

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

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

**Thomas Solayao Satterwhite, M.D.**

**Physician's and Surgeon's  
Certificate No. A 105033**

**Case No.: 800-2021-083925**

**Respondent.**

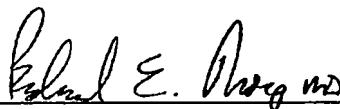
**DECISION**

**The attached Stipulated Settlement and Disciplinary 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 October 18, 2024.**

**IT IS SO ORDERED: September 20, 2024.**

**MEDICAL BOARD OF CALIFORNIA**



**Richard E. Thorp, Chair  
Panel B**

1 ROB BONTA  
Attorney General of California  
2 GREG W. CHAMBERS  
Supervising Deputy Attorney General  
3 State Bar No. 237509  
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6 *Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:

Case No. 800-2021-083925

12 **THOMAS SOLAYAO SATTERWHITE,**  
13 **M.D.**  
2299 Post Street, Suite 207  
14 San Francisco, CA 94115-3473  
15 **Physician's and Surgeon's Certificate No. A**  
**105033**

**STIPULATED SETTLEMENT AND**  
**DISCIPLINARY ORDER**

16 Respondent.

17  
18 In the interest of a prompt and speedy settlement of this matter, consistent with the public  
19 interest and the responsibility of the Medical Board of California of the Department of Consumer  
20 Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order  
21 which will be submitted to the Board for approval and adoption as the final disposition of the  
22 Accusation.

23 **PARTIES**

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



1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in Accusation  
3 No. 800-2021-083925, if proven at a hearing, constitute cause for imposing discipline upon his  
4 Physician's and Surgeon's Certificate, No. A 105033.

5 10. For the purpose of resolving the Accusation without the expense and uncertainty of  
6 further proceedings, Respondent agrees that, at an administrative hearing, Complainant could  
7 establish a prima facie case or factual basis for the charges and allegations in Accusation No. 800-  
8 2021-083925, a true and correct copy of which is attached hereto as Exhibit A. Respondent  
9 hereby gives up his right to contest those charges and he has thereby subjected his Physician's and  
10 Surgeon's Certificate, No. A 105033, to disciplinary action.

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

14 CONTINGENCY

15 12. This stipulation shall be subject to approval by the Medical Board of California.  
16 Respondent understands and agrees that counsel for Complainant and the staff of the 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 13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to  
26 be an integrated writing representing the complete, final and exclusive embodiment of the  
27 agreement of the parties in this above entitled matter.

14. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2021-083925 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

## DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 105033 issued to Respondent THOMAS SOLAYAO SATTERWHITE, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five (35) months on the following terms and conditions:

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

2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in

1 advance by the Board or its designee. Respondent shall provide the approved course provider  
2 with any information and documents that the approved course provider may deem pertinent.  
3 Respondent shall participate in and successfully complete the classroom component of the course  
4 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
5 complete any other component of the course within one (1) year of enrollment. The prescribing  
6 practices course shall be at Respondent's expense and shall be in addition to the Continuing  
7 Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

1 this Decision.

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

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

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

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

1           5.    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          6.    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          7.    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 \$16,500 (sixteen thousand five hundred dollars).  
17 Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be  
18 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 (if applicable).

25          8.    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 9. 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 10. 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 11. 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's 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 12. 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 13. 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 14. 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 15. 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 16. 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. 800-2021-083925 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, Ivan Weinberg, Esq. I understand the stipulation and the effect it  
7 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
8 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
9 Decision and Order of the Medical Board of California.

10  
11 DATED: August 27, 2024

  
\_\_\_\_\_  
THOMAS SOLAYAO SATTERWHITE, M.D.  
*Respondent*

13  
14 I have read and fully discussed with Respondent Thomas Solayao Satterwhite, M.D. the  
15 terms and conditions and other matters contained in the above Stipulated Settlement and  
16 Disciplinary Order. I approve its form and content.

