

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

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

Jason Joel Emer, M.D.

**Physician's and Surgeon's
Certificate No. A 123791**

Case No.: 800-2021-074219

Respondent.

DECISION

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

This Decision shall become effective at 5:00 p.m. on May 9, 2025.

IT IS SO ORDERED: April 10, 2025.

MEDICAL BOARD OF CALIFORNIA

Michelle A. Bholat, MD

**Michelle A. Bholat, M.D., Chair
Panel A**

1 ROB BONTA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 VLADIMIR SHALKEVICH
Deputy Attorney General
4 State Bar No. 173955
300 So. Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 269-6538
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E-mail: Vladimir.Shalkevich@doj.ca.gov
7 *Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:

12 **JASON JOEL EMER, M.D.**
13 **9201 W. Sunset Blvd., Suite 510**
West Hollywood, CA 90069

14 **Physician's and Surgeon's Certificate**
15 **No. A 123791,**

16 Respondent.

Case No. 800-2021-074219

OAH No. 2024070043

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

17
18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
19 entitled proceedings that the following matters are true:

20 **PARTIES**

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

25 2. Respondent Jason Joel Emer, M.D. (Respondent) is represented in this proceeding by
26 attorneys Peter R. Osinoff, Esq. and Derek F. O'Reilly Jones, Esq., whose address is: 355 South
27 Grand Avenue, Suite 1750, Los Angeles, CA 90071.

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1 3. On or about December 5, 2012, the Board issued Physician's and Surgeon's
2 Certificate No. A 123791 to Jason Joel Emer, M.D. (Respondent). The Physician's and Surgeon's
3 Certificate was in full force and effect at all times relevant to the charges brought in Accusation
4 No. 800-2021-074219, and will expire on December 31, 2026, unless renewed.

5 **JURISDICTION**

6 4. Accusation No. 800-2021-074219 was filed before the Board, and is currently
7 pending against Respondent. The Accusation and all other statutorily required documents were
8 properly served on Respondent on January 4, 2024. Respondent timely filed his Notice of
9 Defense contesting the Accusation.

10 5. A copy of Accusation No. 800-2021-074219 is attached as exhibit A and incorporated
11 herein by reference.

12 6. Respondent and Complainant agree that this Stipulated Settlement and Disciplinary
13 Order will also serve as a final resolution of Medical Board Case Nos. 800-2022-084910 and 800-
14 2024-108578.

15 **ADVISEMENT AND WAIVERS**

16 7. Respondent has carefully read, fully discussed with counsel, and understands the
17 charges and allegations in Accusation No. 800-2021-074219. Respondent has also carefully read,
18 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
19 Disciplinary Order.

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

26 9. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
27 every right set forth above.

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

16. 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. 800-2021-074219 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.

17. 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.

18. 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 123791 issued to Respondent JASON JOEL EMER, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

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

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data

1 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
2 Accusation(s), and any other information that the Board or its designee deems relevant. The
3 program shall require Respondent's on-site participation as determined by the program for the
4 assessment and clinical education and evaluation. Respondent shall pay all expenses associated
5 with the clinical competence assessment program.

6 At the end of the evaluation, the program will submit a report to the Board or its designee
7 which unequivocally states whether the Respondent has demonstrated the ability to practice
8 safely and independently. Based on Respondent's performance on the clinical competence
9 assessment, the program will advise the Board or its designee of its recommendation(s) for the
10 scope and length of any additional educational or clinical training, evaluation or treatment for any
11 medical condition or psychological condition, or anything else affecting Respondent's practice of
12 medicine. Respondent shall comply with the program's recommendations.

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

15 If Respondent fails to enroll, participate in, or successfully complete the clinical
16 competence assessment program within the designated time period, Respondent shall receive a
17 notification from the Board or its designee to cease the practice of medicine within three (3)
18 calendar days after being so notified. The Respondent shall not resume the practice of medicine
19 until enrollment or participation in the outstanding portions of the clinical competence assessment
20 program have been completed. If the Respondent did not successfully complete the clinical
21 competence assessment program, the Respondent shall not resume the practice of medicine until a
22 final decision has been rendered on the accusation and/or a petition to revoke probation. The
23 cessation of practice shall not apply to the reduction of the probationary time period.

