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

In the Matter of the Accusation Against: Madonna Christi Mallari, M.D. Physician's and Surgeon's Certificate No. C 138696 Respondent.	Case No. 800-2020-065773

DECISION

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

This Decision shall become effective at 5:00 p.m. on March 4, 2021.

IT IS SO ORDERED February 25, 2021.

MEDICAL BOARD OF CALIFORNIA

William Prasifka
Executive Director

XAVIER BECERRA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **MADONNA CHRISTI MALLARI, M.D.** **17023 N. 98th Pl.** **Scottsdale AZ 85255-2534** **Physician's and Surgeon's Certificate No.** **C 138696** Respondent.	Case No. 800-2020-065773 **STIPULATED SURRENDER OF LICENSE AND ORDER**

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

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Carolyne Evans, Deputy Attorney General.

2. MADONNA CHRISTI MALLARI, M.D. (Respondent) is representing herself in this proceeding and has chosen not to exercise her right to be represented by counsel.

3. On or about October 5, 2015, the Board issued Physician's and Surgeon's Certificate No. C 138696 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2020-065773 and will expire on June 30, 2021, unless renewed.

JURISDICTION

4. Accusation No. 800-2020-065773 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on November 6, 2020. Respondent timely filed her Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2020-065773 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, and understands the charges and allegations in Accusation No. 800-2020-065773. Respondent also has carefully read, and understands the effects of this Stipulated Surrender of License and Order.

6. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel, at her own expense; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

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

CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 800-2020-065773, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation and that those charges constitute cause for discipline. Respondent hereby gives up her right to contest that cause for discipline exists based on those charges.

10. Respondent understands that by signing this stipulation, she enables the Board to issue an order accepting the surrender of her Physician's and Surgeon's Certificate without further process.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and surrender, without notice to or participation by Respondent. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Surrender and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

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

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 138696, issued to Respondent MADONNA CHRISTI MALLARI, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a physician in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board her pocket license and, if one was issued, her wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2020-065773 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation, No. 800-2020-065773 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

ACCEPTANCE

I have carefully read the Stipulated Surrender of License and Order. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 1/28/2021

MADONNA CHRISTI MALLARI, M.D.
Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: January 28, 2021

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General

Carolyne Evans

CAROLYNE EVANS
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2020-065773

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **Madonna Christi Mallari, M.D.** **17023 N. 98th Pl.** **Scottsdale AZ 85255-2534** **Physician's and Surgeon's Certificate No. C 138696,** Respondent.	Case No. 800-2020-065773 **A C C U S A T I O N**

PARTIES

1. William Prasifka (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about October 5, 2015, the Medical Board issued Physician's and Surgeon's Certificate Number C 138696 to Madonna Christi Mallari, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2021, unless renewed.

JURISDICTION

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

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

5. Section 2234 of the Code provides that the Board shall take action against any licensee who is charged with "unprofessional conduct," which includes but is not limited to, "[v]iolating . . . any provision of this chapter."

6. Section 2305 of the Code provides, in pertinent part, that the revocation, suspension, or other discipline, restriction, or limitation imposed by another state upon a license to practice medicine issued by that state, or the revocation, suspension, or restriction of the authority to practice medicine by any agency of the federal government, that would have been grounds for discipline in California, shall constitute grounds for disciplinary action for unprofessional conduct.

7. Section 141 of the Code provides:

(a) For any licensee holding a license issued by a board under the jurisdiction of the department, a disciplinary action taken by another state, by any agency of the federal government, or by another country for any act substantially related to the practice regulated by the California license, may be a ground for disciplinary action by the respective state licensing board. A certified copy of the record of the disciplinary action taken against the licensee by another state, an agency of the federal government, or another country shall be conclusive evidence of the events related therein.

(b) Nothing in this section shall preclude a board from applying a specific statutory provision in the licensing act administered by that board that provides for discipline based upon a

disciplinary action taken against the licensee by another state, an agency of the federal government or another country.

CAUSE FOR DISCIPLINE

(Discipline, Restriction, or Limitation Imposed by Another State)

8. On March 6, 2020, the Arizona Medical Board (Arizona Board) issued an Interim Consent Agreement for Practice Restriction (Interim Practice Restriction Agreement) Case No. MD-18-0913A, attached herewith as Exhibit A, regarding Respondent's license to practice medicine in Arizona. The Interim Practice Restriction Agreement states that Respondent is: "prohibited from prescribing controlled substances in the State of Arizona pending the outcome of a formal interview or formal hearing in this matter." The Arizona Board determined that a practice prohibition was necessary based on evidence that Respondent inappropriately prescribed controlled substances to five patients.

9. Respondent's foregoing conduct and the actions of the Arizona Board, as set forth in paragraph 8, above, and Exhibit A, attached, constitute cause for discipline, pursuant to section 2234 and/or section 2305 and/or section 141 of the Code.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number C 138696, issued to Madonna Christi Mallari, M.D.;

2. Revoking, suspending or denying approval of Madonna Christi Mallari, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Madonna Christi Mallari, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: NOV 0 6 2020

WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of MADONNA C. MALLARI, M.D. Holder of License No. 33207 For the Practice of Allopathic Medicine In the State of Arizona.	Case No. MD-18-0913A INTERIM CONSENT AGREEMENT FOR PRACTICE RESTRICTION

INTERIM CONSENT AGREEMENT

Madonna C. Mallari, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Interim Consent Agreement for Practice Restriction and consents to the entry of this Order by the Arizona Medical Board ("Board").

