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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. 800-2022-088974

13 **RICHARD SHUNAN CHANG, M.D.**
11770 San Vicente Blvd.
Los Angeles, CA 90049-5010

DEFAULT DECISION AND ORDER

[Gov. Code, §11520]

14 **Physician's and Surgeon's**
15 **Certificate No. A 73466,**

Respondent.

16 **FINDINGS OF FACT**

17
18 1. On or about September 9, 2024, Complainant Reji Varghese, in his official capacity
19 as the Executive Director of the Medical Board of California ("Board"), Department of Consumer
20 Affairs, filed Accusation No. 800-2022-088974 against Richard Shunan Chang, M.D.
21 ("Respondent") before the Board.

22 2. On or about November 16, 2000, the Board issued Physician's and Surgeon's
23 Certificate No. A 73466 to Respondent. The Physician's and Surgeon's Certificate was in full
24 force and effect at all times relevant to the charges brought herein and will expire on February 28,
25 2026, unless renewed. A true and correct copy of a Certificate of Licensure for Respondent,
26 including his address of record with the Board, is attached as Exhibit A to the simultaneously
27 submitted Default Decision Evidence Packet ("Evidence Packet"). The Evidence Packet is
28

hereby incorporated by reference, in its entirety, as if fully set forth herein.¹

3. On or about September 9, 2024, Vang Her, an employee of the Board, served by Certified Mail (tracking number 7021 1970 0001 3928 3700) and First-Class Mail a copy of Accusation No. 800-2022-088974, Statement to Respondent, Notice of Defense (two copies), Request for Discovery, and Government Code sections 11507.5, 11507.6, and 11507.7 to Respondent's address of record with the Board, which was and is 11770 San Vicente Blvd., Los Angeles, CA 90049-5010. A copy of the Accusation, the related documents, and Declaration of Service are attached as **Exhibit B** to the Evidence Packet.

4. Service of the Accusation was effective as a matter of law under the provisions of Government Code section 11505, subdivision (c).

5. Government Code section 11506 states, in pertinent part:

(c) The respondent shall be entitled to a hearing on the merits if the respondent files a notice of defense, and the notice shall be deemed a specific denial of all parts of the accusation not expressly admitted. Failure to file a notice of defense shall constitute a waiver of respondent's right to a hearing, but the agency in its discretion may nevertheless grant a hearing.

6. Respondent failed to file a Notice of Defense within fifteen (15) days after service upon him of the Accusation, and therefore waived his right to a hearing on the merits of Accusation No. 800-2022-088974.

7. Government Code section 11520 states, in pertinent part:

(a) If the respondent either fails to file a notice of defense or to appear at the hearing, the agency may take action based upon the respondent's express admissions or upon other evidence and affidavits may be used as evidence without any notice to respondent.

8. Business and Professions Code ("Code") section 125.3 states, in pertinent part:

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

9. On October 14, 2024, an employee of the Attorney General's office, counsel for Complainant, served via certified mail (tracking number 9414 7266 9904 2210 1545 92) a

¹ All exhibits are true and correct copies of the originals.

1 Courtesy Notice of Default and courtesy copies of Accusation No. 800-2022-088974, Statement
2 to Respondent, Notice of Defense (two copies), Request for Discovery, and Government Code
3 sections 11507.5, 11507.6, 11507.7 to Respondent's address of record with the Board, which was
4 and is 11770 San Vicente Blvd., Los Angeles, CA 90049-5010. A true and correct copy of said
5 Courtesy Notice of Default and attachments and declaration of service are attached as **Exhibit C**
6 to the Evidence Packet.

7 10. To date, Respondent has not submitted a Notice of Defense to the Board or its
8 counsel of record in this matter. (Declaration of Deputy Attorney General Christina Sein Goot,
9 **Exhibit D** to the Evidence Packet.)

10 11. Section 2234 of the Code states:

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

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

15 (b) Gross negligence.

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

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

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

23 (d) Incompetence.

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

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

27 (g) The failure by a certificate holder, in the absence of good cause, to attend
28 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.

1 12. Section 2238 of the Code states: A violation of any federal statute or federal
2 regulation or any of the statutes or regulations of this state regulating dangerous drugs or
3 controlled substances constitutes unprofessional conduct.

4 13. Section 2239 of the Code states:

5 (a) The use or prescribing for or administering to himself or herself, of any
6 controlled substance; or the use of any of the dangerous drugs specified in Section
7 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous
8 or injurious to the licensee, or to any other person or to the public, or to the extent that
9 such use impairs the ability of the licensee to practice medicine safely or more than
one misdemeanor or any felony involving the use, consumption, or self-
administration of any of the substances referred to in this section, or any combination
thereof, constitutes unprofessional conduct. The record of the conviction is conclusive
evidence of such unprofessional conduct.