17  
18 DATED: 8/28/24

  
\_\_\_\_\_  
IVAN WEINBERG, ESQ.  
*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: 8/28/2024

Respectfully submitted,

ROB BONTA  
Attorney General of California

*Greg W. Chambers*

GREG W. CHAMBERS  
Supervising Deputy Attorney General  
*Attorneys for Complainant*

**Exhibit A**

**Accusation No. 800-2021-083925**

1 ROB BONTA  
Attorney General of California  
2 GREG W. CHAMBERS  
Supervising Deputy Attorney General  
3 State Bar No. 237509  
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7 **BEFORE THE**  
8 **MEDICAL BOARD OF CALIFORNIA**  
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11 In the Matter of the Accusation Against:

Case No. 800-2021-083925

12 **THOMAS SOLAYAO SATTERWHITE,**  
13 **M.D.**

**A C C U S A T I O N**

14 **2299 Post Street, Ste. 207**  
15 **San Francisco, CA 94115-3473**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 105033,**

Respondent.

18 **PARTIES**

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

22 2. On or about July 30, 2008, the Medical Board issued Physician's and Surgeon's  
23 Certificate Number A 105033 to Thomas Solayao Satterwhite, M.D. (Respondent). The  
24 Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the  
25 charges brought herein and will expire on March 31, 2024, unless renewed.

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1 limited to, the following:

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

4 (b) Gross negligence.

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

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

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

17 (d) Incompetence.

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

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

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

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

1           8.     Section 2242 of the Code states:

2           (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022  
3 without an appropriate prior examination and a medical indication, constitutes unprofessional  
4 conduct. An appropriate prior examination does not require a synchronous interaction between  
5 the patient and the licensee and can be achieved through the use of telehealth, including, but not  
6 limited to, a self-screening tool or a questionnaire, provided that the licensee complies with the  
7 appropriate standard of care.

8           (b) No licensee shall be found to have committed unprofessional conduct within the  
9 meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of  
10 the following applies:

11           (1) The licensee was a designated physician and surgeon or podiatrist serving in the absence  
12 of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs were  
13 prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of the  
14 patient's practitioner, but in any case no longer than 72 hours.

15           (2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed  
16 vocational nurse in an inpatient facility, and if both of the following conditions exist:

17           (A) The practitioner had consulted with the registered nurse or licensed vocational nurse  
18 who had reviewed the patient's records.

19           (B) The practitioner was designated as the practitioner to serve in the absence of the  
20 patient's physician and surgeon or podiatrist, as the case may be.

21           (3) The licensee was a designated practitioner serving in the absence of the patient's  
22 physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized  
23 the patient's records and ordered the renewal of a medically indicated prescription for an amount  
24 not exceeding the original prescription in strength or amount or for more than one refill.

25           (4) The licensee was acting in accordance with Section 120582 of the Health and Safety  
26 Code.

27           9.     Health and Safety Code § 11165.4 states, in part:

28           (a)(1)(A)(i) A health care practitioner authorized to prescribe, order, administer, or furnish

1 a controlled substance shall consult the patient activity report or information from the patient  
2 activity report obtained by the CURES database to review a patient's controlled substance history  
3 for the past 12 months before prescribing a Schedule II, Schedule III, or Schedule IV controlled  
4 substance to the patient for the first time and at least once every six months thereafter if the  
5 prescriber renews the prescription and the substance remains part of the treatment of the patient.

6 (ii) If a health care practitioner authorized to prescribe, order, administer, or furnish a  
7 controlled substance is not required, pursuant to an exemption described in subdivision (c), to  
8 consult the patient activity report from the CURES database the first time the health care  
9 practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient, the  
10 health care practitioner shall consult the patient activity report from the CURES database to  
11 review the patient's controlled substance history before subsequently prescribing a Schedule II,  
12 Schedule III, or Schedule IV controlled substance to the patient and at least once every six  
13 months thereafter if the substance remains part of the treatment of the patient.

14 (iii) A health care practitioner who did not directly access the CURES database to perform  
15 the required review of the controlled substance use report shall document in the patient's medical  
16 record that they reviewed the CURES database generated report within 24 hours of the controlled  
17 substance prescription that was provided to them by another authorized user of the CURES  
18 database.

