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

In the Matter of the Accusation Against: Jeffrey David Yusim, M.D. Physician's and Surgeon's Certificate No. A 45129 Respondent.	Case No.: 800-2025-114651

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 December 12, 2025.

IT IS SO ORDERED: November 14, 2025.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, M.D., Chair
Panel B

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

In the Matter of the Accusation Against:

JEFFREY DAVID YUSIM, M.D., Respondent

Physician's and Surgeon's Certificate No. A 45129

Agency Case No. 800-2025-114651

OAH No. 2025080490

PROPOSED DECISION

Debra D. Nye-Perkins, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter by videoconference and telephone on September 29 and 30, 2025.

Karolyn M. Westfall, Deputy Attorney General, represented complainant, Reji Varghese, Executive Director of the Medical Board of California (board), Department of Consumer Affairs, State of California.

David Rosenberg, Attorney at Law, Rosenberg, Shpall & Zeigen, A.P.L.C., represented respondent Jeffrey David Yusim, M.D., who was present throughout the hearing.

Oral and documentary evidence was received. The record was closed, and the matter was submitted for decision on September 30, 2025.

FACTUAL FINDINGS

Jurisdictional Matters

1. On August 1, 1988, the board issued Physician's and Surgeon's Certificate Number A 45129 (license or certificate) to respondent. The certificate is set to expire on July 31, 2026, unless renewed.

2. On or about July 29, 2025, following a noticed hearing, an Interim Order of Suspension was issued by the Office of Administrative Hearings, immediately suspending Physician's and Surgeon's Certificate No. A 45129, and prohibiting respondent from practicing medicine in the State of California.

3. On August 7, 2025, the board filed accusation number 800-2025-114651 seeking revocation or suspension of respondent's certificate pursuant to one cause for discipline, namely respondent's alleged use of controlled substances, dangerous drugs, or alcoholic beverages to the extent such use impairs his ability to practice safely, and one cause for action pursuant to Business and Professions Code section 822 on the alleged basis that respondent's ability to practice medicine safely is impaired due to a mental illness, specifically his alcohol use disorder and substance use.

The accusation also alleges as a disciplinary consideration respondent's prior discipline with the board. Specifically, effective March 11, 2010, pursuant to a Stipulated Settlement and Disciplinary Order, respondent's certificate was suspended

for one year and placed on probation for a period of five years subject to various terms and conditions.

4. On August 12, 2025, respondent timely filed his notice of defense and request for hearing, and this hearing followed.

5. On August 25, 2025, the parties executed a Stipulation to Waive Time for Hearing whereby respondent waived his right pursuant to Government Code section 11529, subdivision (f), to a hearing within 30 days of his request for hearing and stipulated to this hearing beginning on September 29, 2025.

Prior Discipline

6. Pursuant to a Stipulated Settlement and Disciplinary Order, effective March 11, 2010, the board suspended respondent's certificate for one year and placed his certificate on probation for a period of five years subject to various terms and conditions, including a total restriction on his ability to prescribe controlled substances. The underlying accusation for which this license discipline arose alleged that respondent's Drug Enforcement Administration (DEA) Certificate of Registration was suspended on September 5, 2008, and ultimately surrendered on June 26, 2009, based upon respondent's prescription of controlled substances to two individuals without a legitimate medical purpose, and outside of the course of usual medical practice, in violation of federal and state laws; and his repeated negligent acts in his care and treatment of three patients, each of which involved the prescription of controlled substances.

7. Effective May 30, 2014, the board issued a Decision and Order adopting a Proposed Decision of an Administrative Law Judge after hearing on respondent's Petition for Penalty Relief wherein he sought early termination of his probation.

Pursuant to the Decision and Order, the board denied respondent's request for early termination of probation but granted his request for penalty relief with the modification of his probationary terms and conditions to remove condition two of his probation, which placed a total restriction on respondent's ability to order, prescribe, dispense, administer, or possess any controlled substances as defined in the California Uniformed Controlled Substances Act, or oral or written recommendation or approval for a patient or patient's caregiver for the possession or cultivation of marijuana for personal medical reasons. The removal of condition two was contingent on respondent's successful completion of an approved record-keeping course. The board further imposed an additional condition that required respondent to maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed.

8. Pursuant to a board's Order Following Completion of Probation dated May 7, 2015, effective March 11, 2015, respondent's Physician's and Surgeon's Certificate was fully restored free of probationary requirements following the completion of his probation.

Complainant's Evidence

9. Complainant provided testimony from three witnesses at hearing, namely Michael Buckley, investigator, and two expert witnesses, Elizabeth Romero, M.D., and Danile Brockett, M.D. The following factual findings are made from the testimony of these three witnesses and related documents received in evidence.

TESTIMONY OF MICHAEL BUCKLEY

10. Michael Buckley is currently employed as an investigator with the Department of Consumer Affairs, Division of Investigation, Health Quality Investigation

Unit, a position he has held for the past three years. Prior to this position, Mr. Buckley worked as a patrol officer for the San Diego Harbor Police for five years. Mr. Buckley has undergone training related to investigations for the board, and other agencies, as well as for violations of the Medical Practice Act. During his time as a patrol office for the San Diego Harbor Police department, he was trained in recognition of drug and alcohol use in individuals. Mr. Buckley was assigned to investigate respondent on January 24, 2025, as a result of special agents from the Drug Enforcement Agency reporting to the board that respondent was "known in the community to trade prescriptions for marijuana and is believed to be abusing opiates/opioids."

11. After Mr. Buckley was assigned to investigate respondent, he made an unannounced visit to respondent's office at 9:50 a.m. on March 6, 2025. Mr. Buckley went to respondent's office, which is located in a small shopping center, with Mr. Buckley's partner, Selby Arsena. When they arrived to respondent's office, they saw through the front glass doors, which were locked, respondent, a woman at the front desk, later identified as Angela Marquez, and a white male sitting across from them. Mr. Buckley knocked on the door, and respondent opened the door for them. Mr. Buckley introduced himself and explained why they were there. Respondent told Mr. Buckley that he was with a patient and asked if we could wait for him around the back of the office, and respondent would come out when he was finished with the patient.

Mr. Buckley and his partner went to the back of the office and waited for about 10 minutes until respondent came out to meet them. Mr. Buckley explained that they were there for an unannounced visit based upon a report of respondent being impaired by drugs or alcohol, and Mr. Buckley requested a urine or hair sample from respondent. Respondent informed Mr. Buckley that any such sample "would not be clean." Mr. Buckley asked respondent why the sample would not be clean, and

respondent stated because he "uses marijuana and has taken opioids and/or narcotics but could not remember when he last used them." Respondent told Mr. Buckley that he takes these drugs to treat back pain. Mr. Buckley testified that he and his partner observed that respondent was "disheveled and had glassy eyes with a slurred speech." Mr. Buckley noted that respondent had a steady gate and walked with a cane. Mr. Buckley stated that his observations of respondent made him believe that respondent "had something onboard at that time."

Respondent agreed to provide a urine sample and signed forms for voluntary mental and physical evaluations. Respondent was unable to provide a urine sample, and Mr. Buckley and his partner sat and talked to respondent for three hours until he was finally able to give a sample. During those three hours respondent drank water in order to be able to provide a urine sample. Respondent told Mr. Buckley that he had drank alcohol the night before and was dehydrated. In response to Mr. Buckley's question of how much alcohol he had consumed the night before, respondent stated that he did not recall specifically but that he had several drinks and "it was not to the extent where he blacked out or could not walk." Mr. Buckley obtained the urine sample at 1:02 p.m. and witnessed respondent give the sample. Respondent told him that the sample could have the following substances in it: marijuana, valium, and possibly some opioids or narcotics. He stated that those medications were prescribed to him for his back pain.

Respondent invited Mr. Buckley and his partner into his office, which was a large office with a front portion separated from the back portion by large filing cabinets. The back portion had an old examination table and a chair. Mr. Buckley observed that the office was not clean. Specifically, he observed a large table behind the front desk that was cluttered and had ants on it. He saw a bottle of what respondent stated were

antibiotics that appeared to be old with stains that ran down the sides of the bottle. Mr. Buckley observed tool chests with various medications in them, as well as empty pill bottles, and various boxes with labels for different medications.

During the three hours he waited for respondent to provide a urine sample, respondent told Mr. Buckley that he keeps a bottle of "Maker's Mark" bourbon in his office. Respondent stated that he keeps the bottle of bourbon on hand for patients "who are being a baby" before minor procedures. If they are "being a baby" respondent will give them a shot of bourbon to ease their nerves. Respondent also introduced Mr. Buckley and his partner to Angela Marquez, who respondent stated was the front desk medical assistant. Respondent also introduced Mr. Buckley to Julie MacPhee, who came into the office at a later during the three-hour wait. Respondent introduced Ms. MacPhee as another front office medical assistant. During the time Mr. Buckley was at respondent's office, he never observed any other patients in the office other than the patient who was there when he arrived.

12. Mr. Buckley testified that after he sent respondent's urine sample for testing, he later received the results which were received in evidence. Those results show that respondent's urine sample was positive for alcohol metabolites in a measured amount that was very high. The results also show that respondent tested negative for all other drugs tested, including marijuana. Mr. Buckley stated that the testing results were consistent with respondent's statements that he had several drinks the night before.

TESTIMONY OF ELIZABETH ROMERO, M.D.