10 (b) A plea or verdict of guilty or a conviction following a plea of nolo
11 contendere is deemed to be a conviction within the meaning of this section. The
12 Division of Medical Quality may order discipline of the licensee in accordance with
13 Section 2227 or the Division of Licensing may order the denial of the license when
14 the time for appeal has elapsed or the judgment of conviction has been affirmed on
15 appeal or when an order granting probation is made suspending imposition of
16 sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of
the Penal Code allowing such person to withdraw his or her plea of guilty and to enter
a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation,
complaint, information, or indictment.

17 14. Section 2242 of the Code states:

18 (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section
19 4022 without an appropriate prior examination and a medical indication, constitutes
20 unprofessional conduct. An appropriate prior examination does not require a
21 synchronous interaction between the patient and the licensee and can be achieved
22 through the use of telehealth, including, but not limited to, a self-screening tool or a
23 questionnaire, provided that the licensee complies with the appropriate standard of
24 care.

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

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

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

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

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

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

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

15. Section 2263 of the Code states: The willful, unauthorized violation of professional confidence constitutes unprofessional conduct.

16. Section 4022 of the Code states:

"Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in humans or animals, and includes the following:

(a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without prescription," "Rx only," or words of similar import.

(b) Any device that bears the statement: "Caution: federal law restricts this device to sale by or on the order of a _____," "Rx only," or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006

17. Section 2266 of the Code states: The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients for at least seven years after the last date of service to a patient constitutes unprofessional conduct.

18. Section 741 of the Code states:

(a) Notwithstanding any other law, when prescribing an opioid or benzodiazepine medication to a patient, a prescriber shall do the following:

(1) Offer the patient a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression when one or more of the following conditions are present:

(A) The prescription dosage for the patient is 90 or more morphine milligram equivalents of an opioid medication per day.

(B) An opioid medication is prescribed within a year from the date a prescription for benzodiazepine has been dispensed to the patient.

(C) The patient presents with an increased risk for opioid overdose, including

1 a patient with a history of opioid overdose, a patient with a history of opioid use
2 disorder, or a patient at risk for returning to a high dose of opioid medication to
3 which the patient is no longer tolerant.

4 (2) Consistent with the existing standard of care, provide education to the
5 patient on opioid overdose prevention and the use of naloxone hydrochloride or
6 another drug approved by the United States Food and Drug Administration for the
7 complete or partial reversal of opioid-induced respiratory depression.

8 (3) Consistent with the existing standard of care, provide education on opioid
9 overdose prevention and the use of naloxone hydrochloride or another drug
10 approved by the United States Food and Drug Administration for the complete or
11 partial reversal of opioid-induced respiratory depression to one or more persons
12 designated by the patient, or, for a patient who is a minor, to the minor's parent or
13 guardian.

14 (b) A prescriber is not required to provide the education specified in paragraphs
15 (2) or (3) of subdivision (a) if the patient receiving the prescription declines the
16 education or has received the education within the past 24 months.

17 (c) This section does not apply to a prescriber under any of the following
18 circumstances:

19 (1) When prescribing to an inmate or a youth under the jurisdiction of the
20 Department of Corrections and Rehabilitation or the Division of Juvenile Justice
21 within the Department of Corrections and Rehabilitation.

22 (2) When ordering medications to be administered to a patient while the
23 patient is in either an inpatient or outpatient setting.

24 (3) When prescribing medications to a patient who is terminally ill, as defined
25 in subdivision (c) of Section 11159.2 of the Health and Safety Code.

26 19. Section 11165.4 of the Health and Safety Code states, in pertinent part:

27 (a)(1)(A)(i) A health care practitioner authorized to prescribe, order, administer,
28 or furnish a controlled substance shall consult the patient activity report or
information from the patient activity report obtained from the CURES database to
review a patient's controlled substance history for the past 12 months before
prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the
patient for the first time and at least once every six months thereafter if the prescriber
renews the prescription and the substance remains part of the treatment of the patient.

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

(iii) A health care practitioner who did not directly access the CURES database
to perform the required review of the controlled substance use report shall document

1 in the patient's medical record that they reviewed the CURES database generated
2 report within 24 hours of the controlled substance prescription that was provided to
3 them by another authorized user of the CURES database.

