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

In the Matter of the Second Amended Accusation and Automatic Suspension Against: **Henry Geoffrey Watson, M.D.** **Physician's and Surgeon's Certificate No. C 41403** **Respondent.**	**Case No.: 800-2019-055115**

DECISION

The attached Proposed Decision 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 September 5, 2025.

IT IS SO ORDERED: August 8, 2025.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, Chair
Panel B

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

In the Matter of the Second Amended Accusation Against:

HENRY GEOFFREY WATSON, M.D.,

Physician's and Surgeon's Certificate No. C 41403

Respondent.

Case No. 800-2019-055115

OAH No. 2024120042

and

In the Matter of the Automatic Suspension Against:

HENRY GEOFFREY WATSON, M.D.,

Physician's and Surgeon's Certificate No. C 41403

Respondent.

Case No. 800-2019-055115

OAH No. 2025050940

PROPOSED DECISION

Administrative Law Judge Karen Reichmann, State of California, Office of Administrative Hearings, heard these consolidated matters on June 17 through 19, 2025, by videoconference.

Deputy Attorney General Christopher Young represented complainant Reji Varghese, Executive Director of the Medical Board of California.

Attorney Michael Khouri appeared on behalf of respondent Henry Geoffrey Watson, M.D., who was present.

The record closed and the matter was submitted for decision on June 19, 2025.

FACTUAL FINDINGS

Background and Procedural History

1. On May 29, 1984, the Medical Board of California (Board) issued Physician's and Surgeon's Certificate Number C 41403 to respondent Henry Geoffrey Watson, M.D. Respondent's certificate will expire on August 31, 2025, unless renewed. There has been no prior Board discipline against respondent.

2. On April 19, 2022, the Board's former Executive Director, acting in his official capacity, filed an Accusation against respondent. Complainant Reji Verghese, the Board's current Executive Director, acting in his official capacity, filed a First Amended Accusation on May 2, 2025, and the operative Second Amended Accusation on May 16, 2025. Due to a pleading error, the Second Amended Accusation was

further amended at hearing to omit the First Cause for Discipline (paragraphs 17 through 22) and all other references to "Patient 2."

3. Complainant seeks to discipline respondent's certificate based on allegations that respondent 1) committed repeated negligent acts in his care and treatment of three patients; 2) failed to maintain adequate and accurate medical records for these three patients; 3) has been convicted in federal court of numerous felony offenses that are substantially related to the qualifications, functions, or duties of a physician; and 4) committed acts of dishonesty (based on the conduct underlying the criminal convictions). Complainant also seeks imposition of prosecution and investigation costs.

4. Based on respondent's felony convictions and consequent incarceration, complainant issued a Notice of Automatic Suspension of License, suspending respondent's certificate effective January 16, 2025, pursuant to Business and Professions Code section 2236.1, subdivision (a), which provides that a physician's certificate shall be automatically suspended during any time the holder of the certificate is incarcerated after conviction of a felony.

5. Respondent timely filed a Notice of Defense to the Accusation and a Notice of Defense and Request for Hearing regarding the automatic suspension.

Complaint and Investigation

6. In April 2019, a pharmacist submitted an online complaint expressing concerns about respondent's prescribing practices. She wrote that respondent would rewrite prescriptions for medications that were already refilled the previous month and that he wrote prescriptions for multiple controlled substances. She added that one of respondent's patients told her that: respondent's clinic is open until 3 a.m.; the clinic

locks the door with patients inside to avoid being detected as open; a security guard wears scrubs and hands out patient charts; and the practice recruits new patients by offering them "KFC chicken" and "$50 vouchers or cash."

7. As a result of this complaint, an investigation was conducted by the Division of Investigation, Health Quality Investigation. The investigator interviewed respondent twice, obtained medical and pharmacy records, and sent this information to an expert for review.

Expert Opinion Evidence – Jofel Yan, M.D.

8. Expert reviewer Jofel Yan, M.D., has been licensed by the Board since 1991. He is board certified in internal medicine. Since 2004, he has worked as a hospitalist for several post-acute care facilities. Dr. Yan previously worked at an inpatient detoxification center. He also worked as a primary care physician at different clinics while serving on the UCLA School of Medicine faculty for 10 years. Dr. Yan has served as an expert reviewer in cases for the Board since 2003.