24 2. CLINICIAN -PATIENT COMMUNICATION COURSE. Within 60 calendar days
25 of the effective date of this Decision, Respondent shall enroll in the Clinician – Patient
26 Communication Workshop offered by the University of San Diego Physician Assessment and
27 Clinical Education Program (PACE Program) at University of San Diego. Respondent shall
28 participate in and successfully complete that course. Respondent shall provide any information

1 and documents that the PACE Program may deem pertinent.

2 The course shall be taken at Respondent's expense and shall be in addition to the
3 Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

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

28 4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective

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

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

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

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

27 A professionalism program taken after the acts that gave rise to the charges in the
28 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board

1 or its designee, be accepted towards the fulfillment of this condition if the program would have
2 been approved by the Board or its designee had the program been taken after the effective date of
3 this Decision.

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

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

16 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
17 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
18 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
19 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
20 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
21 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
22 signed statement for approval by the Board or its designee.

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

27 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
28 date of this Decision, Respondent shall receive a notification from the Board or its designee to

1 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
2 shall cease the practice of medicine until a monitor is approved to provide monitoring
3 responsibility.

4 The monitor(s) shall submit a quarterly written report to the Board or its designee which
5 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
6 are within the standards of practice of medicine, and whether Respondent is practicing medicine
7 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
8 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
9 preceding quarter.

10 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
11 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
12 name and qualifications of a replacement monitor who will be assuming that responsibility within
13 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
14 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
15 notification from the Board or its designee to cease the practice of medicine within three (3)
16 calendar days after being so notified. Respondent shall cease the practice of medicine until a
17 replacement monitor is approved and assumes monitoring responsibility.

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

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1 7. 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 8. 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 9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
14 ordered to reimburse the Board its costs of investigation (including expert costs) and enforcement
15 in the amount of \$ 46,414.13 (Fourty-Six Thousand Four Hundred and Fourteen Dollars and
16 Thirteen Cents). Costs shall be payable to the Medical Board of California. Failure to pay such
17 costs shall be considered a violation of probation.

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

22 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
23 to repay investigation (including expert costs) and enforcement costs.

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

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

11. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than

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

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

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

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

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

25 14. COMPLETION OF PROBATION. Respondent shall comply with all financial
26 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
27 completion of probation. This term does not include cost recovery, which is due within 30
28 calendar days of the effective date of the Order, or by a payment plan approved by the Medical

1 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
2 shall be fully restored.

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

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

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

25 18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
26 a new license or certification, or petition for reinstatement of a license, by any other health care
27 licensing action agency in the State of California, all of the charges and allegations contained in
28 Accusation No. 800-2021-074219 shall be deemed to be true, correct, and admitted by

Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

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

DATED:

1/31/2025




JASON JOEL EMER, M.D.
Respondent

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

DATED:

01/31/2025



DEREK F. O'REILLY-JONES, 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: February 3, 2025

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General



VLADIMIR SHALKEVICH
Deputy Attorney General
Attorneys for Complainant

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67384084.docx

Exhibit A

Accusation No. 800-2021-074219

1 ROB BONTA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 VLADIMIR SHALKEVICH
Deputy Attorney General
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Attorneys for Complainant
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8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2021-074219

13 **JASON JOEL EMER, M.D.**
14 **9201 W. Sunset Boulevard, Suite 510,**
West Hollywood, California 90069

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate No. A 123791,**

16 **Respondent.**

17 **PARTIES**

18
19 1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as
20 the Executive Director of the Medical Board of California (Board).

21 2. On December 5, 2012, the Board issued Physician's and Surgeon's Certificate
22 Number A 123791 to Jason Joel Emer, M.D. (Respondent). That license was in full force and
23 effect at all times relevant to the charges brought herein and will expire on December 31, 2024,
24 unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code states:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

(1) Have his or her license revoked upon order of the board.