4 (B) For purposes of this paragraph, "first time" means the initial occurrence in
5 which a health care practitioner, in their role as a health care practitioner, intends to
6 prescribe, order, administer, or furnish a Schedule II, Schedule III, or Schedule IV
7 controlled substance to a patient and has not previously prescribed a controlled
8 substance to the patient.

9 (2) A health care practitioner shall review a patient's controlled substance
10 history that has been obtained from the CURES database no earlier than 24 hours, or
11 the previous business day, before the health care practitioner prescribes, orders,
12 administers, or furnishes a Schedule II, Schedule III, or Schedule IV controlled
13 substance to the patient.

14

15 20. Section 2305 of the Code states:

16 The revocation, suspension, or other discipline, restriction, or limitation
17 imposed by another state upon a license or certificate to practice medicine issued by
18 that state, or the revocation, suspension, or restriction of the authority to practice
19 medicine by any agency of the federal government, that would have been grounds for
20 discipline in California of a licensee under this chapter, shall constitute grounds for
21 disciplinary action for unprofessional conduct against the licensee in this state.

22 21. Pursuant to its authority under Government Code section 11520, the Board finds
23 Respondent is in default. The Board will take action without further hearing and, based on
24 Respondent's express admissions by way of default and the evidence before it, contained in
25 **Exhibits B through H**, finds that the allegations in Accusation No. 800-2022-088974 are true.

26 **DETERMINATION OF ISSUES**

27 1. Based on the foregoing findings of fact, Respondent Richard Shunan Chang, M.D.
28 has subjected his Physician's and Surgeon's Certificate No. A 73466 to discipline.

2. A copy of the Accusation and the related documents and Declaration of Service are
attached as **Exhibit B** to the Evidence Packet.

3. The Board has jurisdiction to adjudicate this case by default.

4. Pursuant to Business and Professions Code section 125.3, the Board is authorized to
order Respondent to pay the Board the reasonable costs of investigation and enforcement of the
case prayed for in the Accusation, which total \$46,480.50, based on the Certification of Costs
attached as **Exhibit I** to the Evidence Packet.

1 5. The Medical Board of California is authorized to revoke Respondent's Physician's and
2 Surgeon's Certificate based upon the following violations alleged in the Accusation:

3 a. Respondent breached the confidentiality of the protected health information of
4 three patients by allowing an unknown female, who was not employed by the company for which
5 Respondent worked, to navigate through that company's internal system and access each of the
6 patient's medical records. (Declaration of Expert, **Exhibit F** to Evidence Packet.)

7 b. Respondent self-prescribed controlled substances on six occasions and
8 prescribed controlled substances to other individuals on nine occasions in violation of the Code.
9 (Declaration of Expert, **Exhibit F** to Evidence Packet.)

10 c. Respondent committed repeated negligent acts through his actions set forth in
11 paragraphs 5(a) and (b) above. (Declaration of Expert, **Exhibit F** to Evidence Packet.)

12 d. Respondent failed to maintain adequate and accurate records relating to the
13 provision of medical services to four individuals for whom he wrote prescriptions for controlled
14 substances. (Declaration of Expert, **Exhibit F** to Evidence Packet.)

15 e. Respondent prescribed controlled substances to himself and to four individuals
16 without appropriate prior examinations and/or medical indications. (Declaration of Expert,
17 **Exhibit F** to Evidence Packet.)

18 f. Respondent failed to offer a patient to whom he had prescribed a
19 benzodiazepine concurrently with an opioid, a prescription for naloxone hydrochloride or another
20 drug for the complete or partial reversal of opioid-induced respiratory depression. (See
21 Declaration of Expert, **Exhibit F** to Evidence Packet.)

22 g. Respondent failed to consult the CURES database to review a patient's
23 controlled substance history before he prescribed Schedule II and Schedule IV controlled
24 substances to that patient. (Declaration of Expert, **Exhibit F** to Evidence Packet.)

25 h. Respondent's medical license was disciplined in the states of Maryland and
26 New York. (**Exhibits G and H** to Evidence Packet.)

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28 ///

ORDER

IT IS SO ORDERED that Physician's and Surgeon's Certificate No. A 73466, heretofore issued to Respondent Richard Shunan Chang, M.D., is revoked.

Respondent Richard Shunan Chang, M.D. is ordered to pay the Board the costs of the investigation and enforcement of this case in the amount of \$46,480.50. The filing of bankruptcy by Respondent shall not relieve Respondent of his responsibility to reimburse the Board for its costs. Respondent's Physician's and Surgeon's License may not be renewed or reinstated unless all costs ordered under Business and Professions Code section 125.3 have been paid.