9. In reaching his conclusions in this case, Dr. Yan reviewed medical records, CURES reports, pharmacy records, the investigation interviews of respondent, and the Board's 2014 Guidelines for Prescribing Controlled Substances for Pain (2014 Guidelines).

10. Dr. Yan wrote a report with his findings and testified at hearing. His testimony was persuasive and corroborated by the documentary evidence.

11. Dr. Yan explained that the standard of care for a physician prescribing high doses of controlled substances is to identify and document the reason for the use of controlled substances. The physician must formulate a treatment plan that includes

medical and functional objectives. Patients taking controlled substances should be referred to appropriate non-drug treatments and therapies and to appropriate specialists if indicated. Because of the high risks of high-dose opiates, especially when taken in combination with benzodiazepines, periodic review of the treatment plan is required to determine whether ongoing prescribing of the medications is still warranted. Patient compliance should be monitored by urine screening and review of CURES reports. Tapering should be initiated if the patient is not meeting treatment objectives. Practitioners must obtain and document informed consent for the use of high dose pain medications. Clinicians should follow the 2014 Guidelines.

12. The standard of care for physician medical records is that they must be accurate and complete. Office visit notes should include the patient's vital signs, the results of physical examinations, documentation of the patient's pain, the patient's relevant history, prior work up, results from consultations, the treatment plan, and a list of all medications being taken. Another practitioner should be able to understand the treatment plan, understand the physician's thought process, and be able to take over care of the patient from reviewing the records.

13. Dr. Yan concluded that respondent departed from the standard of care in his treatment of the three patients and in his documentation of his treatment. Dr. Yan characterized all the departures as simple departures. Dr. Yan believes that respondent was acting in good faith and trying to help his patients, but that he underestimated the risks of continuing to prescribe high-dose pain medications to these patients.

PATIENT 4

14. Patient 4 was a 66-year-old woman. She was seeing respondent regularly for primary care and pain management. She had a history of breast cancer, arthritis,

and hip and knee surgeries. Her records also reflect diagnoses of rheumatoid arthritis and complex regional pain syndrome. From 2015 through 2020, respondent prescribed high doses of opiates and benzodiazepines to Patient 4. Respondent did not lower the doses, although he slightly decreased the supply of all three medications (for example, he reduced a prescription from a 30-day supply to a 29-day supply.)

15. Dr. Yan concluded that respondent departed from the standard of care by continuing to prescribe high dose opiates without supporting the continued treatment. Patient 4's oncologist reported that she had fully healed from cancer surgery and was able to perform all pre-surgery functions. Her other diagnoses were not well supported in the patient's records and would not ordinarily justify treatment with controlled substances. The indication for continued long-term prescribing of controlled substances was not adequately documented. There was no indication of consideration of tapering.

16. Dr. Yan concluded that respondent departed from the standard of care by failing to perform complete periodic reviews of the treatment plan. The records lack goals for treatment, examination findings regarding the patient's pain, or any discussion of the possibility of tapering the patient's medications. Periodic review of high-dose controlled substance therapy is imperative because of the risks of misuse, adverse reactions, tolerance, dependency, and overdose.

17. Finally, Dr. Yan concluded that the patient's medical records were incomplete and inadequate. Written notes were frequently illegible. Office visit notes were missing key information such as vital signs, assessments, and medication lists. Informed consent was poorly documented. After respondent switched to electronic medical records, the records were template-driven and identical information was repeated over many visits.

PATIENT 5

18. Patient 5 was a 68-year-old woman. She sought treatment from respondent in 2011. She was already taking high doses of opiates and benzodiazepines prescribed by previous practitioners. Patient 5 had several chronic health conditions, including obesity, congestive heart failure, chronic respiratory failure requiring home oxygen, degenerative joint disease, chronic obstructive pulmonary disease, grief, and depression. The patient had repeated instances of non-compliance with diagnostic testing and referrals to specialists. The record does not reflect a review of CURES or any urine toxicology screens for Patient 5. Respondent maintained the patient on high doses of opiates and benzodiazepines, without lowering the doses, between 2017 and the patient's death on July 21, 2018.