#### 19 COST RECOVERY

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

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1 **DEFINITIONS**

2 11. Adderall, a trade name for mixed salts of a single-entity amphetamine product  
3 (dextroamphetamine sulphate, dextroamphetamine saccharate, amphetamine sulfate,  
4 amphetamine aspartate), is a dangerous drug as defined in section 4022 of the Code, and a  
5 Schedule II controlled substance as defined by section 11055 of the Health and Safety Code.

6 12. Doxycycline monohydrate is an antibiotic that treats many types of bacterial  
7 infections. It is a dangerous drug as defined in section 4022 of the Code.

8 13. Lorazepam, known by the trade name Ativan, is a psychotropic drug for the  
9 management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It is a  
10 dangerous drug as defined in section 4022 of the Code, and a Schedule IV controlled substance as  
11 defined by section 11057, subdivision (d) of the Health and Safety Code.

12 14. Narcan, a trade name for naloxone hydrochloride, is a narcotic antagonist. It is a  
13 dangerous drug as defined in section 4022 of the Code, indicated for complete or partial reversal  
14 of narcotic depression, including respiratory depression induced by opioids.

15 15. Oxycodone hydrochloride and acetaminophen, known by the trade name Percocet, is  
16 a semisynthetic narcotic analgesic with multiple actions qualitatively similar to those of  
17 morphine, a dangerous drug as defined in section 4022 of the Code, and a Schedule II controlled  
18 substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety  
19 Code.

20 16. Revatio, the trade name for sildenafil, is used to treat sexual dysfunction, and is a  
21 dangerous drug within the meaning of section 4022 of the Code.

22 **FACTUAL ALLEGATIONS**

23 **Patient 1<sup>1</sup>**

24 17. Patient 1, a then 39-year-old male was first prescribed controlled substances by  
25 Respondent on or about September 13, 2018, when Patient 1 filled a prescription for oxycodone  
26 HCL-acetaminophen, 325/10 mg., #90.

27 \_\_\_\_\_  
28 <sup>1</sup> Patients are referred to by number to protect privacy. Patient identities will be provided  
in discovery.

1 18. Patient 1 filled subsequent prescriptions for oxycodone HCL-acetaminophen written  
2 by Respondent on the following dates:

- 3 • January 30, 2019, 325/20 mg., #90
- 4 • September 20, 2021, 325/10 mg., #50

5 19. Patient 1 filled subsequent prescriptions for lorazepam written by Respondent on the  
6 following dates:

- 7 • November 16, 2019, 1 mg., #30
- 8 • September 7, 2022, 1 mg., #30

9 20. Patient 1 filled subsequent prescription for the Adderall written by Respondent on the  
10 following date:

- 11 • January 30, 2019, 20 mg., #30

12 21. Respondent failed to discuss the use of Narcan with Patient 1 after prescribing high  
13 MME's<sup>2</sup> to Patient 1.

14 22. Certified medical records only note a single visit by Patient 1, which occurred on  
15 September 16, 2021. Patient 1 was examined on that date for erectile dysfunction, back pain, and  
16 prescription of post sex prophylaxis against chlamydia. No vital signs were captured. No other  
17 examination was noted. CURES<sup>3</sup> was not checked. Respondent failed to discuss the use of  
18 Narcan with Patient 1 after prescribing high MME's to Patient 1.

19 23. On September 16, 2021, Respondent then prescribed Revatio 20 mg., #90; and  
20 doxycycline monohydrate 100 mg., #60, along with the aforementioned oxycodone HCL-  
21 acetaminophen filled on September 29, 2021.

22 24. There are no medical records that correspond with any other prescribing to Patient 1.

23 ///

24 <sup>2</sup> Morphine Milligram Equivalent.

25 <sup>3</sup> CURES "is California's prescription drug monitoring program. By statute, every  
26 prescription of a Schedule II, III, or IV controlled substance must be logged in CURES, along  
27 with the patient's name, address, telephone number, gender, date of birth, drug name, quantity,  
28 number of refills, and information about the prescribing physician and pharmacy. [Citation.]"  
(*Lewis v. Superior Court* (2017) 3 Cal.5th 561, 565 (*Lewis*).) The Board is authorized to access  
the CURES database (*id.* at p. 567), which is maintained by the California Department of Justice  
(*id.* at p. 566).