If Respondent ever files an application for re-licensure or reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed.

Pursuant to Government Code section 11520, subdivision (c), Respondent may serve a written motion requesting that the Decision be vacated and stating the grounds relied on within seven (7) days after service of the Decision on Respondent. The Board in its discretion may vacate the Decision and grant a hearing on a showing of good cause, as defined in the statute.

This Decision shall become effective at 5:00 p.m. on **APR 28 2025**.

It is so ORDERED **APR 15 2025**



REJI VARGHESE
Executive Officer
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

LA2023601965

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

11 In the Matter of the Accusation Against:

Case No. 800-2022-088974

12 **RICHARD SHUNAN CHANG, M.D.**
13 **11770 San Vicente Blvd.**
Los Angeles, CA 90049-5010

A C C U S A T I O N

14 **Physician's and Surgeon's Certificate**
15 **No. A 73466,**

Respondent.

16
17 **PARTIES**

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

21 2. On or about November 16, 2000, the Board issued Physician's and Surgeon's
22 Certificate Number A 73466 to Richard Shunan Chang, M.D. (Respondent). The Physician's and
23 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
24 herein and will expire on February 28, 2026, unless renewed.

25 **JURISDICTION**

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

4. Section 2004 of the Code states:

The board shall have the responsibility for the following:

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

(b) The administration and hearing of disciplinary actions.

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

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

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

(f) Approving undergraduate and graduate medical education programs.

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

(h) Issuing licenses and certificates under the board's jurisdiction.

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

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

STATUTORY PROVISIONS

6. Section 2234 of the Code states:

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

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

(b) Gross negligence.

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

(1) An initial negligent diagnosis followed by an act or omission medically

appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the 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.

7. Section 2238 of the Code states: A violation of any federal statute or federal regulation or any of the statutes or regulations of this state regulating dangerous drugs or controlled substances constitutes unprofessional conduct.

8. Section 2239 of the Code states:

(a) The use or prescribing for or administering to himself or herself, of any controlled substance; or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous or injurious to the licensee, or to any other person or to the public, or to the extent that such use impairs the ability of the licensee to practice medicine safely or more than one misdemeanor or any felony involving the use, consumption, or self-administration of any of the substances referred to in this section, or any combination thereof, constitutes unprofessional conduct. The record of the conviction is conclusive evidence of such unprofessional conduct.

(b) A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The Division of Medical Quality may order discipline of the licensee in accordance with Section 2227 or the Division of Licensing may order the denial of the license when the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code allowing such person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment.

9. Section 2242 of the Code states:

(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct. An appropriate prior examination does not require a

1 synchronous interaction between the patient and the licensee and can be achieved
2 through the use of telehealth, including, but not limited to, a self-screening tool or a
questionnaire, provided that the licensee complies with the appropriate standard of
care.

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

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

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

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

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

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

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

18 10. Section 2263 of the Code states: The willful, unauthorized violation of professional
19 confidence constitutes unprofessional conduct.

20 11. Section 4022 of the Code states:

21 "Dangerous drug" or "dangerous device" means any drug or device unsafe for
22 self-use in humans or animals, and includes the following:

23 (a) Any drug that bears the legend: "Caution: federal law prohibits dispensing
without prescription," "Rx only," or words of similar import.

24 (b) Any device that bears the statement: "Caution: federal law restricts this
25 device to sale by or on the order of a _____," "Rx only," or words of similar import,
the blank to be filled in with the designation of the practitioner licensed to use or
26 order use of the device.

27 (c) Any other drug or device that by federal or state law can be lawfully
dispensed only on prescription or furnished pursuant to Section 4006

28 12. Section 2266 of the Code states: The failure of a physician and surgeon to maintain

adequate and accurate records relating to the provision of services to their patients for at least seven years after the last date of service to a patient constitutes unprofessional conduct.

13. Section 741 of the Code states:

(a) Notwithstanding any other law, when prescribing an opioid or benzodiazepine medication to a patient, a prescriber shall do the following:

(1) Offer the patient a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression when one or more of the following conditions are present:

(A) The prescription dosage for the patient is 90 or more morphine milligram equivalents of an opioid medication per day.

(B) An opioid medication is prescribed within a year from the date a prescription for benzodiazepine has been dispensed to the patient.

(C) The patient presents with an increased risk for opioid overdose, including a patient with a history of opioid overdose, a patient with a history of opioid use disorder, or a patient at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant.