19. Dr. Yan concluded that respondent departed from the standard of care in his treatment of Patient 5 by failing to conduct periodic reviews and harm assessments of his treatment plan. This patient's comorbidities placed her at significantly elevated risk of harm and warranted maximizing non-pharmacological therapies and tapering controlled substances. Dr. Yan opined that controlled substances "may have played a role" in Patient 5's death.

20. Dr. Yan also concluded that respondent departed from the standard of care in his treatment of Patient 5 by failing to maintain complete and adequate medical records. Written notes were frequently illegible. Office visit notes were missing important information, such as vital signs, medication lists, accurate assessments, and management plans. Informed consent was poorly documented. Electronic medical records were template-driven and information remained unchanged over many visits.

PATIENT 7

21. Dr. Yan was provided with medical records from respondent's treatment of Patient 7 from 2016 through 2020. Patient 7 was a 58-year-old man with a history of multiple medical conditions, including HIV, diabetes with neuropathy, hypertension, asthma, sickle cell trait, Buerger's disease, chronic pain, anxiety, and depression. Respondent prescribed high doses of opiates, muscle relaxants, and benzodiazepines to Patient 7 from 2015 through 2020. There was some tapering of the opiates and benzodiazepines beginning in 2019. Respondent began prescribing the drug Lyrica, a non-narcotic medication, to the patient in November 2020.

22. Upon respondent's referral, Patient 7 saw a pain management specialist, Neil Kamdar, M.D., in June 2019. Dr. Kamdar performed a urine screen, which tested negative for opiates. Dr. Kamdar believed that the patient suffered from opiate-induced hyperalgesia (meaning the opiates were actually causing him pain) and that there was a strong psychological component to his pain symptoms. Dr. Kamdar's recommendations included introducing the drug Lyrica and tapering from high dose opioids. There was no evidence that respondent followed up on the patient's negative urine screen, which suggested that the patient was not taking the drugs as prescribed.

23. Dr. Yan concluded that respondent departed from the standard of care by failing to perform complete periodic reviews, harm assessments, and mitigation of the Patient 7's high-dose opioid treatment regimen. He noted that respondent did not prescribe Lyrica until more than a year after it was recommended by Dr. Kamdar. Respondent began slowly tapering the patient, but should have done so more aggressively. The patient's records did not justify the continued prescribing of high dose opiates and benzodiazepines. The patient complained about sleepiness, falling,

and dropping things, suggesting oversedation. The patient's pain goals were clearly not being met.

24. Dr. Yan also concluded that respondent failed to maintain complete and adequate medical records for Patient 7. As with the other patients, written notes were often illegible. Key elements were missing in documentation of office visits, including vital signs, medication lists, assessments, and management plans. Electronic records were template-driven and repetitive. Informed consent and prior treatment were poorly documented.

Respondent's Criminal Convictions

25. On November 1, 2023, in the United States District Court for the Northern District of California, in case number CR 20-00375-CRB, respondent was convicted following a jury trial of the following felony offenses: two counts of conspiracy to pay and receive healthcare kickbacks (18 U.S.C. § 371); seven counts of solicitation and receipt of kickbacks in connection with a federal healthcare program (42 U.S.C. § 1320a-7b, subd. (b)(1)(A), 18 U.S.C. § 2); eight counts of healthcare fraud (18 U.S.C. §§ 2, 1347); and eight counts of false statements relating to healthcare matters (18 U.S.C. §§ 2, 1035, subd. (a)). On June 17, 2024, respondent was sentenced to four months in federal prison, followed by three years of supervised release.

26. The circumstances of the offenses are that, between 2013 and 2019, respondent participated in three healthcare kickback schemes in which he agreed to refer patients to home health care agencies in exchange for unlawful kickback payments. Respondent also conspired with others to make false certifications for individuals to receive Medicare-funded home health services that these individuals did not seek or need.

27. Respondent was incarcerated in a federal prison at the time his certificate was automatically suspended in January 2025.