(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

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

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

5. Section 2225 of the Code, states, in pertinent part:

(a) Notwithstanding Section 2263 and any other law making a communication between a physician and surgeon or a doctor of podiatric medicine and his or her patients a privileged communication, those provisions shall not apply to investigations or proceedings conducted under this chapter....

(e) If documents are lawfully requested from licensees in accordance with this section by the Attorney General or his or her agents or deputies, or investigators of the board or the California Board of Podiatric Medicine, the documents shall be provided within 15 business days of receipt of the request, unless the licensee is unable to provide the documents within this time period for good cause, including, but not limited to, physical inability to access the records in the time allowed due to illness or travel. Failure to produce requested documents or copies thereof, after being informed of the required deadline, shall constitute unprofessional conduct. The board may use its authority to cite and fine a physician and

1 surgeon for any violation of this section. This remedy is in addition to any other authority
2 of the board to sanction a licensee for a delay in producing requested records.

3 6. Section 2225.5 of the Code, states, in pertinent part:

4 (a) (1) A licensee who fails or refuses to comply with a request for the certified medical
5 records of a patient, that is accompanied by that patient's written authorization for release
6 of records to the board, within 15 days of receiving the request and authorization, shall pay
7 to the board a civil penalty of one thousand dollars (\$1,000) per day for each day that the
8 documents have not been produced after the 15th day, up to ten thousand dollars (\$10,000),
9 unless the licensee is unable to provide the documents within this time period for good
10 cause...

11 7. Section 2234 of the Code, states:

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

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

17 (b) Gross negligence.

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

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

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

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1 8. Section 2242 of the Code states in pertinent part:

2 (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section
3 4022 without an appropriate prior examination and a medical indication, constitutes
4 unprofessional conduct.

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

8 **COST RECOVERY**

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

15 **FACTUAL ALLEGATIONS**

16 11. On January 8, 2021, the Board received a Business and Professions Code section
17 2240 report from Respondent, informing the Board about Patient 1's¹ death on December 22,
18 2020.

19 12. Patient 1, a 36-year-old male who was a resident of Florida, was interested in having
20 cosmetic surgery, and after seeing Respondent's promotions on Instagram, contacted Respondent
21 at his office in Beverly Hills, California.

22 13. Respondent had a virtual consultation with Patient 1 on or about August 26, 2020.
23 Respondent's consultation note from that date is mostly blank, and does not include Patient 1's
24 weight, but Respondent did document that Patient 1 was interested in "HD Lipo," that Patient 1
25 has had three prior back surgeries and was not able to work out as much, and also that Patient 1
26 "has never had done surgery" and wanted "full definition." Respondent documented in the

27 ¹ The patient is referenced by number for privacy reasons. Respondent is aware of the
28 patient's identity, and further identifying information will be provided in response to a written
 Request for Discovery.

1 margins of the consultation note that Patient 1 was planning to have cosmetic surgery at the end
2 of September or November, 2020, but that he was first going to have a knee surgery on October
3 15, before undergoing the cosmetic surgery with Respondent. Respondent's "immediate plan"
4 was documented as "Lipo to torso and chest, J-plasma – all areas and fat grafting chest and
5 buttock."

6 14. Patient 1 agreed to pay approximately \$50,000 for the procedure before discounts,
7 and paid an approximately \$10,000 deposit, on or about September 24, 2020.

8 15. Respondent's internal office communications on or about September 24, 2020
9 contained a "breakdown of the planned procedure in detail." Respondent, or his office staff,
10 recorded that two surgeons would be involved in the operation. Respondent would perform
11 "High Def Lipo of the Torso, Chest, & Arms. J Plasma of the Torso, Chest, & Arms. Bodytite to
12 the sides of chest. Fat transfer to the Buttock, Chest, & Possible shoulder." This part of the
13 operation was estimated at that time to take six hours. A second surgeon was estimated to take
14 two hours to perform a "Nipple Lift and Gland Removal."