(2) Consistent with the existing standard of care, provide education to the patient on opioid overdose prevention and the use of naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression.

(3) Consistent with the existing standard of care, provide education on opioid overdose prevention and the use of naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression to one or more persons designated by the patient, or, for a patient who is a minor, to the minor's parent or guardian.

(b) A prescriber is not required to provide the education specified in paragraphs (2) or (3) of subdivision (a) if the patient receiving the prescription declines the education or has received the education within the past 24 months.

(c) This section does not apply to a prescriber under any of the following circumstances:

(1) When prescribing to an inmate or a youth under the jurisdiction of the Department of Corrections and Rehabilitation or the Division of Juvenile Justice within the Department of Corrections and Rehabilitation.

(2) When ordering medications to be administered to a patient while the patient is in either an inpatient or outpatient setting.

(3) When prescribing medications to a patient who is terminally ill, as defined in subdivision (c) of Section 11159.2 of the Health and Safety Code.

14. Section 11165.4 of the Health and Safety Code states:

1 (a)(1)(A)(i) A health care practitioner authorized to prescribe, order, administer,
2 or furnish a controlled substance shall consult the patient activity report or
3 information from the patient activity report obtained from the CURES database to
4 review a patient's controlled substance history for the past 12 months before
prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the
patient for the first time and at least once every six months thereafter if the prescriber
renews the prescription and the substance remains part of the treatment of the patient.

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

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

13 (B) For purposes of this paragraph, "first time" means the initial occurrence in
14 which a health-care practitioner, in their role as a health care practitioner, intends to
15 prescribe, order, administer, or furnish a Schedule II, Schedule III, or Schedule IV
controlled substance to a patient and has not previously prescribed a controlled
substance to the patient.

16 (2) A health care practitioner shall review a patient's controlled substance
17 history that has been obtained from the CURES database no earlier than 24 hours, or
18 the previous business day, before the health care practitioner prescribes, orders,
administers, or furnishes a Schedule II, Schedule III, or Schedule IV controlled
substance to the patient.

19 (b) The duty to consult the CURES database, as described in subdivision (a),
20 does not apply to veterinarians or pharmacists.

21 (c) The duty to consult the CURES database, as described in subdivision (a),
22 does not apply to a health care practitioner in any of the following circumstances:

23 (1) If a health care practitioner prescribes, orders, or furnishes a controlled
24 substance to be administered to a patient in any of the following facilities or during a
25 transfer between any of the following facilities, or for use while on facility premises:

26 (A) A licensed clinic, as described in Chapter 1 (commencing with Section
27 1200) of Division 2.

28 (B) An outpatient setting, as described in Chapter 1.3 (commencing with
Section 1248) of Division 2.

(C) A health facility, as described in Chapter 2 (commencing with Section
1250) of Division 2.

1 (D) A county medical facility, as described in Chapter 2.5 (commencing with
Section 1440) of Division 2.

2 (E) Another medical facility, including, but not limited to, an office of a health
3 care practitioner and an imaging center.

4 (F) A correctional clinic, as described in Section 4187 of the Business and
5 Professions Code, or a correctional pharmacy, as described in Section 4021.5 of the
Business and Professions Code.

6 (2) If a health care practitioner prescribes, orders, administers, or furnishes a
7 controlled substance in the emergency department of a general acute care hospital and
8 the quantity of the controlled substance does not exceed a nonrefillable seven-day
supply of the controlled substance to be used in accordance with the directions for
use.

9 (3) If a health care practitioner prescribes, orders, administers, or furnishes
10 buprenorphine or other controlled substance containing buprenorphine in the
emergency department of a general acute care hospital.

11 (4) If a health care practitioner prescribes, orders, administers, or furnishes a
12 controlled substance to a patient as part of the patient's treatment for a surgical,
13 radiotherapeutic, therapeutic, or diagnostic procedure and the quantity of the
controlled substance does not exceed a nonrefillable seven-day supply of the
controlled substance to be used in accordance with the directions for use, in any of the
following facilities:

14 (A) A licensed clinic, as described in Chapter 1 (commencing with Section
15 1200) of Division 2.

16 (B) An outpatient setting, as described in Chapter 1.3 (commencing with
Section 1248) of Division 2.

17 (C) A health facility, as described in Chapter 2 (commencing with Section
18 1250) of Division 2.

19 (D) A county medical facility, as described in Chapter 2.5 (commencing with
Section 1440) of Division 2.

20 (E) A place of practice, as defined in Section 1658 of the Business and
21 Professions Code.