Respondent's Evidence

28. Respondent is 68 years old. Respondent's father was a physician with a practice in north Oakland, the Arlington Medical Group, that focused on serving the African American community. Respondent's parents were both active and beloved members of the community. Respondent grew up working in his father's clinic and for an independent African American-owned pharmacy located in the same building. After completing his internal medicine residency in 1985, respondent fulfilled his dream of joining his father's medical practice. Respondent's father died in 2005, and respondent took over the practice, renaming the clinic after his late father.

29. Practitioners at the busy clinic typically saw 20 to 30 patients per day. The clinic served all members of the community, including low income and homeless patients. The clinic served a high percentage of high-acuity patients with chronic conditions. Many patients were uninsured or on Medicare or Medi-Cal. Some patients who relocated out of the area due to gentrification continued to travel to respondent's clinic for care. The clinic updated its medical record keeping from written records to electronic records in 2019.

30. In addition to working at the clinic, respondent worked as a hospitalist at several local hospitals, including in leadership positions. He has also served as the medical director of home health and hospice agencies. Respondent was an assistant clinical professor for the UCSF medical school and for several nursing and physician assistant programs. Respondent supervised hundreds of medical students, residents, and physician assistant and nurse practitioner students.

31. Respondent has been involved in significant community health outreach activities in the African American community. He has offered mobile health clinics at churches, health fairs, baseball games, and at rehabilitation centers. For decades, respondent has hosted a health-focused cable television show.

32. Respondent has been a member of many professional and community organizations, including serving on the board of several.

33. During the pandemic, respondent's clinic had a contract with Alameda County to perform Covid-19 testing and administer vaccines in nursing homes and in the residences of homebound patients.

34. Although respondent did not disagree with Dr. Yan regarding what constitutes the relevant standard of care, he does not believe that he departed from the standard of care in his treatment of the three patients. He also noted that the standard of care for prescribing controlled substances has changed dramatically during his time in practice. Whereas previously there were concerns about physicians undertreating pain, the focus now is on reducing pain medications. Respondent testified that he changed his prescription practices after the issuance of the 2014 Guidelines. Respondent also noted that medical record keeping standards have evolved during his career.

35. In support of his position that he did not depart from the standard of care in the prescribing of controlled substances, respondent noted his practice of requiring patients receiving narcotic medications to sign pain contracts. These contracts provided that: there would be no extra refills; patients must have only one practitioner prescribing to them; prescriptions were only issued at a face to face appointment; no more than one month of pain medication would be prescribed at a

time; patients would be subject to urine screens; patients must use only one pharmacy to obtain medications; and patients must accept additional treatment such as physical therapy and referrals to specialists. Respondent asserted that he did regularly reassess his prescribing plan for all of his patients, including the three at issue in this case.

36. After the issuance of the 2014 Guidelines, respondent's practice sent letters to patients and posted fliers on the walls throughout the clinic advising patients that their prescriptions could be reduced to comply with prescribing protocols. Respondent also did random drug screens of patients. Patients were required to pursue alternative treatments upon his recommendation. Referrals for psychiatry would take months for approval for patients on Medi-Cal. Respondent believes pharmacists more readily suspect African American patients of drug abuse and more readily refuse to fill their prescriptions. He also suspects that explicit or unconscious bias may have played a role in the pharmacist's decision to file an online complaint regarding his prescribing practices.

37. Respondent defended his treatment of the three patients at issue.

a. Regarding Patient 4, respondent noted that she was already taking controlled substances when she began treatment with him. His prescribing treatment was approved by her pharmacy insurance company, which reviews all controlled substances prescriptions. His clinical evaluations supported her diagnoses of complex regional pain syndrome and rheumatoid arthritis, and subsequent blood testing also supported the rheumatoid arthritis diagnosis. Respondent referred this patient to an orthopedist for epidural injections. She was also seen by a neurologist, podiatrist, and physiatrist, who concurred with his treatment plan. Respondent reported that he tried to reduce her medications.

b. Regarding Patient 5, respondent testified that he referred her for testing and non-drug treatments, but she did not always follow up. He tried non-narcotic medications. He was in the process of slowly reducing her medications. He did not want to reduce them too abruptly because she had taken these drugs for a long time and was stable on them. The patient expressed anxiety at tapering. Respondent disagreed that this patient was at a significant risk of harm from taking opioids.

c. Regarding Patient 7, respondent noted that the patient was already prescribed pain medications when he came to respondent's practice. Respondent referred the patient to several different specialists. The patient was in a lot of pain and had previously tried and failed alternative treatments. The patient was hospitalized in May 2020 which complicated respondent's ability to follow through with Dr. Kamdar's recommendations. Respondent reduced the patient's medications as best as he was able. Respondent agreed that the negative urine test performed by Dr. Kamdar was a "red flag" but did not explain his failure to act on this information.

