, etc.

27 ⁵ Patient 1 had a very complex and long-standing history of dual diagnosis (mental health
28 and substance abuse disorders). In a patient with these diagnoses, a combination of opioid and
benzodiazepine prescriptions should have been avoided at all costs. Also, all of these
medications are controlled substances which can be lethal when combined. They are also
considered dangerous drugs pursuant to Code section 4022.

⁶ Although some of these examples are outside the statute of limitations, they are offered
as examples of Respondent's pattern and practice of substandard care.

1 16. Respondent's actions and/or omissions, as described above, represent an extreme
2 departure from the standard of care for Respondent's inappropriate prescribing of controlled
3 substances to Patient 1, as well as for Respondent's failure to seek appropriate consultations.
4 Respondent's care and treatment of Patient 1, as described above, also represents repeated
5 negligent acts.

6 **Patient 2:**

7 17. Patient 2 (or "patient") is a fifty-four-year-old male, who treated with Respondent
8 from approximately 2015 to 2020. Patient 2 was diagnosed with bipolar disorder by a
9 psychiatrist who had Patient 2 on a non-benzodiazepine regimen (e.g., Lamictal and Seroquel).⁷
10 Patient 2 had also been formerly addicted to recreational and pharmaceutical drugs. Respondent
11 first cared for Patient 2 at Aegis. Per Patient 2, he went to Aegis clinic and was referred to
12 Respondent because he [the patient] was told that Respondent treats patients with substance abuse
13 issues. Respondent treated Patient 2 at Aegis for anxiety and opioid abuse.

14 18. While Patient 2 was at Aegis, Respondent did not continue benzodiazepines for
15 Patient 2, as it was Aegis's policy at the time that patients with opiate use disorder were not given
16 medication assisted treatment concurrently with benzodiazepines. However, when Patient 2
17 transferred to Respondent's private practice, Respondent resumed prescribing benzodiazepines
18 for him and started Patient 2 on clonazepam.⁸

19 19. Aside from treating Patient 2 with clonazepam, Respondent was also prescribing
20 Patient 2 with suboxone (an opiate used to treat substance abuse disorder) and trazodone (a
21 sedating anti-depressant used for insomnia). Throughout Respondent's medical records for
22 Patient 2, Respondent's medical decision-making is sparsely noted and thus it is not evident that
23 other non-habit forming or sedating modalities for anxiolysis were attempted (e.g., selective
24 serotonin reuptake inhibitors (SSRIs)).⁹ It is also not clear from Respondent's documentation

25 ⁷ Although Respondent is not a psychiatrist, it appeared that Respondent took over
26 prescribing for Patient 2's mental health diagnoses and resumed benzodiazepines.

26 ⁸ Apparently, Patient 2 found Seroquel (a non-benzodiazepine antipsychotic medication)
27 to be too sedating, so Respondent discontinued Seroquel and started Patient 2 on clonazepam (a
28 benzodiazepine often used to treat panic/anxiety disorders).

⁹ An example of an SSRI is Lexapro, a medication used to treat depression and

1 whether appropriate medication tapers had been attempted on a regular basis to wean Patient 2
2 down to the lowest effective dose, despite Patient 2's history of addiction and other suspicious
3 behavior such as requesting early refills and using the medications more than prescribed.¹⁰

4 20. Overall, Respondent's care and treatment of Patient 2 represents an extreme departure
5 from the standard of care for Respondent's inappropriate and excessive prescribing of controlled
6 substances to Patient 2, as outlined above. Also, Respondent's failure to adequately seek out
7 psychiatry consultation and/or addiction medicine consultation, given the early refills and the fact
8 that the psychiatrist recommended a non-benzodiazepine regime, represents an extreme departure
9 from the standard of care.

10 **Patient 3:**

11 21. Patient 3 (or "patient") is a thirty-eight-year-old male, who treated with Respondent
12 from approximately March 2015 to the present (i.e., as of July 2022). Patient 3 had a history of
13 heroin use and IV drug use. Patient 3 had previously been on methadone (medication used to
14 treat narcotic addiction) and had a drug relapse in January of 2015.