22 (F) Another medical facility where surgical procedures are permitted to take
place, including, but not limited to, the office of a health care practitioner.

23 (5) If a health care practitioner prescribes, orders, administers, or furnishes a
24 controlled substance to a patient who is terminally ill, as defined in subdivision (c) of
Section 11159.2.

25 (6)(A) If all of the following circumstances are satisfied:

26 (i) It is not reasonably possible for a health care practitioner to access the
information in the CURES database in a timely manner.

27 (ii) Another health care practitioner or designee authorized to access the
28 CURES database is not reasonably available.

1 (iii) The quantity of controlled substance prescribed, ordered, administered, or
2 furnished does not exceed a nonrefillable seven-day supply of the controlled
3 substance to be used in accordance with the directions for use and no refill of the
4 controlled substance is allowed.

5 (B) A health care practitioner who does not consult the CURES database under
6 subparagraph (A) shall document the reason they did not consult the database in the
7 patient's medical record.

8 (7) If the CURES database is not operational, as determined by the department,
9 or cannot be accessed by a health care practitioner because of a temporary
10 technological or electrical failure. A health care practitioner shall, without undue
11 delay, seek to correct the cause of the temporary technological or electrical failure
12 that is reasonably within the health care practitioner's control.

13 (8) If the CURES database cannot be accessed because of technological
14 limitations that are not reasonably within the control of a health care practitioner.

15 (9) If consultation of the CURES database would, as determined by the health
16 care practitioner, result in a patient's inability to obtain a prescription in a timely
17 manner and thereby adversely impact the patient's medical condition, provided that
18 the quantity of the controlled substance does not exceed a nonrefillable seven-day
19 supply if the controlled substance were used in accordance with the directions for use.

20 (d)(1) A health care practitioner who fails to consult the CURES database, as
21 described in subdivision (a), shall be referred to the appropriate state professional
22 licensing board solely for administrative sanctions, as deemed appropriate by that
23 board.

24 (2) This section does not create a private cause of action against a health care
25 practitioner. This section does not limit a health care practitioner's liability for the
26 negligent failure to diagnose or treat a patient.

27 (e) All applicable state and federal privacy laws govern the duties required by
28 this section.

(f) The provisions of this section are severable. If any provision of this section
or its application is held invalid, that invalidity shall not affect other provisions or
applications that can be given effect without the invalid provision or application.

(g) This section shall become operative on July 1, 2021, or upon the date the
department promulgates regulations to implement this section and posts those
regulations on its internet website, whichever date is earlier.

15. Section 2305 of the Code states:

The revocation, suspension, or other discipline, restriction, or limitation
imposed by another state upon a license or certificate to practice medicine issued by
that state, or the revocation, suspension, or restriction of the authority to practice
medicine by any agency of the federal government, that would have been grounds for
discipline in California of a licensee under this chapter, shall constitute grounds for
disciplinary action for unprofessional conduct against the licensee in this state.

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COST RECOVERY

16. Section 125.3 of the Code states:

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

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

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

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

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(g) (1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

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

(j) This section does not apply to any board if a specific statutory provision in

1 that board's licensing act provides for recovery of costs in an administrative
2 disciplinary proceeding.

3 **FIRST CAUSE FOR DISCIPLINE**

4 **(Repeated Negligent Acts; Violation of Professional Confidence)**

5 17. Respondent is subject to disciplinary action under sections 2234, subdivision (c),
6 and/or 2263 of the Code, in that he committed repeated negligent acts in connection with the
7 practice of medicine. The circumstances are as follows:

8 18. At all times relevant to the allegations herein, Respondent was a licensed physician
9 and surgeon practicing radiology.

10 **Breaching the Confidentiality of Protected Health Information**

11 19. From on or about October 25, 2021 through March 8, 2022, Respondent was
12 employed by a healthcare company ("Company") to review radiological medical necessity
13 claims. Respondent participated in the Company's orientation and learned how to navigate and
14 review cases using the Company's internal software and computerized electronic system.
15 Respondent also completed mandatory work training, including the Health Insurance Portability
16 and Accountability Act of 1996 ("HIPAA") compliance training. Respondent performed his
17 work for the Company remotely, and was issued a Company computer that he used to access the
18 Company's internal system and its patient-members' medical records to make medical
19 determinations of whether to approve or deny medical procedures.