38. Respondent contended that his patient records were adequate for himself and his colleagues, and that "the salient issues" were clear from viewing the records as a whole.

39. Respondent apologized for his criminal convictions and expressed remorse and shame for his incarceration. He testified that he did not quite understand the law at the time of the offenses. He also emphasized that the "kickbacks" were payments for services actually provided to patients and that no patients were harmed. Respondent promised that he will not engage in any future unlawful conduct, and promised that he will not get involved with "people brokering patients." Respondent acknowledged that his criminal case was reported in the media and tarnished his reputation "in some circles."

40. Respondent reported that the prosecutors in the criminal case sought a 36-month sentence. He believes that his statement to the court, and the support he received from family and friends who attended the sentencing hearing and submitted letters, persuaded the judge to impose a much shorter sentence.

41. Respondent was released from custody early for good behavior, on April 24, 2025. Respondent is currently on supervised release, but the only requirements are to communicate with his probation officer monthly and to obtain approval before traveling out of the area. Respondent was ordered to pay $30,700 in restitution and has done so.

42. Respondent has not been practicing since his conviction in November 2023, because at that time, the court ordered that he not bill for services to any federally-funded healthcare programs pending his sentencing. This order is no longer in effect, and there are no court-ordered limitations on his practice of medicine.

43. Respondent completed an online medical record keeping course presented by the UC San Diego School of Medicine in April 2023. He found the course helpful. Participants were instructed in the elements required in a medical record for approval by Medicare. Although respondent believes that his records were adequate before he took this course, and reported that other physicians were able to understand his records, the course taught him how to create documents with improved clarity and focus.

44. Respondent completed eight hours of continuing education relating to substance use disorders in April 2024.

45. Three physicians testified on behalf of respondent:

a. Rollington Ferguson, M.D., has been licensed by the Board since 1990. He practices cardiology and internal medicine. Dr. Ferguson has known respondent for many years. They have been on staff at the same hospitals and have been involved in the same community organizations. Respondent has referred hundreds of patients to Dr. Ferguson for consultations. Dr. Ferguson was able to understand respondent's records and the reason for the consultation. Dr. Ferguson and respondent have worked together treating patients in the hospital.

Dr. Ferguson confirmed that respondent was the driving force behind health events in the community, which Dr. Ferguson also participated in. These events offered screening for hypertension, prostate cancer, and diabetes. Dr. Ferguson has also collaborated with respondent in fundraising events for candidates for public office.

Dr. Ferguson reported that respondent has a reputation as an excellent doctor; he never heard any negative comments about respondent from physicians or patients. Respondent's patients were satisfied with his care. Patients have been asking Dr. Ferguson about respondent and hope that he will be able to resume practicing.

b. Ralph Peterson, M.D., has been practicing as a gastroenterologist in Oakland since the early 1980s. He met respondent early in his career at San Leandro Hospital. Respondent has referred many patients to Dr. Peterson for consultations. Respondent was Dr. Peterson's personal physician. Dr. Peterson admires respondent's service to the underserved, dedication to medicine, and professional manner.

Dr. Peterson previously also worked as an internal medicine physician. When he discontinued his internal medicine practice in 2010 to focus solely on gastroenterology, he referred his internal medicine patients to respondent.

Respondent's patients loved him and many are still asking Dr. Peterson when respondent will be returning to practice.

c. Michael Hebrard, M.D., is board certified in physical medicine and rehabilitation and has practiced in Oakland since 2000. Respondent has been a mentor to Dr. Hebrard since he was a college student in Berkeley. Respondent helped him prepare for his medical school interviews and always encouraged him to "do better."