13. Elizabeth Romero, M.D. has been licensed to practice medicine in California since 2004. She received her undergraduate degree in 1987 from the

University of San Francisco. She obtained her M.D. degree in 1992 from the University of Rochester School of Medicine. Dr. Romero completed a family medicine residency program in 1995 from the University of Rochester. Dr. Romero has been board certified in family medicine from the American Board of Family Medicine since 1996. She also holds a Master of Jurisprudence in Health Law from Loyola University in Chicago, School of Law, which she obtained in 2019. Dr. Romero also obtained a Master of Business degree from the University of Notre Dame in 2022. Dr. Romero currently works as a full-time primary care physician at One Medical, a position she has held since October 2023. In that position she treats approximately 16 to 18 patients per day, including adults and children. Prior to this position she worked as the Medical Director of Magellan Health from August 2021 to October 2023. Since 2018 she has worked as an expert reviewer and evaluator for the board. In that role she performs evaluations of physicians to determine if they suffer from any physical illness that may impact their ability to safely practice medicine. Since 2018 she has performed about 10 to 20 such evaluations of physicians. Additionally, she also performs evaluations of other health professionals for a determination of whether they are safe to practice on behalf of a variety of other agencies, including the Physician Assistant Board, Respiratory Therapy Board, Podiatric Medical Board, and Osteopathic Medical Board. Dr. Romero was asked by the board to evaluate respondent in this matter to determine if he suffers from a physical illness that impacts his ability to practice medicine safely.

14. Dr. Romero evaluated respondent on behalf of the board on March 24, 2025. As part of her evaluation of respondent, she reviewed documents including the investigative report from Mr. Buckley, signed forms from respondent regarding his voluntary submission to the evaluation, respondent's urine sample test results, photos from respondent's office, and respondent's Controlled Substance Utilization Review

and Evaluation System (CURES[1]) report. Dr. Romero noted that respondent's urine test results show that he had recent alcohol use in a significant amount. She also noted that respondent's CURES report shows that he had been prescribed hydrocodone, an opioid, and diazepam, a benzodiazepine. On March 24, 2025, Dr. Romero interviewed respondent and conducted her evaluation, which lasted about one hour. Thereafter, she wrote a report summarizing her findings, which was received in evidence.

15. Dr. Romero testified that during her interview of respondent, he told her that before he performs some procedures on patients, he will give the patient a shot of Maker's Mark bourbon, which she said was significant because that is outside of the standard of care of a physician. Respondent also told her that he has used marijuana in the past, and that he currently consumes a couple of drinks of alcohol every night, sometimes more. Respondent specifically enjoys drinking tequila. Dr. Romero stated that this was consistent with his urine screening test results. Respondent also told Dr. Romero a list of medications he was currently taking, which include the following: Wellbutrin (antidepressant and mood stabilizer), Norco (also known as hydrocodone, which is an opioid), MS Contin (a morphine equivalent), Valium (also known as diazepam, a benzodiazepine for anxiety and muscle relaxation), Xanax (a benzodiazepine for anxiety), and Opana (an opioid pain medication). In addition to these medications, Dr. Romero noted that respondent's CURES report shows he was also prescribed clonazepam (also known as Klonopin, a benzodiazepine used for

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[1] CURES is a database of Schedule II, Schedule III, Schedule IV, and Schedule V controlled substance prescriptions dispensed in California, which can provide information regarding an individual's prescription history, used for public health, regulatory, and law enforcement purposes.

anxiety), which is a medication that respondent failed to tell her that he was taking. Additionally, respondent's CURES report did not list prescriptions for MS Contin or Xanax despite the fact that respondent reported to her that he was taking those medications.

16. Dr. Romero testified, and wrote in her report, that respondent's chronic medical conditions are currently stable and none of them need to be addressed at this time. However, she opined that he is not safe to practice medicine at this time because respondent's drug screen was positive for alcohol, he told her that he drinks alcohol every single night, and he is also chronically taking controlled substances. She stated that the potential combination of alcohol and controlled substances could result in potentially harmful interactions that would impact a person's ability to safely engage in the practice of medicine. Dr. Romero is concerned that respondent has an underlying substance abuse disorder not previously diagnosed. Specifically, she stated that when you look at the specific medications he is taking, benzodiazepines and opioids, they are all central nervous system depressants, and mixing alcohol with those gives a person a high risk of adverse effects, such as respiratory depression, hypoxia, and significant cognitive impairment. Because a physician with cognitive impairment can place patients at significant risk, Dr. Romero opined that it is prudent for respondent to be evaluated for substance abuse disorder. Dr. Romero opined that respondent is not safe to practice at this time without any restrictions or conditions. Dr. Romero concluded that there was no evidence that respondent has an underlying mental illness that would prompt the necessity of a mental examination. However, Dr. Romero also concluded that given the results of his urine screen and information provided that she recommends respondent undergo an examination to further evaluate him for an underlying substance abuse disorder.

17. Dr. Romero admitted that she saw no evidence that respondent was impaired, was abusing medication, or patient harm. Despite that she still has concerns about respondent's potential combination of alcohol with controlled substances such that she opines that respondent is not safe to practice without further evaluation for substance use disorder.

TESTIMONY OF DANIEL BROCKETT, M.D.

18. Daniel Brockett, M.D. has been licensed to practice medicine in California since 2003. He is also licensed to practice medicine in New York and Utah. Dr. Brockett received his undergraduate degree in psychology in 1997 from the University of California, San Diego (UCSD). Thereafter, he worked full-time from 1997 to 1998 at the Alzheimer's Disease Diagnostic and Treatment Center of the University of California performing psychometric testing. He received his M.D. degree from the University of California Irvine in 2002. He thereafter completed a one-year internship in internal medicine at St. Mary's Medical Center in San Francisco, California in 2003. Dr. Brockett completed one year of residency in an anesthesiology residency at the University of California Los Angeles in 2004. Dr. Brockett completed a residency in psychiatry in 2012 at UCSD. He also completed a one-year fellowship in psychodynamic psychotherapy at the San Diego Psychoanalytic Center in 2012, and he completed a fellowship for the psychoanalytic training program in 2021 from the San Diego Psychoanalytic Center. Dr. Brockett has worked in private practice in San Diego, California as a psychiatrist, psychoanalyst, and expert witness since 2007. Dr. Brockett is board certified in general psychiatry and addiction medicine. He also holds a certificate in adult psychoanalysis. Dr. Brockett's private practice of psychiatry since 2007 has involved treatment of patients with opioid addiction. Currently, about one-third of his private practice work is medical/legal in nature, and the remaining two-

thirds of his work is clinical practice as a psychiatrist and psychoanalyst. Dr. Brockett has worked as an expert reviewer and evaluator for the board since 2023. Dr. Brockett has performed about 14 psychiatric evaluations of physicians for a determination of whether they are safe to practice on behalf of the board since 2023. Dr. Brockett was tasked by the board with performing a psychiatric evaluation of respondent for a determination of whether he is safe to practice.

19. Dr. Brockett reviewed documents prior to his evaluation of respondent including Mr. Buckley's investigative report, photos of respondent's office, signed forms for voluntary psychiatric examination from respondent, respondent's urine sample test results, and respondent's CURES report. Dr. Brockett interviewed respondent in person on April 2, 2025, and administered the Minnesota Multiphasic Personality Inventory (MMPI-2), a psychological test that assesses personality traits and psychopathology. Dr. Brockett met with respondent for a total of four hours. After Dr. Brockett completed his evaluation of respondent, he drafted a report summarizing his finding, which was received in evidence. Dr. Brockett testified that after the April 2, 2025, appointment with respondent, respondent contacted Dr. Brockett by text on three separate occasions, namely on April 24, 2025, May 19, 2025, and May 30, 2025, seeking Dr. Brockett's report. However, Dr. Brockett had previously repeatedly told respondent that Dr. Brockett is not his provider and that the report would be given to him by the board investigator. Despite this, respondent continued to text Dr. Brockett asking for the report. According to Dr. Brockett, respondent seemed very confused during those communications and had difficulty with his memory and following instructions. Dr. Brockett also noted that he requested respondent's medical records from his primary care provider, but respondent refused to provide those records.

20. Dr. Brockett testified that when he reviewed the investigative report regarding the unannounced visit to respondent's office, the description of respondent's office suggested an "unmanageability in his life," including the way respondent dressed that day. Dr. Brockett stated that this is typical of people with substance abuse disorder. Respondent admitted that his urine would not be clean because he drank alcohol the night before, and that he takes other opioids and drugs. Dr. Brockett also noted that respondent stated that he keeps a bottle of bourbon in his office to give to nervous patients, which Dr. Brockett stated was not within the standard of care for a physician and also indicated that respondent has a cavalier attitude towards alcohol.

Dr. Brockett also noted that respondent's urine test results show that he had a "substantially higher level" of biomarkers for alcohol consumption, which confirms heavy alcohol consumption defined as five or more drinks standard drinks. Dr. Brockett also noted that respondent admitted to this alcohol consumption the night before he provided care to a patient the next morning. Dr. Brockett also noted that respondent is 67 years old with a number of health conditions. Accordingly, drinking alcohol in heavy amounts likely causes more impairment to an older person than for a younger person in their 20s. On April 2, 2025, Dr. Brockett also sent respondent for both urine and blood drug and alcohol screening, including a phosphatidylethanol (PEth) test, which can provide information on respondent's drinking habits over the last month.

Respondent's PEth test results showed a positive abnormal result that showed moderate drinking of alcohol over the prior weeks, or alternatively heavy drinking and then abruptly quitting over a period of three to four weeks. The blood and urine tests were negative for all other substances. Dr. Brockett stated that respondent knew he had an upcoming psychiatric evaluation and was under investigation from the board,

but respondent chose to drink alcohol anyway, which demonstrates questionable judgment. Respondent admitted to Dr. Brockett that he drinks alcohol in the evenings, specifically cocktails with his wife. Dr. Brockett noted that cocktails typically contain larger amounts of alcohol. However, Dr. Brockett stated that respondent was evasive about the amount of alcohol he consumed, and respondent only stated, "I haven't gotten drunk drunk in many years." With regard to his marijuana use respondent reported to Dr. Brockett that he uses cannabis "here and there" and he may go several weeks without it, but for other weeks "he may smoke two or three joints." Dr. Brockett noted that respondent was again evasive on the amount he consumed, which is typical with people with substance abuse disorders under investigation.