20 20. On or about March 7, 2022, the Company conducted an internal audit of
21 Respondent's work. During the audit, it was discovered that Respondent used the Zoom video
22 platform at the same time he was accessing the Company's internal system to view medical
23 records and/or protected health information of patients. Respondent was observed in a Zoom
24 meeting session with an unknown female who was not a Company employee. Using the Zoom
25 platform, Respondent shared his computer screen with the unknown female, while displaying the
26 protected health information of three of the Company's patient-members, and gave keyboard and
27 mouse control to the unknown female. The unknown female was observed on the video
28 navigating through the Company's internal system while she accessed the medical records of
three patients.

Improper Prescribing of Controlled Substances/Dangerous Drugs

21. During an interview with Board representatives, Respondent admitted that he sometimes prescribes medication to himself or his family members. Respondent stated that he does not document when he prescribes these medications and that he does not have documentation of such prescriptions.

22. During the time period beginning on or about June 3, 2019 through August 31, 2023, Respondent self-prescribed the following controlled substances: (1) zolpidem tartrate,¹ (2) amphetamine aspartate, amphetamine sulfate, D;² and (3) armodafinil.³

23. Respondent obtained these controlled substances via a self-prescription on or about the following dates:

<u>Date Filled by Respondent</u>	<u>Controlled Substance Self-Prescribed</u>
May 17, 2023	Zolpidem Tartrate
June 3, 2023	Amphetamine Aspartate, Amphetamine Sulfate, D
June 30, 2023	Zolpidem Tartrate
August 4, 2023	Zolpidem Tartrate
August 4, 2023	Armodafinil
August 14, 2023	Amphetamine Aspartate, Amphetamine Sulfate, D

24. During the same time period (June 3, 2019 through August 31, 2023), Respondent prescribed the following controlled substances to four different individuals⁴: (1) alprazolam;⁵ (2) hydrocodone bitartrate/acetaminophen;⁶ (3) modafinil.⁷

¹ Zolpidem is a sedative-hypnotic used primarily to treat insomnia. It is a Schedule IV controlled substance and a dangerous drug as defined by Code section 4022.

² Amphetamine is a central nervous system stimulant that affects chemicals in the brain and nerves that contribute to hyperactivity and impulse control. It is a Schedule II controlled substance and a dangerous drug as defined in Code section 4022.

³ Armodafinil is a medication that promotes wakefulness. It is used to treat excessive sleepiness caused by sleep apnea, narcolepsy, or shift work sleep disorder. It is a Schedule IV controlled substance and a dangerous drug as defined by Code section 4022.

⁴ Their names are anonymized to address privacy concerns.

⁵ Alprazolam is a benzodiazepine used to treat anxiety disorders, panic disorders, and anxiety caused by depression. Benzodiazepines are a class of drugs that produce central nervous system (CNS) depression. It is a Schedule IV controlled substance and a dangerous drug as defined by Code section 4022.

⁶ Hydrocodone is a semisynthetic opioid analgesic. It is a Schedule II controlled substance and a dangerous drug as defined in Code section 4022.

⁷ Modafinil is a medication that promotes wakefulness. It is used to treat excessive
(continued...)

1 25. Respondent prescribed alprazolam to Individual 1 on four occasions, on or about
2 October 6, 2021, June 11, 2022, September 7, 2022, and December 21, 2022. He prescribed
3 hydrocodone bitartrate/acetaminophen to Individual 1 on two occasions, on or about June 11,
4 2022 and September 7, 2022.

5 26. Respondent prescribed alprazolam to Individual 2 on one occasion, on or about June
6 6, 2022.

7 27. Respondent prescribed hydrocodone bitartrate/acetaminophen to Individual 3 on one
8 occasion, on or about November 7, 2022.

9 28. Respondent prescribed modafinil to Individual 4 on one occasion, on or about August
10 12, 2020.

11 29. Respondent committed the following repeated negligent acts:

12 a. Respondent breached the confidentiality of the protected health information of
13 three patients by allowing an unknown female, who was not employed by the Company, to
14 navigate through the Company's internal system and access their medical records. Respondent's
15 acts and/or omissions constitute a simple departure from the standard of care for each of the three
16 patients whose protected health information was compromised.

17 b. Respondent self-prescribed controlled substances on six occasions and
18 prescribed controlled substances to other individuals on nine occasions. Except in emergencies, it
19 is not appropriate for physicians to write prescriptions for controlled substances for themselves or
20 immediate family members. There is no evidence that any of the 15 prescriptions for controlled
21 substances written by Respondent for himself or others was under circumstances of an
22 "emergency." Respondent's acts and/or omissions constitute a simple departure from the
23 standard of care for each of the 15 prescriptions for controlled substances written by Respondent
24 for himself or others.