1 **Patient 2**

2 25. Patient 2, a then 52-year-old male was first prescribed controlled substances by  
3 Respondent on or about November 24, 2017, when Patient 2 filled a prescription for Lorazepam,  
4 1 mg., #100.

5 26. Patient 2 filled subsequent prescriptions for Lorazepam written by Respondent on the  
6 following dates:

- 7 • July 29, 2018, 1 mg., #90
- 8 • March 11, 2019, 1 mg., # 90
- 9 • July 20, 2019, 1 mg., #90
- 10 • December 23, 2019, 1 mg., #90
- 11 • January 21, 2020, 1 mg., #90
- 12 • November 3, 2020, 1 mg., #60
- 13 • February 11, 2021, 1 mg., #60
- 14 • May 24, 2021, 1 mg., #60

15 27. Patient 2 filled subsequent prescriptions for oxycodone HCL-acetaminophen written  
16 by Respondent on the following dates:

- 17 • November 23, 2019, 325/10 mg., #60
- 18 • August 1, 2020, 325/10 mg., #60
- 19 • June 26, 2021, 325/5 mg., #90

20 28. Certified medical records only note a single visit by Patient 2, which occurred on  
21 June 26, 2021. On that date, Patient 2 was examined for chronic plantar fasciitis of the left foot.  
22 No vital signs were captured. No other examination was noted. CURES was not checked.  
23 Respondent failed to discuss the use of Narcan with Patient 2 after prescribing high MME's to  
24 Patient 2.

25 29. On June 26, 2021, Respondent then prescribed the aforementioned oxycodone HCL-  
26 acetaminophen.

27 30. There are no medical records that correspond with any other prescribing to Patient 2.

28 ///

1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct - Gross Negligence – Pt. 1)**

3 31. The allegations in paragraphs 17 through 24 above are incorporated by reference as if  
4 set out in full.

5 32. Respondent is subject to disciplinary action under section 2234 (b) of the Code, and  
6 Health and Safety Code § 11165.4, in that he committed gross negligence in the care and  
7 treatment of Patient 1.

8 **SECOND CAUSE FOR DISCIPLINE**

9 **(Unprofessional Conduct - Gross Negligence – Pt. 2)**

10 33. The allegations in paragraphs 25 through 30 above are incorporated by reference as if  
11 set out in full.

12 34. Respondent is subject to disciplinary action under section 2234 (b) of the Code, and  
13 Health and Safety Code § 11165.4, in that he committed gross negligence in the care and  
14 treatment of Patient 2.

15 **THIRD CAUSE FOR DISCIPLINE**

16 **(Prescribing Without Examination)**

17 35. The allegations in paragraphs 17 through 30 above are incorporated by reference as if  
18 set out in full.

19 36. Respondent is subject to disciplinary action under sections 2234 and 2242 of the  
20 Code, in that he furnished dangerous drugs without examination to Patient 1 and to Patient 2.

21 **FOURTH CAUSE FOR DISCIPLINE**

22 **(Inadequate and Inaccurate Record Keeping)**

23 37. The allegations in paragraphs 17 through 30 above are incorporated by reference as if  
24 set out in full.

25 38. Respondent is subject to disciplinary action under sections 2234 and 2266 of the  
26 Code, in that he failed to keep adequate and accurate records for either Patient 1 or Patient 2.

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28 ///

1 PRAYER

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


4 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 105033,  
5 issued to Respondent Thomas Solayao Satterwhite, M.D.;

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

8 3. Ordering Respondent Thomas Solayao Satterwhite, M.D., to pay the Board the costs  
9 of the investigation and enforcement of this case, and if placed on probation, the costs of  
10 probation monitoring;

11 4. Taking such other and further action as deemed necessary and proper.

12  
13 DATED: OCT 19 2023

14   
15 REJI VARGHESE  
16 Executive Director  
17 Medical Board of California  
18 Department of Consumer Affairs  
19 State of California  
20 Complainant  
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