Dr. Brockett stated that respondent admitted to him to using Valium (the brand name for diazepam) and Xanax. However, Dr. Brockett noted that respondent's CURES report has no record of respondent receiving a prescription for Xanax, and respondent's last recorded prescription for Valium was on November 26, 2024. Dr. Brockett noted that respondent was prescribed to take Valium three times per day, and his CURES report shows a monthly average consumption of approximately 59 tablets of clonazepam and diazepam. Dr. Brockett also noted that respondent's purchasing patterns for those medications indicated possible overuse during specific months. Dr. Brockett also noted that diazepam is a benzodiazepine that is highly addictive and rarely prescribed for anything other than three conditions, none of which respondent had. Dr. Brockett opined that benzodiazepine consumption alone can lead to sedation and cognitive impairment, but that is especially likely when combined with other drugs affecting the central nervous system, such as alcohol, opioids, muscle relaxers, and hydroxyzine, all of which respondent reported taking. When you factor in respondent's age, alcohol and marijuana usage, that is an especially dangerous combination particularly with respondent's health conditions.

Notably, Dr. Brockett stated that respondent reported to him on April 2, 2025, that he had taken a benzodiazepine the night before meeting Dr. Brockett. However, respondent's drug screen was negative for benzodiazepine. This was concerning for Dr. Brockett because it could be that respondent believed that he took that drug when in fact he did not, which is indicative of cognitive impairment in and of itself.

Dr. Brockett also noted that respondent's most recent CURES report obtained after Dr. Brockett's evaluation of respondent shows that respondent received a diazepam prescription on June 5, 2025, and that respondent regularly receives diazepam prescriptions. The CURES report also shows respondent is filling prescriptions for hydrocodone, an opioid for pain. Dr. Brockett noted that hydrocodone when used chronically can cause addiction problems, and when combined with benzodiazepines can be very dangerous. Dr. Brockett also noted that respondent is also prescribed clonazepam, another benzodiazepine, and oxymorphone, another opioid. Dr. Brockett noted that taking all of these controlled substances is dangerous in terms of impairment and in terms of his health, particularly for his age. Dr. Brockett also noted that respondent "self-prescribes" hydroxyzine for insomnia, which can cause mild cognitive impairment in people of respondent's age, and respondent also self-prescribes tizanidine (also known as Zanaflex, a muscle relaxant), which presents very serious "polypharmacy" issues and these drugs can have additive sedative and cognitive effects. Respondent admitted to Dr. Brockett that he takes hydroxyzine and tizanidine every night, and that he takes Xanax and Valium in the evening too. Respondent admitted to combining those substances. Notably, neither the urine or blood test given by Dr. Brockett to respondent tests for either hydroxyzine or tizanidine, which require a prescription but are not controlled substances.

Dr. Brockett also noted that respondent has chronic pain from congenital cervical and lumbar stenosis, and he had a 12-day hospitalization in April 2021 for acute renal failure caused by taking too much ibuprofen. Dr. Brockett noted that chronic pain is a known risk factor for substance use disorders. Dr. Brockett stated that respondent has a strong lack of insight, and the amount of drugs he is taking, and the amount of alcohol he is consuming, will "bleed into his patient care." Dr. Brockett also noted that respondent reported that his father was a "functional alcoholic," which is significant because substance abuse disorder is highly genetic, particularly for alcohol. Dr. Brockett also stated that respondent's brother had issues with substance abuse disorder. Dr. Brockett stated that individuals who grow up in a home with alcoholism in it shapes a child's later attitude towards alcohol. In this case respondent's father was a "functional alcoholic" meaning he went to work while dealing with alcoholism, which tends to negate the issues with alcohol. This family history is consistent with respondent's cavalier attitude towards alcohol.

21. Dr. Brockett testified that his administration of the MMPI-2 test to respondent showed that respondent was within normal limits, but that looking deeper into the results showed evidence of problematic substance abuse because respondent's results were clinically elevated on a number of scales, which shows that he has traits of substance abuse disorder, information that compliments Dr. Brockett's interview. Dr. Brockett utilized the *Diagnostic and Statistical Manual, Fifth Edition* (DMS-5) to come to his four diagnoses of respondent. Specifically, Dr. Brockett diagnosed respondent with: "alcohol use disorder, unspecified; rule out benzodiazepine use disorder; rule out opioid use disorder, and rule out cannabis use disorder." Dr. Brockett opined that as a result of these diagnoses, respondent is not safe to practice medicine without monitoring because of his high alcohol consumption alongside his consumption of other drugs including cannabis, benzodiazepines,

opioids, and other drugs affecting the central nervous system. Dr. Brockett testified, and wrote in his report, that respondent would be required to be monitored by random biological fluid testing, as well as undergo substance treatment in order to practice safely.

22. Since Dr. Brockett completed his evaluation and report dated April 7, 2025, he has reviewed additional information, including a declaration of respondent's primary care physician, who prescribes respondent benzodiazepines and opioids. Dr. Brockett noted that this physician wrote he has never seen respondent exhibit behaviors of misuse or abuse of drugs. However, this declaration does not change Dr. Brockett's opinion in this matter because it is not clear if this physician is aware of respondent's use of cannabis, alcohol, or how he is taking these medications. Dr. Brockett also reviewed the declarations of Angela Marquez and Julie MacPhee, the two individuals who work for respondent as medical assistants. Those individuals wrote in their declarations that they had never seen respondent impaired at work. Dr. Brockett gave no weight to those two declarations as those two individuals have an incentive to keep their job, which depends on respondent keeping his license.

Additionally, Dr. Brockett has also reviewed the report of respondent's expert, Matthew F. Carroll, M.D. Dr. Brockett stated that Dr. Carroll opined that respondent's occasional use of alcohol with controlled substances does not negatively affect respondent's ability to practice medicine. Dr. Brockett strongly disagrees with Dr. Carroll's conclusion and takes issue with his characterization of respondent's alcohol use as "occasional" given that respondent admitted to drinking alcohol every night and taking controlled substances every night also. Such use is not occasional.

23. Dr. Brockett also testified that he is also aware of the fact that respondent has produced numerous alcohol and drug screens since July 2025,

specifically 15 results. He is aware that all of those results have been negative for alcohol and drugs. However, those results do not change Dr. Brockett's opinions in this matter because when there is a threat to respondent's livelihood (his license to practice) by the board's investigation, respondent can stay sober for a short period of time. However, once the investigation goes away and he does not have the board overseeing him, Dr. Brockett is confident that respondent will resume his prior alcohol and drug usage.

Respondent's Evidence

24. Respondent provided the testimony of five witnesses at hearing in addition to his own testimony, namely, Matthew F. Carroll, M.D., expert; Blake K. Jackson, M.D., character witness; Javier Velasco, Ph.D., toxicologist; and two employees of respondent, Julie MacPhee and Angela Marquez. The following factual findings are based on their testimony and related documents received in evidence.

TESTIMONY OF MATTHEW F. CARROLL, M.D.

25. Matthew F. Carroll, M.D. has been licensed to practice medicine in California since 1999. He received his undergraduate degree in biology in 1984 from Cornell University. Dr. Carroll received his M.D. degree in 1989 from George Washington University School of Medicine. He completed a one-year internship in psychiatry at the Naval Medical Center in San Diego, California in 1990 during a time when he was in the U.S. Navy. Thereafter, as required by the U.S. Navy he worked at the Naval Alcohol Rehabilitation Center in Pearl Harbor, Hawaii from 1990 to 1993. Dr. Carroll thereafter completed a three-year psychiatry residency in 1996 from Naval Medical Center in San Diego. Dr. Carroll completed a fellowship in forensic psychiatry in 1999 at Case Western Reserve University in Cleveland, Ohio. Dr. Carroll worked as a

psychiatrist in the U.S. Navy until he separated from service in 2002. Dr. Carroll currently works for the San Diego County Forensic Evaluation Unit of the San Diego County courts and has done so since June 2000 as a forensic psychiatrist. From September 2017 to 2020 Dr. Carroll was a Supervisor for the Forensic Evaluation Unit overseeing seven psychiatrists and also working as a forensic psychiatrist. Currently, Dr. Carroll also has a private practice in forensic psychiatry, but he does not see private patients. Instead, his private practice consists of forensic psychiatry work in legal cases with half of his cases being criminal cases and the other half being civil cases. Dr. Carroll also worked as an expert reviewer for the board from 2002 to 2020 during which he reviewed about 25 cases on behalf of the board. Dr. Carroll was retained on behalf of respondent in this matter to evaluate him and prepare a report. Dr. Carroll testified that his evaluation of respondent consisted of an interview lasting about two hours on July 7, 2025.

26. As part of his evaluation of respondent Dr. Carroll reviewed the Interim Suspension Order and supporting documents, the investigative report of Mr. Buckley and supporting documents including urine test results, Dr. Romero's report, Dr. Brockett's report, declaration of Blaine Jackson, M.D. (respondent's primary care physician), declaration of Julie MacPhee, declaration of Angela Marquez, respondent's certificate of licensure from the board, and a series of urine sample test results from respondent taken from April 2025 to September 2025.

27. Dr. Carroll testified that the urine screen from March 6, 2025, shows that respondent consumed alcohol the night before, which he admitted. Dr. Carroll testified that as Dr. Brockett opined, this test result is consistent with respondent's consumption of five or more standard alcoholic drinks in a brief timeframe. Dr. Carroll stated that respondent admitting to consuming those drinks. However, Dr. Carroll

noted that it is important that the urine screen test from March 6, 2025, was negative for all other substances. Dr. Carroll also stated that if respondent had consumed five alcoholic drinks the night before, while it is not good for his health, that does not mean he could not see patients the next day as it would be highly unlikely respondent would still be intoxicated. On cross-examination Dr. Carroll admitted that it is possible that a person could still be intoxicated the next day after consuming five drinks the night before, depending on the person's tolerance for alcohol and the time they consumed the drinks.

Dr. Carroll testified that with regard to the April 2, 2025, PEth test results for respondent, those results show that respondent had a level of 40 ng/ml of the biomarker for alcohol use, which falls into the range that indicates a pattern of moderate alcohol consumption, but well below the 200 ng/ml threshold that indicates heavy or high-risk drinking pattern. Based on these results Dr. Carroll would conclude that respondent is engaging in social drinking but not abusing alcohol.