Respondent has referred many patients to Dr. Hebrard for consultations, and his patients were well cared for and happy with respondent's care. Dr. Hebrard described respondent as an excellent doctor and a champion for access to health care.

46. Well over 100 letters that were initially submitted to the criminal court during sentencing were admitted into evidence for this proceeding. These letters are from family members, friends, professional colleagues, and patients. Although the authors were aware of respondent's criminal convictions, it was not established whether any were aware of the Board's allegations in this disciplinary matter. The authors praise respondent's service to the community, devotion to his family, advocacy for the marginalized, work ethic, generosity, mentorship, and spirituality. Many letters include detailed descriptions of situations where respondent went above and beyond to help others.

Ultimate Findings re Standard of Care and Medical Record Keeping

47. Dr. Yan's opinions regarding what constitutes the standard of care were unrebutted. Although respondent testified that he adhered to the standard of care articulated by Dr. Yan, clear and convincing evidence established that he did not. Specifically, clear and convincing evidence established that respondent departed from the standard of care by: repeatedly failing to support the indication for long-term

treatment with controlled substances and failing to perform periodic reviews of the treatment plan for Patient 4; failing to conduct periodic reviews and harm assessments of his treatment plan for Patient 5; and failing to perform complete periodic reviews, harm assessments, and mitigation of Patient 7's high-dose opioid treatment regimen. Actual patient harm was not alleged and was not established by clear and convincing evidence.

48. Clear and convincing evidence also established that respondent did not maintain complete and adequate medical records for Patient 4, Patient 5, and Patient 7, and that his records fell below the standard of care.

Costs

49. Complainant requested that respondent be ordered to reimburse the Board for the reasonable costs of investigation and enforcement of this matter, in the total amount of $89,666.75. In support of this total amount, complainant submitted a Certification of Prosecution Costs which established that the Attorney General's Office has billed the Board $86,930.75 for time spent on this matter between January 1, 2022, and June 11, 2025, and anticipated billing an additional $2,736 in attorney fees for additional hearing preparation. Complainant also submitted a Declaration of Investigative Activity in the total amount of $859.50, for services performed between 2022 and 2024. The cost declarations comply with the requirements of California Code of Regulations, title 1, section 1042.

50. Respondent contended that the prosecution costs are excessive, noting that there was a change in the legal personnel assigned to the case. This argument is persuasive. Accordingly, the reasonable prosecution costs should be reduced by

approximately 25 percent, to $67,900, to reflect the duplication of services. The reasonable prosecution and investigation costs total $68,759.50.

LEGAL CONCLUSIONS

Standard and Burden of Proof

1. Complainant bears the burden of proving, by clear and convincing evidence to a reasonable certainty, that cause exists to discipline respondent's physician's and surgeon's certificate. (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.) Clear and convincing evidence is evidence that leaves no substantial doubt and is sufficiently strong to command the unhesitating assent of every reasonable mind. (*Katie V. v. Superior Court* (2005) 130 Cal.App.4th 586, 594.)

Second Cause for Discipline – Patient 4

2. Business and Professions Code section 2234, subdivision (c), provides that the Board may discipline a physician for unprofessional conduct, which includes repeated negligent acts. Cause for discipline based on respondent's treatment of Patient 4 was established in light of the matters set forth in Findings 14 through 17 and 47.

Third Cause for Discipline – Patient 5

3. Cause for discipline pursuant to Business and Professions Code section 2234, subdivision (c), based on respondent's treatment of Patient 5, was established, in light of the matters set forth in Findings 18 through 20 and 47.

Fourth Cause for Discipline – Patient 7

4. Cause for discipline pursuant to Business and Professions Code section 2234, subdivision (c), based on respondent's treatment of Patient 7, was established, in light of the matters set forth in Findings 21 through 24 and 47.

Fifth Cause for Discipline – Medical Records

5. Business and Professions Code section 2266 provides that the Board may discipline a physician who fails to maintain adequate and accurate medical records. Cause for discipline was established in light of the matters set forth in Findings 17, 20, 24, 47, and 48.