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28 sleepiness caused by sleep apnea, narcolepsy, or shift work sleep disorder. It is a Schedule IV
controlled substance and a dangerous drug as defined by Code section 4022.

37. The allegations of the First Cause for Discipline are incorporated by reference as if fully set forth herein.

38. Respondent prescribed alprazolam to Individual 1 on four occasions, on or about October 6, 2021, June 11, 2022, September 7, 2022, and December 21, 2022. On two of the occasions where he prescribed alprazolam (a benzodiazepine), he also prescribed hydrocodone bitartrate/acetaminophen (an opioid), specifically, on or about June 11, 2022, and September 7, 2022.

39. There is no evidence or documentation that Respondent offered Individual 1 a prescription for naloxone hydrochloride or another drug for the complete or partial reversal of opioid-induced respiratory depression.

SIXTH CAUSE FOR DISCIPLINE

(Violation of Drug Statutes – Failure to Consult CURES)

40. Respondent is subject to disciplinary action under sections 2238 of the Code and 11165.4 of the Health and Safety Code, in that he failed to consult the CURES database to review a patient's controlled substance history before he prescribed Schedule II and Schedule IV controlled substances to Individuals 1 through 4, inclusive, for the first time and/or at least once every four months thereafter while the substances remained part of the treatment of these patients. The circumstances are as follows:

41. The allegations of the First Cause for Discipline are incorporated by reference as if fully set forth herein.

42. There is no evidence or documentation that Respondent consulted the CURES database prior to prescribing Schedule II and Schedule IV controlled substances to Individuals 1 through 4.

SEVENTH CAUSE FOR DISCIPLINE

(Out of State Discipline)

43. Respondent is subject to disciplinary action under section 2305 of the Code, in that his medical license issued in the State of Maryland was reprimanded and placed on probation, and his medical license issued in the State of New York was censured and reprimanded. The

1 circumstances are as follows:

2 44. The allegations of the First Cause for Discipline are incorporated by reference as if
3 fully set forth herein.

4 45. On or about July 20, 2012, Respondent was authorized to practice medicine in the
5 State of Maryland under License Number D74662.

6 46. On or about September 20, 2023, the Maryland State Board of Physicians issued a
7 Consent Order finding that Respondent was guilty of unprofessional conduct in the practice of
8 medicine, willfully made or filed a false report in the practice of medicine, practiced medicine
9 with an unauthorized person or aided an unauthorized person in the practice of medicine, and
10 violated HIPAA laws. Respondent's medical license was reprimanded and placed on probation
11 for a minimum of 18 months. He was further ordered to complete courses in ethics and medical
12 record keeping, and pay a \$10,000 fine.

13 47. On or about March 15, 2007, Respondent was authorized to practice medicine in the
14 State of New York under License Number 243451.

15 48. On or about April 3, 2024, the New York State Board for Professional Medical
16 Conduct issued a Determination and Order finding that Respondent's conduct resulting in the
17 Maryland Board's disciplinary action would, if committed in New York, constitute misconduct,
18 permitting, aiding or abetting an unlicensed person to perform activities requiring a license, a
19 willful or grossly negligent failure to comply with substantial provisions of federal, state, or local
20 laws, rules or regulations governing the practice of medicine, and willfully making or filing a
21 false report. Respondent's medical license was censured and reprimanded and he was ordered to
22 pay a \$5,000 fine.

23 49. The discipline imposed by Maryland and New York upon Respondent's medical
24 license issued by those states, respectively, constitutes unprofessional conduct.

25 **EIGHTH CAUSE FOR DISCIPLINE**

26 **(General Unprofessional Conduct)**

27 50. Respondent is subject to disciplinary action under section 2234 of the Code, in that he
28 has engaged in unprofessional conduct, generally. The circumstances are as follows:

1 51. The allegations of the First through Seventh Causes for Discipline are incorporated by
2 reference as if fully set forth herein and represent unprofessional conduct.

3 **PRAYER**

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

6 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 73466,
7 issued to Respondent Richard Shunan Chang, M.D.;

8 2. Revoking, suspending or denying approval of Respondent Richard Shunan Chang,
9 M.D.'s authority to supervise physician assistants and advanced practice nurses;

10 3. Ordering Respondent Richard Shunan Chang, M.D., to pay the Board the costs of the
11 investigation and enforcement of this case, and if placed on probation, the costs of probation
12 monitoring; and

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

14
15 DATED: SEP 09 2024



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

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