Dr. Carroll also testified based on both Dr. Romero and Dr. Brockett's reports, respondent appeared to be coherent and intelligent with appropriate mood and affect during his evaluation with each of them. According to Dr. Carroll, respondent's presentation at those evaluations is inconsistent with an individual who abuses drugs or alcohol. If a person does abuse drugs and alcohol, they are likely to have difficulties with behavior and appearance. Based on Dr. Romero's and Dr. Brockett's reports alone, Dr. Carroll noted no evidence of respondent's "bad behavior or appearance."

28. Dr. Carroll testified that based on his evaluation of respondent and review of records, his opinion is that respondent does not have a mental illness or condition that affects his ability to practice medicine safely. Dr. Carroll testified, "I say that because nobody has ever said he suffers from an alcohol problem, and his

psychological testing from Dr. Brockett did not show that either." Dr. Carroll stated that because respondent has had urine testing from April 2025 to September 2025 and all of those results were negative for drugs and alcohol, this leads Dr. Carroll to believe that respondent does not have a drug and alcohol problem because there is no objective evidence to support that. Dr. Carroll wrote in his report:

> While it is recommended that patients not combine alcohol with controlled substances, his occasional use of these together does not constitute abuse, and does not affect his ability to practice medicine safely ..... Dr. Yusim's consumption of alcohol during the work week is confined to his personal time in the evenings, and is a clear demarcation between his professional and private life.

Dr. Carroll's opinion appears to ignore respondent's own admission to Dr. Brockett and Dr. Romero that he drinks alcohol every night, which is itself objective evidence of alcohol use. On cross-examination Dr. Carroll admitted that during his interview of respondent, respondent told him that he drinks two to three alcoholic drinks every night, but Dr. Carroll did not document that in his report. Dr. Carroll also admitted on cross-examination that drinking alcohol every night is not occasional use of alcohol, and he stated, "but many people will tell you that in their opinion that is occasional.....I am talking about patients not experts." Dr. Carroll admitted that people minimize their alcohol consumption.

29. Dr. Carroll stated that he reviewed respondent's CURES report and based upon his review there was no indication that respondent was "doctor shopping, pharmacy shopping, losing prescriptions, asking for early refills, having stolen medications, etc. which are signs of drug abuse." However, notably on cross-

examination Dr. Carroll admitted that he never "did the math" from the CURES report to determine the number of pills respondent received within a specific month. He stated, "That is two different things, the prescriptions and how often he is taking the medication . . . I don't know how many pills he has left in the bottle." When asked if he would expect respondent to continue to refill the prescriptions if he still had pills left in the bottle, Dr. Carroll responded, "not necessarily but people go on vacation."

30. Dr. Carroll stated that he reviewed Dr. Jackson's declaration, who is respondent's primary physician. Dr. Carroll noted that Dr. Jackson prescribes medications to respondent for some medical issues, including pain management. Dr. Carroll noted that Dr. Jackson has seen no evidence of drug abuse by respondent, which Dr. Carroll stated supports his conclusions that respondent does not have a drug abuse problem. However, on cross-examination Dr. Carroll admitted that he did not review medical records of respondent from Dr. Jackson and does not know why Dr. Jackson prescribed diazepam to respondent. Dr. Carroll also admitted that he never asked respondent why he takes diazepam, nor does he know how often respondent takes diazepam other than respondent telling he does so occasionally. Notably, on cross-examination Dr. Carroll was questioned on why respondent's CURES report shows that he has filled prescriptions for diazepam in both May and June 2025 showing he refills the prescription regularly, which should indicate regular use. In response to the question, Dr. Carroll avoided the question by stating, "the best I can tell you is that he has had multiple negative drug screens, and he does not know how often he takes these [medications]."

Dr. Carroll also admitted on cross-examination that he is aware that through his review of respondent's CURES report that respondent has been prescribed benzodiazepines and opioids on a regular basis for the past few years. Dr. Carroll

admitted that taking benzodiazepines and opioids together can cause impairment and difficulty concentrating and slow down the central nervous system and can also lead to addiction. Dr. Carroll also admitted that respondent told him he takes Xanax (a benzodiazepine) occasionally in the evening, and clonazepam (a benzodiazepine). However, Dr. Carroll did not know why respondent was taking those drugs and did not know the frequency of when respondent takes those drugs. Dr. Carroll stated he was aware that respondent has not had a prescription for Xanax since 2021 according to his CURES report, but that respondent told him he has taken Xanex from older already filled prescriptions. When asked why respondent would take a medication filled four years ago when he is also regularly prescribed other benzodiazepines from his physician, Dr. Carroll had no answer and stated, "people sometimes get confused on the medications they are taking and how often."

31. Dr. Carroll admitted during cross-examination that although he interviewed respondent as part of his evaluation, he did not summarize that interview in his report. Instead, he "went through" a lot of those things from Dr. Brockett's report. Dr. Carroll admitted he did not include in his report the medications respondent told him he was taking, did not include respondent's relationship history, family history, or medical history in his report. When asked if it was relevant to ask open ended questions of respondent instead of just confirming information already in Dr. Brockett's report, Dr. Carroll stated, "The purpose was for safe practice . . . we are not there to discuss those past issues even though they are important . . . if I was seeing him as a patient, then that would be important." Dr. Carroll stated that although he did perform a mental status examination on respondent, he did not include that information in his report.

32. Regarding respondent's alcohol use, Dr. Carroll noted that respondent told Dr. Romero that he drinks multiple alcohol drinks each night, and the March 6, 2025, urine test results corroborated that. However, Dr. Carroll stated, "since he has been under the microscope of the medical board, he has not been drinking . . . he saw me in July and Dr. Romero in March, so clearly he has cut down [on his drinking]." However, Dr. Carroll admitted that respondent did not tell him that he had stopped drinking alcohol during his evaluation with Dr. Carroll. Dr. Carroll stated that he agrees that if respondent was drinking alcohol every night as he stated, and if he takes benzodiazepines a few times a week at night as he told Dr. Romero and Dr. Brockett, that respondent is at a minimum combining those substances a few times a week, and that doing so is not occasional.

Dr. Carroll also admitted that respondent told him that respondent uses cannabis "occasionally" but did not break down what occasionally meant. Respondent did tell him that he would use cannabis some weeks and in other weeks would not. Dr. Carroll noted that respondent did tell Dr. Brockett that he occasionally takes tizanidine, which is a muscle relaxant that affects the central nervous system. Dr. Carroll admitted that combining tizanidine with alcohol should be avoided. Dr. Carroll admitted that all of these drugs taken by respondent, including benzodiazepines, opioids, marijuana, and alcohol, can impact a person's ability to do tasks that require mental alertness. Despite this acknowledgement, Dr. Carroll opined that respondent is safe to practice medicine without monitoring because "I am focusing on these negative drug tests." Dr. Carroll stated that respondent "tends to ramble" when asked questions about the medications he is taking, but Dr. Carroll focused on the recent urine drug tests that are negative. Dr. Carroll stated, "he likely has mixed medications in the past, but he has not done so for several months" as shown by the recent drug tests.

RESPONDENT'S TESTIMONY

33. Respondent received his undergraduate degree in animal physiology from UCSD in 1980. He received his M.D. degree from St. George University School of Medicine located in the West Indies in June 1986. Respondent completed a one-year internship in 1987 in New Jersey, and then he completed a residency program in family practice in 1989 in Pennsylvania. Respondent became board certified in family medicine in 1989 and continued to recertify until 2015 when he decided he no longer had a need to be board certified in family medicine because he was no longer working for group practices of hospitals that would require it. He also became licensed to practice medicine in California in 1988. Thereafter, he worked from 1989 to 1993 as a clinical physician in family practice in the emergency room of Castle Air Force Base where he also worked as the supervising physician in the emergency room. In 1993 he started working full-time as he emergency room physician at the Twenty-Nine Palms Marine Corps Base at the Naval Hospital where he worked for one year. In 1994 he worked locum tenens at various private practices for about one year. In 1995 respondent began working at Quality Care Medical Center Group (QCMC) as a family practitioner, and after one year became a partner at QCMC and took on supervision responsibilities. During this time respondent had hospital privileges for 13 years at Tri City Medical Center and for seven years at Palomar Medical Center. He no longer has hospital privileges because he has no need for them.

Currently, respondent is "semi-retired" and works in his private practice only a few hours per day about two to three days per week. He typically works in the afternoons for his patients. He stated, "I have a large population of people from the community who love me and always want to come visit me." Respondent stated he currently has a small concierge family practice where he treats adults up to the "age of

Medi-Care" and treats about two to five patients per day when he is in his office. Respondent does not accept insurance for payment and only accepts cash from patients for his services. Respondent continued to practice until the Interim Suspension Order was issued against his license.

34. Respondent testified that he had previously been disciplined by the board on three separate occasions. The first incident involved three patients in 2005. The second involved a single patient in 2006. And the third involved another patient in 2008. Respondent stated that he entered a settlement agreement with the board on December 30, 2009. As a result of that settlement, the board placed his license on probation for five years, and during the first year of the probation the board suspended respondent's license to practice medicine, with terms and conditions including a total prohibition on respondent's ability to prescribe controlled substances. The terms and conditions of this probation did not include any biological fluid testing of respondent and no requirements that he remain abstinent from all drugs and alcohol. After respondent filed a petition to modify his probation terms, the board issued an order, effective May 30, 2014, wherein the terms of respondent's probation were modified to allow him to prescribe controlled substances. Respondent ultimately successfully completed his probation term effective March 11, 2015. Thereafter, respondent has had no disciplinary issues with the board other than this matter.

35. Respondent testified that over the past 20 years he has treated thousands of patients and has no medical malpractice claims against him, no settlements, and no complaints from his patients.

36. Respondent admitted to using alcohol in the past. He stated he made the decision to stop drinking alcohol in May 2025. He explained that at that time he was scheduled for a dangerous spinal surgery and his weight had "gotten out of control."