15 22. Respondent was prescribing to Patient 3 both benzodiazepines (e.g., clonazepam,
16 alprazolam/Xanax)¹¹ and opioids (e.g., suboxone). Similar to Patient 2, Respondent's medical
17 decision-making is sparsely noted throughout his documentation in Patient 3's medical chart, and
18 thus it is not evident that other non-habit forming or sedating modalities for anxiolysis were tried.
19 It is also not clear from the documentation whether appropriate medication tapers had been
20 attempted on a regular basis to wean down to the lowest effective dose.¹²

21
22 generalized anxiety disorder. Lexapro is considered less dangerous than alprazolam/Xanax,
23 which is a benzodiazepine. Hydroxyzine (an antihistamine and serotonin antagonist) also works
24 similarly to taking SSRIs, another type of medication used to treat anxiety by making more
25 serotonin available in a person's brain.

26 ¹⁰ Per Respondent, Patient 2 "...has not wanted to taper [off opiates]..." and that "...I
27 [Respondent] don't push people to ...taper off."

28 ¹¹ Respondent acknowledged that he wasn't initially concerned about Patient 3's anxiety;
yet, Respondent continued to prescribe Xanax, which is a sedating and addictive medication, to
Patient 3.

¹² Respondent acknowledged that at one point, while he [Respondent] was prescribing
both suboxone and benzodiazepines to Patient 3, he [Respondent] should have referred the patient
to a psychiatrist for consultation, rather than escalating the dose of benzodiazepines.

1 23. Patient 3 was also displaying signs of overt substance abuse. For example, Patient 3
2 had a history of heroin use, and on at least four occasions between 2017 and 2018, Patient 3
3 claimed that his Xanax was stolen or lost. Respondent, on numerous occasions, honored Patient
4 3's requests for early refills, despite Patient 3 signing an agreement with Respondent which stated
5 that early refills would not be honored.¹³ Moreover, there is evidence that Patient 3's wife and an
6 insurance company contacted Respondent regarding their concerns about Patient 3's drug
7 use/abuse. Despite these "red flags," Respondent failed to take adequate steps to determine if he
8 should stop prescribing controlled substances to Patient 3, nor did Respondent cease treatment of
9 Patient 3 in a timely matter.

10 24. Overall, Respondent's care and treatment of Patient 3 represents an extreme departure
11 from the standard of care for Respondent's inappropriate and excessive prescribing of controlled
12 substances to Patient 3, as outlined above. Also, Respondent's continuous prescribing of
13 addictive controlled substances to Patient 3 despite his signs of addiction and illicit behavior,
14 represents repeated acts of negligence.

15 **SECOND CAUSE FOR DISCIPLINE**

16 **(Excessive Prescribing – 3 Patients)**

17 25. By reason of the facts and allegations set forth in the First Cause for Discipline above,
18 Respondent John D. Kunz, M.D. is subject to disciplinary action under section 725 of the Code,
19 in that Respondent excessively prescribed dangerous drugs to Patients 1, 2, and 3, above.

20 **THIRD CAUSE FOR DISCIPLINE**

21 **(Furnishing Drugs to an Addict – 3 Patients)**

22 26. By reason of the facts and allegations set forth in the First Cause for Discipline above,
23 Respondent John D. Kunz, M.D. is subject to disciplinary action under section 2241 of the Code,
24 in that Respondent furnished dangerous drugs to Patients 1, 2, and 3, who had signs of addiction
25 to and/or diversion of controlled substances.

26 ///

27 _____
28 ¹³ Respondent justified the early prescriptions due to the development of tolerance by the
patient necessitating a higher dose.

1 **FOURTH CAUSE FOR DISCIPLINE**

2 **(Failure to Maintain Adequate and Accurate Medical Records – 3 Patients)**


3 27. By reason of the facts and allegations set forth in the First Cause for Discipline above,
4 Respondent John D. Kunz, M.D. is subject to disciplinary action under section 2266 of the Code,
5 in that Respondent failed to maintain adequate and accurate records of his care and treatment of
6 Patients 1, 2, and 3, above.

7 **PRAYER**

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

- 10 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 57797,
11 issued to Respondent John D. Kunz, M.D.;
- 12 2. Revoking, suspending or denying approval of Respondent John D. Kunz, M.D.'s
13 authority to supervise physician assistants and advanced practice nurses;
- 14 3. Ordering Respondent John D. Kunz, M.D., to pay the Board the costs of the
15 investigation and enforcement of this case, and if placed on probation, the costs of probation
16 monitoring; and
- 17 4. Taking such other and further action as deemed necessary and proper.

18
19 DATED: AUG 24 2022

20 
21 WILLIAM PRASIFKA
22 Executive Director
23 Medical Board of California
24 Department of Consumer Affairs
25 State of California
26 Complainant
27
28