15 16. Thereafter, Respondent's surgical coordinator sent Patient 1 a letter advising him,
16 among other things:

17 "...Prior to surgery you are required to be medically cleared by a cardiologist. You will
18 need to schedule your pre-operative clearance with one of Dr. Emer's preferred
19 cardiologists (please see below). Your surgical clearance must be completed within 30 days
20 of your surgery date, not before. ALL surgeries require a written surgical clearance letter
21 from the cardiologist in order to proceed with surgery. The letter must state that, 'patient is
22 cleared for surgery based on my findings and Is at no or Is low-risk for: (procedure and
23 surgery date.)' A copy of the medical clearance must be received no later than 2 weeks
24 prior to your surgery date..."

25 17. On or about December 10, 2020, a cardiologist from Florida FAXed to Respondent a
26 report that constituted Patient 1's cardiac clearance for surgery. Respondent did not create and/or
27 maintain any record of making this referral. The cardiac clearance indicated that the cardiologist
28 was aware that Patient 1 was going to undergo cosmetic surgery, but it does not appear that the
cardiologist was informed about the extent or duration of the planned cosmetic surgery. This
information was not provided to the cardiologist, and was not described in his report. Instead, the

1 cardiologist indicated that Patient 1 “does have problems with his knee and was going to have
2 knee surgery in October. He changed his mind and now going for a calf implant.”

3 18. The cardiologist noted that Patient 1 had a significant history of hypertension and was
4 taking Amlodipine, Clonidine HCl and Metoprolol to control his blood pressure. The blood
5 pressure was under “fair to poor control” and was measured at 160/100 by the cardiologist.
6 Patient 1 had a history of obesity (he weighed 339 pounds according to the cardiologist’s report)
7 and has been gaining weight. Patient 1’s active problems included high blood pressure and heart
8 palpitations. The review of systems by the cardiologist included a statement that there were no
9 palpitations. Respondent never clarified this inconsistency. The cardiac exam noted findings that
10 included an EKG that showed a left axis deviation, indicating left ventricular enlargement, and an
11 RSR pattern, considered a normal variant. Laboratory evaluation revealed a significant elevation
12 in the patient’s triglycerides of 2177 (normal to 150), with his cholesterol/HDL ratio elevated at
13 14.4 (normal <5) and his non-HDL cholesterol elevated at 188 (normal <130). Patient 1’s
14 glucose was elevated at 149 (normal 65-99). His liver function tests for AST and ALT were both
15 elevated. The cardiologist’s report concluded that after Patient 1 had been examined and the labs
16 reviewed, his risk was “low for surgery under local or general,” and that Patient 1 was “clear for
17 the pending surgery with no contraindications to anesthesia or the surgery.” He strongly advised
18 Patient 1 to control his appetite.

19 19. On or about December 21, 2020, Patient 1 traveled from Florida to Beverly Hills and
20 had his preoperative visit with Respondent. Patient 1 filled out a patient intake form at
21 Respondent’s office on December 21, 2020, indicating that he was 6 feet 5 inches tall and
22 weighed 305 lbs. Other than this self-reported height and weight, both of which were inaccurate,
23 Respondent did not obtain and did not record Patient 1’s height and weight anywhere else in his
24 records. Respondent noted in the chart that Patient 1 had knee surgeries in 2000 and 2010, as
25 well as back surgeries in 2010 and 2019. Respondent also noted that Patient 1 had a lap-band
26 placement surgery, but did not note how long ago that surgery took place. Respondent noted,
27 inaccurately, that Patient 1 “has been told he has ‘high blood pressure’ although his physician has
28 cleared him for complex cosmetic procedures.”

1 20. Respondent examined Patient 1 on December 21, 2021. Respondent documented that
2 "Physical examination confirmed significant skin laxity of the chest and lower stomach; localized
3 areas of fat on the torso/sides/back, chest, and arms; cellulite of the buttock; Indentations and
4 Irregularities on the lower stomach with "port" felt above the belly button; softness to palpation in
5 the belly button; and volume loss of the shoulders, chest, buttock and penis (penis uncircumsized
6 [sic] with enlarged mons pubis and small size in length and girth); multiple small scars
7 appreciated on the torso; hardness behind the nipples (gynecomastia) L>>R; enlarged belly with
8 significant projection signifying a large amount of visceral fat or muscular splitting."