As a result, his wife urged him to go on a diet and to stop drinking alcohol, so he did. However, respondent admitted that he did drink alcohol during a one-week vacation from June 9 to June 12, 2025, when he drank two drinks (specifically cocktails) per night every night during that week. Later in his testimony and on cross-examination respondent also admitted to taking an opioid of Norco during that same week when he was on vacation, and he also admitted to taking diazepam during that same week when he was on vacation. Additionally, on cross-examination respondent admitted that he also consumed marijuana during that same week in June 2025 when he was on vacation. Accordingly, by his own testimony, respondent admitted to drinking alcohol every day during the week of June 9 to June 12, 2025, as well as taking Norco, diazepam, and marijuana. Notably, on his direct examination respondent testified that in the past six months he has never combined alcohol with any narcotic.

Also, notably, during cross-examination respondent stated, "I would not say having a cocktail is drinking alcohol . . . I would not consider that to be drinking." He thereafter stated emphatically, "I don't consider having a cocktail with friends to be drinking alcohol." Respondent also testified during cross-examination that prior to May 2025 he would drink alcohol "a few drinks several times per week." He admitted that he told Dr. Romero that he drank every night and stated, "It is close enough – whether I drink every night or three to four days a week just depends on how I am feeling that week, there is no exact time you do it. It is like taking pain pills, you don't plan on taking pain pills until you need them." Respondent stated that when he drinks alcohol, "I drink gin, whisky, tequila – it does not matter what kind of alcohol you drink, it is all the same." Respondent admitted on cross that prior to May 2025 he would drink hard alcohol, specifically "probably three cocktails per night about three to four times per week." Respondent denied ever being intoxicated at work or being impaired by alcohol at work.

37. Respondent also stated that he is prescribed medications for a severe spinal disorder in his lower back and neck affecting him for the last 15 years. He admitted to taking "pain pills" when he needs them but not every day. Respondent testified that he has seen Dr. Jackson as his physician for the past 10 years. Respondent testified that he recently received a good epidural injection from his pain physician, Dr. Patel, which allowed him to take less pain medication. During his testimony respondent admitted to taking a number of different pain medications. Respondent stated that he had taken Xanax and told Dr. Brockett and Dr. Romero that he had taken Xanax, even though he had not had a prescription for it since 2021. Respondent stated that he had previously been prescribed Xanax for muscle spasms and to help him relax when he had pain, and he had leftovers that he had not used since his last prescription. On cross-examination, respondent stated that the last time he took Xanax was the night before he saw Dr. Brockett on April 2, 2025. He also admitted to telling Dr. Brockett that he takes Xanax a few times each week. Specifically, respondent stated, "I sometimes use Xanax and Valium interchangeably – sort of like some people say Tylenol – it is more of a general – I may say I am taking Xanax when I am really taking a little Valium." Respondent continued, "My wife may say to take a Xanax and I take a little piece of Valium – it is not words that we use to call it but we know what it is." Respondent's testimony in this respect was confusing and a bit rambling.

Respondent also testified that he has taken Norco in the past when he has pain, but he did not provide any information on how often he took the drug. He stated the last time he took Norco was when he was on vacation in June 2025. He stated that his pain fluctuates throughout the day and if he is working when he has to take a pain pill, he will cancel the rest of the patients for that day. Otherwise, he takes them at night. Respondent also stated he has taken MS Contin, which he stated he has not taken for

a few years now. However, he also admitted that he told Dr. Romero that he currently takes MS Contin. In explanation, respondent stated, "I was referencing a medication that I still have leftover in case I need them . . . if Norco is not strong enough I take MS Contin." Respondent admitted that the last prescription for MS Contin he got was in 2020 or so. Respondent was asked if he told Dr. Brockett that he takes diazepam in the evenings a few times per week, and in response respondent stated he was "mostly" truthful to Dr. Brockett and he "may have just given more broad answers." Respondent stated that the last time he took diazepam was in June 2025 when he was on vacation, and he last filled his prescription in June 2025 or so. He stated that he may refill a prescription "because he is constantly traveling with his wife and dogs in an RV" and does not want to have a situation where he has to call his physician to have a prescription sent to another state.

Respondent also stated that he has been prescribed clonazepam, but he does not recall why he had that prescription. He stated that he has not taken that "for some time now." He was also prescribed Ocana for pain after his 2021 hospitalization, but he rarely takes that drug. Respondent also stated that he has been prescribed tizanidine as a muscle relaxer, and he does currently take that "many nights." Respondent denied prescribing any medication to himself currently.

38. Respondent also testified that he occasionally uses marijuana for pain because he does not like the side effects of opioids. He takes marijuana in edibles and sometimes smokes it. The marijuana helps with his pain and helps him sleep. He stated that the last time he used marijuana was in June 2025 when he was on vacation.

39. Respondent stated that on March 6, 2025, during the unannounced visit by Mr. Buckley, he told him that his urine sample would not be clean because he was unsure of when he last took his pain medication of Valium and other opiates. He

stated that he "does not keep track of when he takes his pain medications." Respondent admitted to telling Mr. Buckley that he had consumed alcohol the night before that unannounced visit. Respondent admitted to treating a patient that same morning "early" for a physical when the patient showed up unexpectedly.

40. With regard to his statement that he gives alcohol, specifically bourbon, to his patients who are "being babies," respondent testified that he has only done that once in the past five years, and he would not do that now or in the future.

41. Respondent stated that he underwent voluntary drug and alcohol screening from urine tests from July 2025 to September 2025 and all of those results were negative for drugs and alcohol. Those testing documents were received in evidence. Notably, those testing documents show that there were no test results provided, and no testing done from August 5 to August 21, 2025. During cross-examination respondent could not explain this lack of testing. He did state that the testing company he hired comes to him because it is a mobile service, and they have come to him for testing a couple of times per week since July 4, 2025. However, he stated that they do not visit him when he is out of town. Respondent admitted that he has been "out of town for a little over a week" visiting Colorado during this July to September testing period, and he was again out of town in Northern California for a little under a week during that testing period. Respondent admitted that when he is out of town, he is not tested. Respondent admitted to "taking medication once or twice" during the testing period, but that it had not showed up on test results, which surprised him. Respondent provided no further explanation regarding those incidents. On cross-examination, respondent also admitted that there are still times when he feels he could use benzodiazepines. He plans to resume taking pain medication when he needs it.

42. Respondent testified that he had a couple of employees at his private practice, namely Angela Marquez and Julie MacPhee. He has known Julie MacPhee for about 30 years, and Ms. MacPhee's best friend used to be one of respondent's nurses when he worked for QCMC. He stated that Ms. MacPhee is very honest and would never lie, and he has never told her he would fire her. Respondent has known Ms. Marquez for the past 10 years, and she worked for respondent daily for six days per week until his license was suspended.

TESTIMONY OF JAVIER VELASCO, PH.D.

43. Javier Velasco, Ph.D. currently works as a senior forensic toxicologist at Millenium Health in San Diego, California, a position he has held since September 2010. Additionally, since October 1998 he has worked as a forensic consultant for Forensic Consulting located in Madison, Wisconsin. Dr. Velasco obtained his undergraduate degree in biochemistry and cell biology from UCSD in 1993. He obtained his Ph.D. degree in molecular and environmental toxicology in 2016 from the University of Wisconsin. He obtained his license as a clinical toxicology scientist from the Department of Health and Human Services in 1996. Dr. Velasco is board certified in forensic toxicology from the American Board of Forensic Toxicology since 2019. Dr. Velasco's current responsibilities at Millenium Health include the interpretation of laboratory results and writing reports, training other toxicologists, and writing operating procedures. His primary responsibility is engaging in clinical toxicology and interpreting laboratory results for medical treatment of patients. Additionally, part of his duties as a consultant with Forensic Consulting include interpreting toxicology results for legal purposes and testifying as a witness in court, and he has done so in multiple cases over the course of almost 20 years. Dr. Velasco was retained by

respondent in this matter to review urine screening test results and draft a report regarding his findings.

44. Dr. Velasco reviewed the report of investigation from Mr. Buckley and related documents, Dr. Brockett's report and related documents, and Dr. Romero's report and related documents. Dr. Velasco specifically reviewed the laboratory results from respondent's urine sample taken on March 6, 2025, the urine sample results and PEth results from Dr. Brockett's tests on April 2, 2025, as well as 17 urine test results from respondent taken on various dates from July 4, 2025, to September 8, 2025. Dr. Velasco also reviewed an additional PEth test done from respondent's blood sample taken on September 8, 2025.

45. Dr. Velasco testified that ETG and ETS are metabolites of alcohol consumption and biomarkers that remain in the body for about three days after you consume alcohol. The presence of ETG and ETS is a good indicator of alcohol consumption. He further explained that PEth is another class of biomarkers from the consumption of alcohol that stays in a person's system much longer. Dr. Velasco stated that PEth provides a very good marker for a longer window of detection of alcohol consumption.

46. Dr. Velasco stated that the urine test result from respondent taken on March 6, 2025, shows that respondent had ETS and ETG biomarkers in a very high amount of over 100,000, which indicates recent alcohol consumption. He stated that the high 100,000 number is indicative of "multiple beverages," and a high result would be a number higher than 10,000. In this case the number was in excess of 100,000, which is a very high result. He stated that this number is consistent with four to five alcoholic drinks the night before, but that he can not extrapolate the number of drinks respondent actually had or the type of alcohol he had. He stated that the effects of

alcohol in the body for a person to be considered impaired diminishes with time. In response to the question of whether a person who stopped drinking alcohol at 10:00 p.m. would still be impaired the next morning, Dr. Velasco responded that it would depend on the total amount of alcohol that person consumed. In this case he could not say how much alcohol respondent consumed.