Sixth Cause for Discipline – Substantially Related Convictions

6. Business and Professions Code section 2236 and California Code of Regulations, title 16, section 1360, provide that the Board may discipline a physician who has been convicted of a crime that is substantially related to the qualifications, duties, or functions of a physician and surgeon. Respondent's 25 federal felony convictions arose directly from his medical practice and the conduct was substantially related to his duties and functions. Cause for discipline was established in light of the matter set forth in Findings 25 and 26.

Seventh Cause for Discipline – Dishonest Acts

7. Business and Professions Code section 2234, subdivision (e), provides that the Board may discipline a physician for unprofessional conduct including "[t]he commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon." The conduct underlying respondent's 25 convictions involved dishonesty or corruption and was

substantially related to his functions and duties as a physician. Cause for discipline was established in light of the matters set forth in Findings 25 and 26.

Cause for Automatic Suspension

8. Business and Professions Code section 2236.1, subdivision (a), provides that a physician's certificate shall be automatically suspended during any time the holder of the certificate is incarcerated after conviction of a felony, regardless of whether the conviction has been appealed. Cause existed to automatically suspend respondent's certificate during his term of incarceration pursuant to Business and Professions Code section 2236.1, subdivision (a), in light of the matters set forth in Findings 25 through 27.

9. Respondent is no longer incarcerated and complainant has now brought forward this disciplinary action based on the convictions and underlying conduct. Accordingly, the automatic suspension should be lifted.

Level of Discipline

10. Cause for discipline having been established, the issue is determining the appropriate discipline. In exercising its disciplinary functions, protection of the public is the Board's highest priority. (Bus. & Prof. Code, § 2229, subd. (a).) The Board is also required to take disciplinary action that is calculated to aid the rehabilitation of the physician whenever possible, as long as the Board's action is not inconsistent with public safety. (Bus. & Prof. Code, § 2229, subds. (b), (c).)

11. The Board's Manual of Disciplinary Orders and Disciplinary Guidelines (12th ed., 2016; Cal. Code Regs., tit. 16, § 1361) provide for a minimum discipline of five years of probation for repeated negligent acts or failure to maintain adequate

medical records. For criminal convictions or acts of dishonesty arising from patient care, treatment, management, or billing, the minimum recommended discipline is "one year suspension at least 7 years probation." Revocation is the recommended maximum penalty for each of the violations.

Complainant seeks outright revocation of respondent's certificate. Respondent requests a period of probation.

12. Respondent's criminal offenses were severe and involved a yearslong scheme of accepting compensation for referrals to home health agencies and fraudulently certifying that patients were eligible for home health care services. He was convicted less than two years ago, was released from custody just a few months ago, and remains on supervised release. In addition, respondent engaged in repeated negligent acts relating to the prescribing of controlled substances to three patients and did not maintain adequate medical records. Thus, the causes for discipline raise both clinical and ethical concerns.

In mitigation, respondent served the north Oakland community for decades and remains highly regarded for his dedication to providing care to the underserved. He has no prior criminal history or prior Board discipline and has paid the court-ordered restitution. Despite his misconduct, he has retained the respect of peers in the medical profession. Although he denied departing from the standard of care or having maintained inadequate medical records, he has taken coursework to address the departures. Respondent's negligent acts posed a risk of harm to his patients; however actual patient harm was not alleged and was not established by clear and convincing evidence. Respondent expressed shame regarding his criminal convictions and incarceration and a commitment not to reoffend.

On this record, outright revocation is not warranted. The public will be adequately protected by placing respondent on probation for seven years, on appropriate terms and conditions. These will include community service; a professionalism program (ethics course); an education course; a prescribing practices course; a medical record keeping course (in its discretion, the Board may accept the course previously taken as fulfilling this requirement); and practice and billing monitoring.

Other conditions, including a clinical competence assessment program, solo practice prohibition, and psychiatric and medical evaluations have been considered but are not warranted.

Respondent has not practiced since November 2023, and his license has been suspended since January 16, 2025. Imposing a period of suspension until January 16, 2026, for a combined suspension period of one year, is within the spirit of the Board's guidelines.