9 21. Respondent further documented on December 21, 2020, "It was stressed that this full
10 comprehensive plan written below was needed to get him 'improvement,' but that 'cure' or
11 'perfection' would be unattainable. If he was not to choose this full comprehensive plan we
12 cannot guarantee any improved outcome." The recommended procedures were expanded to
13 include: "tummy tuck, chest lift and gland removal, liposuction of all areas with definition on the
14 chest and arms". Respondent noted softness on palpation in the belly button, and volume loss of
15 the shoulders, chest, buttock, and penis. In addition to liposuction of torso and chest, Respondent
16 added suctioning of the arms, with J Plasma/Renuvion treatment for skin tightening, Body Tite
17 (another radio-frequency device) treatment to the lateral chest wall skin, and fat transfer to the
18 buttocks, shoulders, chest and penis. Respondent planned to have a second surgeon perform the
19 umbilical hernia repair, abdominoplasty, gynecomastia excision, and breast lift. Respondent also
20 signed Patient 1 up for postoperative IV therapy, lymphatic massage, and hyperbaric oxygen
21 treatments.

22 22. On the day before surgery, Respondent prescribed antibiotics Azithromycin 500 mg
23 daily and Doxycycline 100 mg twice daily for Patient 1 to take post-operatively. Both
24 Azithromycin and Doxycycline are dangerous drugs under section 4022 of the Code, and there
25 was no medical indication for their use. Respondent did not document why this medication was
26 prescribed.

27 23. On the day before surgery, Respondent prescribed Amphetamine /
28 Dextroamphetamine, a stimulant known as Adderall, a Schedule II controlled substance and a

1 dangerous drug under section 4022 of the Code, for Patient 1 to take 20 mg daily for 30 days,
2 with no medical indication for doing so. In prescribing Adderall to Patient 1, Respondent also
3 failed to comply and/or document his compliance with Health and Safety Code section 11165.4.

4 24. On the day before surgery, Respondent prescribed Diazepam, a benzodiazepine
5 known as Valium, a Schedule IV controlled substance and a dangerous drug under section 4022
6 of the Code, for Patient 1 to take 10 mg twice a day for 15 days, with no medical indication for
7 doing so. In prescribing Valium to Patient 1, Respondent also failed to comply and/or document
8 his compliance with Health and Safety Code section 11165.4. Respondent did not document why
9 this medication was prescribed, or that Patient 1 was advised that the prescription was for off-
10 label use.

11 25. On the day before surgery, Respondent prescribed Patient 1 a 30-day supply of
12 hydrochlorothiazide, an exogenous diuretic, 25 mg to take after surgery. Hydrochlorothiazide is a
13 dangerous drug under section 4022 of the Code. Patient 1 was already being prescribed
14 medications to control his blood pressure, and there was no medical indication for
15 hydrochlorothiazide, which could have unpredictable effects on Patient 1's blood pressure.
16 Respondent did not discuss or document a discussion of the use of this medication with Patient 1
17 or with Patient 1's physician who prescribed blood pressure medications to Patient 1 before.
18 Respondent did not advise Patient 1 to supplement his potassium intake and made no plans to
19 monitor Patient 1's potassium after the surgery.

20 26. Patient 1 signed all of the consents presented to him by Respondent, including,
21 inexplicably, a consent for liposuction of his penis. The surgery time for all of these planned
22 procedures was estimated to be at least 8 hours. All of the consents listed alternative treatment
23 options, but none of these written consents, and none of Respondent's notes, documented
24 informing Patient 1 of the alternative to stage, or separate, the planned procedures into separate
25 surgeries on different days, for patient safety. Respondent documented that Patient 1 "wants to
26 do 'the full procedure of what I tell him to do' and get the best look for his body." Respondent
27 further documented that Patient 1 "decided to move forward with the full recommended plan."
28

1 27. Respondent took Patient 1 to surgery, now estimated to take 10 hours, the next day,
2 on December 22, 2020. Respondent's Operative Report and other medical records documented
3 that Patient 1 was digitally photographed prior to the operation. During the investigation of this
4 matter, the Board requested a complete, certified copy of Respondent's records for Patient 1. The
5 request was accompanied by an authorization by the patient's next of kin – his mother.
6 Respondent failed to produce complete copies of his records, as he omitted the photographs from
7 the documents provided to the Board.