47. With regard to the April 2, 2025, PEth test results, Dr. Velasco stated that this test was positive for alcohol consumption because respondent's result was 40 ng/ml, which is consistent with moderate alcohol consumption. He stated that a heavy drinker would typically have a PEth result of 200 ng/ml or over. Dr. Velasco stated that the 40 ng/ml result could also be consistent with respondent's having consumed alcohol on the evening before March 6, 2025. Dr. Velasco also noted that the September 8, 2025, PEth test results for respondent showed a negative result with a cut off of 20 ng/ml. The September 8, 2025, test result shows that respondent has been abstinent from alcohol.

48. Dr. Velasco testified that all of the lab test results he reviewed showed that respondent has been abstinent from alcohol consumption since July 4, 2025. Dr. Velasco provided no testimony or analysis of testing results related to any other substance other than alcohol.

TESTIMONY OF BLAINE K. JACKSON, M.D.

49. Blaine K. Jackson, M.D. has been licensed to practice medicine in California since 1999. Dr. Jackson used to be a pharmacist and was licensed to practice pharmacy, but he is no longer licensed for that and no longer practices as a pharmacist. Dr. Jackson admitted on cross-examination that his medical license had

previously been disciplined by the board on one occasion, but Dr. Jackson did not recall why his license had been disciplined.

50. Dr. Jackson met respondent in 2000 when he started working with him in the same clinic, but they did not share patients, and respondent became Dr. Jackson's patient in 2016 as his primary care physician. Dr. Jackson sees respondent about twice per year and stated that respondent has a lot of pain attributable to spinal stenosis and osteoarthritis. Dr. Jackson treats respondent by prescribing him both Norco for pain as needed, and diazepam for anxiety. Dr. Jackson stated that he does not recall whether he prescribes Wellbutrin, hydroxyzine or Xanax to respondent, but did state that he probably prescribes hydroxyzine. Dr. Jackson testified that respondent is compliant with his medications and has never done anything that would lead Dr. Jackson to believe he is abusing medications. Dr. Jackson has never seen respondent be impaired, and respondent has always been appropriate in appearance and conduct around Dr. Jackson. Dr. Jackson has no concerns about respondent practicing medicine or his ability to care for patients safely. Dr. Jackson provided a declaration, which was received in evidence, that generally mirrored his testimony at hearing.

51. On cross-examination Dr. Jackson testified that he is aware that the Federal Drug Administration (FDA) has issued a "black box" warning regarding the prescribing of opioids together with benzodiazepines because doing so is causes a number of problems. Dr. Jackson stated that he runs a CURES report for respondent once per year "at most" and he also obtains a urine sample from respondent once a year. Although he did not recall the last time he obtained a urine sample from respondent. Dr. Jackson also stated that he has not asked respondent about his marijuana use and is not aware of whether or not respondent uses marijuana currently. However, Dr. Jackson stated that he is aware that respondent has used marijuana in

the past, but has no idea of how frequently. Dr. Jackson denied ever asking respondent about his alcohol use, but stated that respondent "volunteered information about it" to him. Dr. Jackson denied being aware that respondent uses alcohol regularly. While Dr. Jackson is aware that using alcohol together with benzodiazepines and/or opioids can cause problems, he stated that respondent "volunteered to him" that respondent does not do so. Dr. Jackson also stated that he is not aware of how much alcohol, benzodiazepines, opioids and marijuana respondent actually takes.

TESTIMONY OF JULIE MACPHEE

52. Julie MacPhee has known respondent for about 30 years. Ms. MacPhee has had a closer relationship with respondent over the last 20 years, and even closer for the last five years. Ms. MacPhee first met respondent during a time when Ms. MacPhee's best friend worked for respondent. Thereafter, Ms. MacPhee was respondent's patient for her thyroid condition and saw him as a patient once per year. Thereafter, Ms. MacPhee married and her husband became respondent's patient. For the last five or six years, Ms. MacPhee saw respondent more frequently as a patient, and she started working for respondent in February 2021 as a personal assistant outside of his office and in the office at the front desk, managing phone calls, screening patients, and helping with daily office duties. Ms. MacPhee started working with respondent when his other employee Angela Marquez became pregnant. Ms. MacPhee stated that in addition to herself and her husband seeing respondent as patients, Ms. MacPhee's son has also seen respondent as a patient on two occasions when he was 10 or 11 years of age and had a fever. Ms. MacPhee has no complaints of respondent as a caregiver for herself or her family. She would not take her son to see respondent as a doctor if she believed that respondent had an alcohol or drug problem.

53. Ms. MacPhee testified that she has seen respondent hundreds of times with patients over the years and has never seen him intoxicated or impaired in any way. She would and has recommended respondent to others as a physician. Ms. MacPhee also wrote a declaration, which was received in evidence, that generally mirrored her testimony at hearing.

54. On cross-examination Ms. MacPhee testified that she has no formal medical training and is not licensed in any way by the State of California. She no longer works for respondent, but she did work for him full-time up to the point when his license was suspended. Ms. MacPhee testified that she worked for respondent about 35 to 38 hours per week on Monday through Friday. She stated that respondent had patients "full-time from Monday through Friday" but did not see patients on weekends. Ms. MacPhee is aware that respondent keeps a bottle of alcohol in his medical office, which she stated was given to respondent as a Christmas gift by one of his patients and has been in the office for about two to three years. She has never seen respondent give any alcohol to a patient.

TESTIMONY OF ANGELA MARQUEZ

55. Angela Marquez has worked for respondent for almost 11 years. In most recent years she worked for respondent on Monday, Tuesday, and Friday. However, when she first started working for respondent, she did so Monday through Friday "full shift maybe 20 hours." During the 10 plus years she worked for respondent, she observed him with many patients and observed that he treated them with compassion and honesty. Ms. Marquez never observed respondent to be intoxicated or impaired in any way. She has never been concerned about him being unsafe or incapable of acting as a physician. She stated that respondent was "easy to work for" and they "worked together well." Ms. Marquez stopped working for respondent after his license was

suspended at the end of July 2025. Ms. Marquez wrote a declaration, which was received in evidence, that generally mirrored her testimony at hearing.

56. On cross-examination Ms. Marquez stated that she has two years of training and an associates degree to be a medical assistant. She is not licensed by the State of California for any profession.

Cost of Investigation and Enforcement

57. Complainant seeks recovery of enforcement costs of $16,185.75, investigative costs of $6,768.75, and expert reviewer costs of $6,282.24 pursuant to Business and Professions Code section 125.3. Complainant seeks total cost reimbursement in the amount of $29,236.74.

58. In support of the request for recovery of enforcement costs, the Deputy Attorney General who prosecuted the case signed a declaration on September 24, 2025, requesting total enforcement costs of $16,185.75, which consisted of $7,650 for costs associated with the Petition for Interim Suspension related to this matter and $8,535.75 for the costs associated with the accusation in this matter. Attached to the declaration is a document entitled "Master Time Activity by Professional Type." This document identifies the tasks performed, the dates legal services were provided, who provided the services, the time spent on each task, and the hourly rate of two Supervising Deputy Attorney Generals, three Deputies Attorney General, and two paralegals from March 21, 2025, through September 19, 2025, for a total of $16,185.75 in prosecution costs for 71.50 hours of work. The enforcement costs comply with the requirements of California Code of Regulations, title 1, section 1042, subdivision (b), and are reasonable.

59. In support of the request for recovery of investigation costs, a Declaration of Investigative Activity associated with the investigation of this matter from the Department of Consumer Affairs, Division of Investigation, Health Quality Investigation Unit was signed by the investigator in this matter, Michael Buckley. The declaration provides that this investigation began on January 22, 2025, with two investigators assigned, namely Mr. Buckley and Selby Arsena, and a total of 39.25 hours were spent investigating this matter. The declaration included an "Investigator Log" providing the dates, number of hours, and tasks performed with a task description, for the work Mr. Buckley and Selby Arsena performed on this matter at an hourly rate of $171 per hour for work performed from January 22, 2025, to March 25, 2025, and at an hourly rate of $173 per hour for work performed after March 25, 2025, up to June 5, 2025. The investigation costs total $6,768.75 and comply with the requirements of California Code of Regulations, title 1, section 1042, subdivision (b), and are reasonable.

60. In support of the request for recovery of expert services costs, a Certification of Costs was signed by Scott Steele, A.G.P.A. for the board certifying that Dr. Brockett spent 10 hours reviewing records and preparing a report at a rate of $200 per hour and spent four hours conducting a mental evaluation of respondent at a rate of $500 per hour and conducted lab testing at a cost of $282.24, for a total of $4,282.24. The certification also provided that Dr. Romero spent nine hours conducting a record review and report preparation at a rate of $200 and spent one hour on diagnostic tests at a rate of $200 per hour for a total of $2,000. Accordingly the total expert costs were $6,282.24. The certification of expert services complies with California Code of Regulations, title 1, section 1042, subdivision (b), for a total of $6,282.24, which is found to be reasonable.

61. Accordingly, the total reasonable costs of enforcement and investigation of this matter are $29,236.74. This total is analyzed further below with respect to whether complainant established the cause for discipline as alleged in the accusation. Respondent did not present any evidence regarding his ability to pay costs.

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. Complainant bears the burden of proof of establishing that the charges in the accusation are true. (Evid. Code, § 115; 500.) The standard of proof required is "clear and convincing evidence." (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.) The obligation to establish charges by clear and convincing evidence is a heavy burden. It requires a finding of high probability; it is evidence so clear as to leave no substantial doubt, or sufficiently strong evidence to command the unhesitating assent of every reasonable mind. (*Christian Research Institute v. Alnor* (2007) 148 Cal.App.4th 71, 84.)

Applicable Statutory Authority

2. The primary purpose of disciplinary action is to protect the public. (Bus. & Prof. Code, § 2229, subd. (a).) The Medical Practice Act emphasizes that the board should "seek out those licensees who have demonstrated deficiencies in competency and then take those actions as are indicated, with priority given to those measures, including further education, restrictions from practice, or other means, that will remove those deficiencies." (Bus. & Prof. Code, § 2229, subd. (c).) However, "[w]here rehabilitation and protection are inconsistent, protection shall be paramount." (Bus. & Prof. Code, § 2229, subd. (c).)