Cost Recovery

13. Pursuant to Business and Professions Code section 125.3, a licensee found to have violated a licensing act may be ordered to pay the reasonable costs of investigation and prosecution of a case. In *Zuckerman v. Board of Chiropractic Examiners* (2002) 29 Cal.4th 32, the California Supreme Court set forth factors to be considered in determining the reasonableness of costs sought pursuant to statutory provisions like Business and Professions Code section 125.3. These factors include: (1) whether the licensee has been successful at hearing in getting charges dismissed or reduced; (2) the licensee's subjective good faith belief in the merits of his or her position; (3) whether the licensee has raised a colorable challenge to the proposed

discipline; (4) the financial ability of the licensee to pay; and, (5) whether the scope of the investigation was appropriate in light of the alleged misconduct.

14. Here, a cause for discipline was withdrawn at hearing due to a pleading error, and respondent successfully reduced the level of discipline from revocation to probation. Accordingly, a reduction in costs is appropriate. Costs are reduced to $50,000.

ORDER

The automatic suspension order against Physician's and Surgeon's Certificate No. C 41403, issued to respondent Henry Geoffrey Watson, M.D., is lifted. Respondent's certificate is revoked; however, revocation is stayed, and respondent is placed on probation for seven years on the following terms and conditions.

1. Actual Suspension

As part of probation, respondent is suspended from the practice of medicine until January 16, 2026.

2. Community Service – Free Services

Within 60 calendar days of the effective date of this Decision, respondent shall submit to the Board or its designee for prior approval a community service plan in which respondent shall, within the first 2 years of probation, provide 100 hours of free services (e.g., medical or nonmedical) to a community or non-profit organization.

Prior to engaging in any community service respondent shall provide a true copy of the Decision(s) to the chief of staff, director, office manager, program

manager, officer, or the chief executive officer at every community or non-profit organization where respondent provides community service and shall submit proof of compliance to the Board or its designee within 15 calendar days. This condition shall also apply to any change(s) in community service.

Community service performed prior to the effective date of the Decision shall not be accepted in fulfillment of this condition.

3. Education Course

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

4. Prescribing Practices Course

Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of

the course not later than six (6) months after respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

5. Medical Record Keeping Course

Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at respondent's

expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

6. Professionalism Program (Ethics Course)

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

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

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

7. Monitoring – Practice/Billing

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

The Board or its designee shall provide the approved monitor(s) with copies of the Decision and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision and

Accusation, fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

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

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

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

If a monitor resigns or is no longer available, respondent shall, within five calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be

assuming that responsibility within 15 calendar days. If respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three calendar days after being so notified Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

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

8. Notification

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

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

9. Supervision of Physician Assistants and Advanced Practice Nurses

During probation, respondent is prohibited from supervising physician assistants and advanced practice nurses.

10. Obey All Laws

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

11. Quarterly Declarations

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

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

12. General Probation Requirements

Compliance with Probation Unit: Respondent shall comply with the Board's probation unit and all terms and conditions of this Decision.

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(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 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.

13. 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.

14. 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 30 calendar days and within 15 calendar days of respondent's return to practice. Non-practice is defined as any period of time respondent is not practicing medicine in California as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If respondent resides in California and is considered to be in non-practice,

respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board ordered suspension of practice shall not be considered as a period of non-practice.

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

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

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

Periods of non-practice for respondent residing outside of California, will relieve respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; and Quarterly Declarations.

15. Completion of Probation

Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, respondent's Certificate shall be fully restored.

16. Violation of Probation

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

17. License Surrender

Following the effective date of this Decision, if respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, respondent may request to surrender his Certificate. The Board reserves the right to evaluate respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent shall within 15 calendar days deliver respondent's wallet and wall certificate to the Board or its designee and respondent shall no longer practice medicine. Respondent will no longer be subject to the terms

and conditions of probation. If respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

18. Probation Monitoring Costs

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

19. Cost Recovery

Respondent shall pay to the Board costs associated with its enforcement of this matter, pursuant to Business and Professions Code Section 125.3, in the amount of $50,000.

Karen Reichmann

DATE: 07/14/2025

KAREN REICHMANN
Administrative Law Judge
Office of Administrative Hearings