8 28. On the pre-op checklist, Patient 1's weight was listed, again inaccurately, at 300
9 pounds, and his blood pressure was recorded at 152/89. The nurse documented that she
10 "confirmed with patient that he is only taking metoprolol and is not taking all other meds from
11 current med list." Respondent did not react to the information showing that Patient 1 was not
12 taking two of the three blood pressure medications that were prescribed to him by his primary
13 care physician.

14 29. Respondent's portion of Patient 1's operation on December 22, 2020 began at 6:50
15 a.m. with induction of anesthesia, and lasted more than six hours. Large portions of Respondent's
16 Operative Report are generated from an existing pre-written form, which did not include
17 important details, such as a precise description of Patient 1's body where liposuction was
18 performed. Respondent documented that he infiltrated tumescent anesthesia, which the Surgical
19 Tracking Log and other records state consisted of Lactated Ringer's solution to which 10 ml of
20 2% lidocaine, 2 mg of epinephrine, and 10 mg of triamcinolone were added per liter.
21 Respondent's canned procedure note stated that the basis for the tumescent solution was normal
22 saline. Respondent never clarified this inconsistency. Once the back and arm liposuction/fat
23 transfer were completed, Patient 1 was turned supine, prepped, and again infiltrated with
24 tumescent solution. Total tumescent fluid infiltrated is recorded as 8000 ml. The 16 mg of
25 epinephrine Respondent infused into Patient 1 represents 0.1mg/kg, well above what is
26 considered a maximum safe dose, especially for a patient suffering from hypertension.

27 30. For small volumes of tumescent infiltration, the 4 milliequivalents (meq) of
28 Potassium contained per liter of Lactated Ringer's does not add significant risk. However, for

1 larger volume infiltrations, the amount of Potassium can become problematic. Patient 1's 8 liters
2 of tumescent solution infused by Respondent contained 32 meq of Potassium. Patient 1 also
3 received, in total, 6.2 liters of IV Lactated Ringer's for a total of almost 57 meq of Potassium,
4 which is an unsafe level.

5 31. Respondent's tumescent formula included 10 mg triamcinolone/liter. Patient 1 was
6 thus infiltrated with 80 mg of this steroid. The use of the triamcinolone in Patient 1's tumescent
7 solution was not indicated.

8 32. The total lipoaspirate removed was recorded as 5700 ml. The excessive level of
9 tumescent fluid infiltrated by Respondent, together with the intravenous fluid infused by
10 anesthesia, caused Patient 1 to be significantly fluid – overloaded. Patient 1's body weight during
11 the autopsy was 362 pounds in comparison to the 339 pounds reported by the cardiologist from
12 Florida. The excess fluid infused by Respondent weighed over 21 pounds.

13 33. Respondent completed his portion of the surgery at 1:45 pm, and the remainder of the
14 operation was performed by a second surgeon. The other surgeon started with the gynecomastia
15 excision and breast lift surgery, proceeded to the umbilical hernia repair, and then the mini-
16 abdominoplasty. Patient 1 was then flexed at the waist to reduce the tension while the abdominal
17 skin closure was performed. When Patient 1's position was changed from supine to "reverse
18 Trend" at approximately 4:00 p.m., Patient 1 developed bradycardia and then cardiac arrest. The
19 attending anesthesiologist administered Atropine and began CPR. Two additional 1 mg
20 epinephrine boluses were administered. Fire Department Paramedics were called, but despite
21 their efforts, which included additional epinephrine, Patient 1 could not be revived. His death
22 was pronounced at 4:19 p.m.