3. Business and Professions Code section 2227, subdivision (a), provides:

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

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

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

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

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

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

4. Business and Professions Code section 2234 provides, in part, as follows:

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. . . .

5. Business and Professions Code section 2239, subdivision (a), provides:

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.

6. Business and Professions Code section 822 provides:

If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the

licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:

(a) Revoking the licentiate's certificate or license.

(b) Suspending the licentiate's right to practice.

(c) Placing the licentiate on probation.

(d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.

The licensing agency shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated.

Disciplinary Guidelines

7. California Code of Regulations, title 16, section 1361, provides that when reaching a decision on a disciplinary action, the board must consider and apply the "Manual of Model Disciplinary Orders and Disciplinary Guidelines" (12th Edition/2016) (Guidelines). Under the Guidelines the board expects that, absent mitigating or other appropriate circumstances such as early acceptance of responsibility, demonstrated willingness to undertake board-ordered rehabilitation, the age of the case, and evidentiary problems, Administrative Law Judges hearing cases on behalf of the board

and proposed settlements submitted to the board will follow the Guidelines, including those imposing suspensions. Any proposed decision or settlement that departs from the Guidelines shall identify the departures and the facts supporting the departure.

8. California Code of Regulations, title 16, section 1361.5, provides that if the licensee is to be disciplined for unprofessional conduct involving the use of alcohol, the licensee shall be presumed to be a substance-abusing licensee for purposes of section 315 of the Business and Professions Code. In 2015, the board adopted the Uniform Standards for Substance Abusing Licensees under California Code of Regulations, title 16, sections 1361 and 1361.5. California Code of Regulations, title 16, section 1361.5, further provides specific probationary terms and conditions that must be used without deviation in the case of a substance-abusing licensee.

9. Under the Guidelines, the minimum discipline for unprofessional conduct related to the excessive use of alcohol in violation of Business and Professions Code section 2239 is stayed revocation for five years with terms and conditions including: suspension of 60 days or more, abstain from alcohol and controlled substances, biological fluid testing, ethics course, psychiatric evaluation, psychotherapy, medical evaluation and treatment, and a monitor of practice/billing. The maximum discipline is revocation.

10. Under the Guidelines, the minimum action for a mental or physical illness that affects licentiate's ability to practice his or her profession safely is stayed revocation with five years of probation with terms and conditions, including psychiatric evaluation and psychotherapy, and medical evaluation. The maximum action is revocation.

Evaluation

11. Respondent's testimony at this hearing was deeply concerning. During his testimony he provided contradictory information regarding his use of alcohol and dangerous drugs, insisted that his consumption of cocktails with friends did not constitute alcohol consumption, and at times provided rambling and confusing testimony. Respondent admitted to having consumed multiple alcoholic drinks the night before Mr. Buckley appeared at his office for an unannounced visit and observed respondent with a patient on the morning of March 6, 2025. Mr. Buckley's testimony that respondent appeared disheveled with glassy eyes and slurred speech and with "something on board" was credible and convincing and consistent with respondent's consuming a large amount of alcohol the night before. Respondent even stated to Mr. Buckley that his urine sample would not be clean. While the March 6, 2025, urine test and blood test were only positive for alcohol, it is noted that other drugs, such as hydroxyzine or tizanidine, which respondent admitted taking, were not tested. Furthermore, respondent admitted to both Dr. Romero and Dr. Brockett that he consumed alcohol every night and also consumed benzodiazepines, opioids, and marijuana occasionally, which would necessitate that he consumed alcohol with those drugs occasionally. Notably, respondent admitted during his testimony that he did so as recently as June 2025 when he was on vacation and consumed alcohol every night, and also during that time consumed marijuana, Norco, and benzodiazepines. This admission came after he first testified that he has been sober since May 2025. After consideration of all evidence provided, complainant established by clear and convincing evidence that respondent used controlled substances, dangerous drugs, and alcoholic beverages to an extent that impaired his ability to practice medicine safely.

12. With regard to complainant's allegations that respondent suffers from a mental illness affecting his ability to safely practice medicine, complainant provided two expert witnesses to provide testimony and evidence regarding this allegation, namely Dr. Romero and Dr. Brockett. Respondent provided one witness to counter their testimony, namely Dr. Carroll. Accordingly, a determination of the credibility of each of these expert witnesses is necessary to make findings regarding this allegation. Both Dr. Romero and Dr. Brockett testified in a straightforward, logical and reasoned manner, and both of these experts concluded that respondent is not safe to practice medicine without monitoring and oversight of the board because of his alcohol use disorder and possible substance abuse. Each expert explained the basis of their opinions, including information obtained directly from respondent regarding his alcohol and drug use. Both Dr. Romero and Dr. Brockett were credible and convincing regarding their expert opinions in this matter.

13. By comparison, Dr. Carroll provided somewhat inconsistent reasoning regarding his opinion that respondent is safe to practice medicine without oversight. Specifically, Dr. Carroll relied heavily on Dr. Brockett's report and testing of respondent instead of providing his own evaluation of respondent based upon his own interview. Notably, Dr. Carroll did not even provide a summary of his interview of respondent in his report. Instead, he simply criticized Dr. Romero and Dr. Brockett's reports. Furthermore, Dr. Carroll admitted that he never "did the math" on respondent's CURES report to determine how often he was refilling prescriptions and how many pills that would translate to that he was taking each month. Despite that failure, Dr. Carroll asserted that respondent was only taking these medications "occasionally" but with no evidence to support that assertion. Notably, that "occasional" assertion directly contradicted respondent's own statements to both Dr. Romero and Dr. Brockett. Dr. Carroll also admitted that he did not know why respondent was prescribed diazepam

or how often respondent takes diazepam, which is obviously a critically important fact in this case. Dr. Carroll also did not know why respondent was prescribed clonazepam or how often respondent takes Xanax. Dr. Carroll did not include in his report the drugs that respondent told him that he takes, nor did he include the frequency of when he takes those drugs. Dr. Carroll relied heavily on the urine testing and blood test that respondent has undergone since July 4, 2025, until September 2025 to come to the conclusion that respondent has not consumed alcohol or drugs during that time, and therefore is not a risk for patient safety. However, this conclusion ignores respondent's own admissions regarding his previous alcohol and drug consumption. Dr. Carroll even admitted during his testimony that respondent has been sober since being under the microscope of the board investigation. Dr. Carroll simply did not address the issue of whether respondent will return to his previous alcohol and drug consumption once the board's investigation was over.

14. California courts have repeatedly underscored that an expert's opinion is only as good as the facts and reasons upon which that opinion is based. (*Kennemur v. State of California* (1982) 133 Cal.App.3d 907, 924.) On balance, Dr. Carroll's opinions were simply less credible than those of both Dr. Romero and Dr. Brockett. Based on the evidence presented, complainant provided clear and convincing evidence that respondent suffers from a mental illness, namely alcohol use disorder, that affects his competency to practice medicine safely.

Cause Exists for Discipline

15. Cause exists under Business and Professions Code sections 2227, 2234, and 2239, subdivision (a), to discipline respondent's license on the basis that he has used controlled substances, dangerous drugs, or alcoholic beverages to the extent such use impairs his ability to practice medicine safely. Complainant established by

clear and convincing evidence that respondent consumed alcohol on the night before March 6, 2025, to an extent that he impaired the next morning on March 6, 2025, as observed by Mr. Buckley and testing results showed. Additionally, complainant established by clear and convincing evidence that respondent has combined his alcohol consumption with benzodiazepines, opioids, and marijuana, at least in June 2025 and by respondent's admission prior to that on multiple occasions.

Cause for Action

16. Cause exists under Business and Professions Code section 822 to revoke, suspend, or take action imposing restrictions upon respondent's license. Complainant established by clear and convincing evidence that respondent's ability to practice medicine is impaired by a mental illness, namely alcohol use disorder and substance use disorder, affecting his competency.

Degree of Action and Discipline

17. Having found cause for discipline and cause for action as noted above, the appropriate degree of action and discipline must be determined. Dr. Brockett opined that respondent would be safe to practice medicine if he was monitored and had oversight from the board related to his alcohol use disorder and possible substance abuse. After consideration of all evidence provided, a term of probation of five years with appropriate terms and conditions, including conditions related to substance use such as abstinence from alcohol and drugs, biological fluid testing, psychiatric evaluation and medical evaluation, will provide sufficient public protection.

Costs of Investigation and Enforcement

18. Business and Professions Code section 125.3, subdivision (a), authorizes an administrative law judge to direct a licensee who has violated the applicable licensing act to pay a sum not to exceed the reasonable costs of investigation and prosecution. The reasonable costs in this matter are $29,236.74.

19. In *Zuckerman v. Board of Chiropractic Examiners* (2002) 29 Cal.4th 32, 45, the California Supreme Court set forth five factors to be considered in determining whether a particular licensee should be ordered to pay the reasonable costs of investigation and prosecution under statutes like Business and professions Code section 125.3. Those factors are: whether the licensee has been successful at hearing in getting charges dismissed or reduced, the licensee's subjective good faith belief in the merits of his or her position, whether the licensee has raised a colorable challenge to the proposed discipline, the financial ability of the licensee to pay, and whether the scope of the investigation was appropriate in light of the alleged misconduct. (*Ibid.*)

20. Applying the *Zuckerman* factors to this case leads to the following conclusions: respondent was not successful in getting the charges dismissed or reduced; respondent had a subjective good faith belief in the merits of his position; respondent raised a colorable defense to the allegations, and provided no evidence or argument to establish that he does not have the financial ability to pay costs; and the scope of the investigation was appropriate in light of the alleged misconduct.

21. After consideration of the *Zuckerman* factors in this case, a reduction of the costs of enforcement is not appropriate. Accordingly, an appropriate cost amount of $29,236.74 is deemed reasonable, and respondent shall pay that amount to the board in a payment plan approved by the board during the term of his probation.

ORDER

Physician's and Surgeon's Certificate number A 45129 issued to Jeffrey David Yusim, M.D. is revoked. However, revocation is stayed, and respondent is placed on probation for five years upon the following terms and conditions.

1. **Notification** - Within seven (7) 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.

2. **Supervision of Physician Assistants and Advanced Practice Nurses** - During probation, respondent is prohibited from supervising physician assistants and advanced practice nurses.

3. **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.

4. **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.

5. **General Probation Requirements –**

Compliance with Probation Unit

Respondent shall comply with the board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

6. **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.

7. **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 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 (2) 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; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

8. **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.

9. **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, or petition to revoke probation, or an 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.

10. **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 license. 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.

11. **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.

12. **Costs of Investigation and Enforcement** - Respondent shall pay to the board costs associated with its investigation and enforcement pursuant to Business and Professions Code section 125.3 in the amount of $29,236.74. Respondent shall be permitted to pay these costs in a payment plan approved by the board, with payments to be completed no later than three months prior to the end of the probation term.

13. **Controlled Substances - Abstain From Use** - Respondent shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, dangerous drugs as defined by Business and Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not apply to medications lawfully prescribed to respondent by another practitioner for a bona fide illness or condition.

Within 15 calendar days of receiving any lawfully prescribed medications, respondent shall notify the board or its designee of the: issuing practitioner's name, address, and telephone number; medication name, strength, and quantity; and issuing pharmacy name, address, and telephone number.

If respondent has a confirmed positive biological fluid test for any substance (whether or not legally prescribed) and has not reported the use to the board or its designee, respondent shall receive a notification from the board or its designee to immediately cease the practice of medicine. Respondent shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective. An accusation and/or petition to revoke probation shall be filed by the board within 30 days of the notification to cease practice. If respondent requests a hearing on the accusation and/or petition to revoke probation, the board shall provide respondent with a hearing within 30 days of the request, unless respondent stipulates to a later hearing. If the case is heard by an Administrative Law Judge alone, he or she shall forward a Proposed Decision to the board within 15 days of submission of the matter. Within 15 days of receipt by the board of the Administrative Law Judge's proposed decision, the board shall issue its Decision, unless good cause can be shown for the delay. If the case is heard by the board, the board shall issue its decision within 15 days of submission of the case, unless good

cause can be shown for the delay. Good cause includes, but is not limited to, non-adoption of the proposed decision, request for reconsideration, remands and other interlocutory orders issued by the board. The cessation of practice shall not apply to the reduction of the probationary time period.

If the board does not file an accusation or petition to revoke probation within 30 days of the issuance of the notification to cease practice or does not provide respondent with a hearing within 30 days of a such a request, the notification of cease practice shall be dissolved.

14. **Alcohol - Abstain From Use** - Respondent shall abstain completely from the use of products or beverages containing alcohol.

If respondent has a confirmed positive biological fluid test for alcohol, respondent shall receive a notification from the board or its designee to immediately cease the practice of medicine. Respondent shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective. An accusation and/or petition to revoke probation shall be filed by the board within 30 days of the notification to cease practice. If respondent requests a hearing on the accusation and/or petition to revoke probation, the board shall provide respondent with a hearing within 30 days of the request, unless respondent stipulates to a later hearing. If the case is heard by an Administrative Law Judge alone, he or she shall forward a Proposed Decision to the board within 15 days of submission of the matter. Within 15 days of receipt by the board of the Administrative Law Judge's proposed decision, the board shall issue its Decision, unless good cause can be shown for the delay. If the case is heard by the board, the board shall issue its decision within 15 days of submission of the case, unless good cause can be shown for the delay. Good cause includes, but is not limited to, non-adoption of the proposed decision,

request for reconsideration, remands and other interlocutory orders issued by the board. The cessation of practice shall not apply to the reduction of the probationary time period.

If the board does not file an accusation or petition to revoke probation within 30 days of the issuance of the notification to cease practice or does not provide respondent with a hearing within 30 days of a such a request, the notification of cease practice shall be dissolved.

15. **Biological Fluid Testing** - Respondent shall immediately submit to biological fluid testing, at respondent's expense, upon request of the board or its designee. "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair follicle testing, or similar drug screening approved by the board or its designee. Prior to practicing medicine, respondent shall contract with a laboratory or service approved in advance by the board or its designee that will conduct random, unannounced, observed, biological fluid testing. The contract shall require results of the tests to be transmitted by the laboratory or service directly to the board or its designee within four hours of the results becoming available. Respondent shall maintain this laboratory or service contract during the period of probation.

A certified copy of any laboratory test result may be received in evidence in any proceedings between the board and respondent.

If respondent fails to cooperate in a random biological fluid testing program within the specified time frame, respondent shall receive a notification from the board or its designee to immediately cease the practice of medicine. Respondent shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective. An accusation and/or petition to revoke

probation shall be filed by the board within 30 days of the notification to cease practice. If respondent requests a hearing on the accusation and/or petition to revoke probation, the board shall provide respondent with a hearing within 30 days of the request, unless respondent stipulates to a later hearing. If the case is heard by an Administrative Law Judge alone, he or she shall forward a Proposed Decision to the board within 15 days of submission of the matter. Within 15 days of receipt by the board of the Administrative Law Judge's proposed decision, the board shall issue its Decision, unless good cause can be shown for the delay. If the case is heard by the board, the board shall issue its decision within 15 days of submission of the case, unless good cause can be shown for the delay. Good cause includes, but is not limited to, non-adoption of the proposed decision, request for reconsideration, remands and other interlocutory orders issued by the board. The cessation of practice shall not apply to the reduction of the probationary time period.

If the board does not file an accusation or petition to revoke probation within 30 days of the issuance of the notification to cease practice or does not provide respondent with a hearing within 30 days of a such a request, the notification of cease practice shall be dissolved.

16. **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 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.

17. **Psychiatric Evaluation** - Within 30 calendar days of the effective date of this Decision, and on whatever periodic basis thereafter may be required by the board or its designee, respondent shall undergo and complete a psychiatric evaluation (and psychological testing, if deemed necessary) by a board-appointed board certified psychiatrist, who shall consider any information provided by the board or designee and any other information the psychiatrist deems relevant, and shall furnish a written evaluation report to the board or its designee. Psychiatric evaluations conducted prior to the effective date of the Decision shall not be accepted towards the fulfillment of this requirement. Respondent shall pay the cost of all psychiatric evaluations and psychological testing.

Respondent shall comply with all restrictions or conditions recommended by the evaluating psychiatrist within 15 calendar days after being notified by the board or its designee.

18. **Psychotherapy** - Within 60 calendar days of the effective date of this Decision, respondent shall submit to the board or its designee for prior approval the name and qualifications of a California-licensed board certified psychiatrist or a licensed psychologist who has a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders. Upon approval, respondent shall undergo and continue psychotherapy treatment, including any modifications to the frequency of psychotherapy, until the board or its designee deems that no further psychotherapy is necessary.

The psychotherapist shall consider any information provided by the board or its designee and any other information the psychotherapist deems relevant and shall furnish a written evaluation report to the board or its designee. Respondent shall cooperate in providing the psychotherapist any information and documents that the psychotherapist may deem pertinent.

Respondent shall have the treating psychotherapist submit quarterly status reports to the board or its designee. The board or its designee may require respondent to undergo psychiatric evaluations by a board-appointed board-certified psychiatrist. If, prior to the completion of probation, respondent is found to be mentally unfit to resume the practice of medicine without restrictions, the board shall retain continuing jurisdiction over respondent's license and the period of probation shall be extended until the board determines that respondent is mentally fit to resume the practice of medicine without restrictions.

Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

19. **Medical Evaluation and Treatment** - Within 30 calendar days of the effective date of this Decision, and on a periodic basis thereafter as may be required by the board or its designee, respondent shall undergo a medical evaluation by a board-appointed physician who shall consider any information provided by the board or designee and any other information the evaluating physician deems relevant and shall furnish a medical report to the board or its designee. Respondent shall provide the evaluating physician any information and documentation that the evaluating physician may deem pertinent.

Following the evaluation, respondent shall comply with all restrictions or conditions recommended by the evaluating physician within 15 calendar days after being notified by the board or its designee. If respondent is required by the board or its designee to undergo medical treatment, respondent shall within 30 calendar days of the requirement notice, submit to the board or its designee for prior approval the name and qualifications of a California licensed treating physician of respondent's choice. Upon approval of the treating physician, respondent shall within 15 calendar days undertake medical treatment and shall continue such treatment until further notice from the board or its designee.

The treating physician shall consider any information provided by the board or its designee or any other information the treating physician may deem pertinent prior to commencement of treatment. Respondent shall have the treating physician submit quarterly reports to the board or its designee indicating whether or not respondent is capable of practicing medicine safely. Respondent shall provide the board or its designee with any and all medical records pertaining to treatment, the board or its designee deems necessary.

If, prior to the completion of probation, respondent is found to be physically incapable of resuming the practice of medicine without restrictions, the board shall retain continuing jurisdiction over respondent's license and the period of probation shall be extended until the board determines that respondent is physically capable of resuming the practice of medicine without restrictions. Respondent shall pay the cost of the medical evaluation(s) and treatment.

20. **Mandatory Patient Notification** - Pursuant to Business and Professions Code section 2228.1, subdivision (a)(1)(B), respondent is required to provide a disclosure of respondent's probation status, length of probation, probation end date, all practice restrictions placed on respondent's license by the board, the board's telephone number, and an explanation of how the patient can find further information on respondent's probation on respondent's profile page on the board's online license information internet website, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while respondent's license is on probation. Respondent shall obtain from the patient, patient's guardian or health care surrogate, a separate signed copy of that disclosure. Pursuant to Business and Professions Code section 2228.1, subdivision (c), respondent shall not be required to provide a disclosure to a patient if any of the following applies:

- The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

- The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

- The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.
- The licensee does not have a direct treatment relationship with the patient.

DATE: October 30, 2025

Debra D. Nye-Perkins

DEBRA D. NYE-PERKINS
Administrative Law Judge
Office of Administrative Hearings