23 FIRST CAUSE FOR DISCIPLINE

24 (Gross Negligence)

25 34. Respondent Jason Joel Emer, M.D. is subject to disciplinary action under section
26 22334, subdivision (b) of the Code in that he committed gross negligence in the care and
27 treatment of Patient 1. The circumstances are as follows:

28 35. The allegations of paragraphs 11 through 33 are incorporated herein by reference.

A) Respondent's decision to proceed with a prolonged elective surgery involving general anesthesia in a morbidly obese and hypertensive patient, without attempting to mitigate the modifiable risk factors, including staging of the operative procedures, constitutes an extreme departure from the standard of care.

B) Respondent's administering more than the safe maximum amount of epinephrine to Patient 1 constitutes an extreme departure from the standard of care.

C) Administering the amount of fluid to Patient 1 and causing him to be fluid overloaded was an extreme departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

36. Respondent Jason Joel Emer, M.D. is subject to disciplinary action under section 2234, subdivision (c) of the Code in that he committed repeated acts of negligence in the care and treatment of Patient 1. The circumstances are as follows:

37. The allegations of the First Cause for Discipline are incorporated herein by reference. In addition to the allegations in paragraph 35, A through C, Respondent departed from the standard of care as follows:

A) Respondent's belief and corresponding statement that the Florida cardiologist cleared Patient 1 for "complex cosmetic procedures" is inaccurate and is a departure from the standard of care.

B) Respondent's use of Lactated Ringer's as the basis for tumescent solution used on Patient 1 was a departure from the standard of care.

C) Respondent's inclusion of 10 mg of triamcinolone per liter of tumescent solution was a departure from the standard of care.

D) Respondent's prescription of Azithromycin and Doxycycline to Patient 1 to take after the surgery was a departure from the standard of care.

E) Respondent's prescription of Hydrochlorothiazide to Patient 1 to take after the surgery was a departure from the standard of care.

1 F) Respondent's prescription of Adderall to Patient 1 to take after the surgery was
2 a departure from the standard of care.

3 G) Respondent's prescription of Valium to Patient 1 to take after the surgery was a
4 departure from the standard of care.

5 H) Respondent's failure to include Patient 1's photographs when responding to the
6 Board's request for Patient 1's records was a departure from the standard of care.

7 **THIRD CAUSE FOR DISCIPLINE**

8 **(Inadequate or Inaccurate Record Keeping)**

9 38. Respondent Jason Joel Emer, M.D. is subject to disciplinary action under section
10 2266 of the Code in that his records of his care and treatment of Patient 1 were inadequate or
11 inaccurate. The circumstances are as follows:

12 39. The allegations of the First and Second Causes for Discipline are incorporated herein
13 by reference.

14 **FOURTH CAUSE FOR DISCIPLINE**

15 **(Prescribing Controlled Substances and Dangerous Drugs Without Medical Indication)**

16 40. Respondent Jason Joel Emer, M.D. is subject to disciplinary action under section
17 2242 of the Code in that he prescribed controlled substances and dangerous drugs to Patient 1
18 without medical indication. The circumstances are as follows:

19 41. The allegations of the First, Second and Third Causes for Discipline are incorporated
20 herein by reference.

21 **FIFTH CAUSE FOR DISCIPLINE**

22 **(Failure To Produce Complete Records)**

23 42. Respondent Jason Joel Emer, M.D. is subject to disciplinary action under section
24 2225 and 2225.5 of the Code in that he failed to produce Patient 1's complete certified medical
25 records in response to a request from the Board that was accompanied by a release from Patient
26 1's next-of-kin. The circumstances are as follows:

27 38. Allegations of paragraphs 11 through 33 are incorporated herein by reference.

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 123791,
5 issued to Respondent, Jason Joel Emer, M.D.;

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

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

11 4. Ordering Respondent Jason Joel Emer, M.D., to pay a civil penalty to the Board in
12 the amount of \$10,000 for his failure to produce a complete certified copy of Patient 1's medical
13 records.

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

15
16 DATED: JAN 04 2024

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

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19 *Complainant*

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