INTERIM FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of License No. 33207 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-18-0913A after receiving a complaint regarding Respondent's care and treatment of a 67 year-old female patient ("CS") alleging inappropriate prescribing of controlled medications to a patient with a history of substance abuse and Respondent's care of a 67 year-old male patient ("LS") alleging inappropriate prescribing and medication management.

Patient CS

4. On April 26, 2016, CS established care with Respondent. CS had a history of anxiety and difficulty sleeping. CS's medication list included lorazepam 0.5 mg and zolpidem 10mg. Respondent prescribed CS clonazepam 0.5 mg daily and zolpidem 10 mg

at night. Respondent refilled these medications routinely over the next nine months without additional visits.

5. On January 3, 2017, CS saw Respondent and noted anxiety and trouble sleeping due to being her husband's caregiver. Respondent prescribed CS lorazepam 0.5 mg daily and refilled CS's zolpidem.

6. On January 5, 2017, CS's daughter called the office and advised that her mother was an alcoholic and was mixing her medications with alcohol. On January 10, 2017, CS was advised her liver enzymes were elevated from drinking too much alcohol. On January 26, 2017, Respondent referred CS to an orthopedist after she called and reported that she had fallen but did not want to go to an emergency room.

7. On February 16, 2017, Respondent documented CS had an accidental fall from her dog pushing her down. CS had suffered a left proximal humerus and was status post-surgery. Respondent noted she did not want to prescribe lorazepam or Ambien due to high risk of falls and history of alcohol. Respondent prescribed CS sertraline 50 mg daily and trazodone 50 mg at night.

8. On February 20, 2017, CS called the office stating he stopped the trazodone because it was making her jittery. Respondent advised CS to stop taking the trazodone and renewed her prescription for zolpidem. Respondent saw CS again on March 2, 2017 and advised her to refrain from alcohol, and then provided the patient with routine refills of zolpidem for eight months.

9. On November 21, 2017, CS reported that she had stopped taking the sertraline, but did not want to see a therapist. Respondent instructed CS to not drink alcohol while taking the zolpidem. Respondent decreased CS's zolpidem to 5mg at night and subsequently refilled CS's medication for four months.

10. On August 10, 2018, CS was found down in her home with a bottle of zolpidem nearby, and was transported to the Hospital via EMS with altered mental status. After treatment, CS denied a suicide attempt and she was discharged home.

11. On August 30, 2018, Dr. Mallari documented alcohol and benzodiazepine abuse. Dr. Mallari discussed refraining from alcohol and zolpidem and the need for outpatient drug rehabilitation. Respondent continued to prescribe CS zolpidem.

Patient LS

12. On May 19, 2016, LS established care with Respondent. LS had a medical history of Alzheimer's dementia with behavioral disturbances, anxiety, hypertension, benign prostatic hypertrophy ("BPH"), and dyslipidemia. LS's medication list included clonazepam 0.5mg twice a day as needed and sertraline 25 mg daily. Respondent continued the clonazepam and increased the sertraline to 50 mg daily.

13. Respondent continued to refill LS's lorazepam for ten months without additional visits.

14. On March 16, 2017, Respondent saw LS and documented that he had advanced dementia and could not be independent. Respondent continued LS's medications and provided regular refills over the course of the next six months.

15. On September 18, 2017, Respondent documented that LS's dementia was progressing and LS was confused, incoherent, and incontinent. LS had gone to an Alzheimer's Institute, but did not like the senior center. Respondent asked her office staff to reach out to LS's caregiver to help them find available resource in the community and refilled LS's clonazepam.

16. On November 16, 2017, LS's daughter called the office requesting home health services. LS's daughter was concerned her father was not getting adequate care due to her mother's alcoholism.

17. On July 31, 2018, LS's brother called the office and stated LS had not eaten or drank anything in days. LS's brother also reported that LS's wife was an alcoholic and he was concerned about his brother's care. LS's daughter also called to express her concerns over her father's health and care.

18. On August 1, 2018, Respondent discontinued LS's clonazepam and prescribed mirtazapine 7.5mg daily.

19. On August 10, 2018, LS's daughter called requesting that all benzodiazepine and anti-depressants be discontinued because her mother (Patient CS) was taking LS's clonazepam. On September 11, 2018, and September 13, 2018, Patient CS called requesting refills of LS's clonazepam and mirtazapine. Respondent refilled LS's mirtazapine, but not the clonazepam.

20. On September 27, 2018, Respondent noted LS was having behavioral changes including agitation and irritation. Respondent prescribed LS trazadone 50 mg daily.

21. LS was subsequently admitted to a Hospice Facility, and expired on October 24, 2018.

Patient AP

22. AP was a 58 year-old female patient with a prior medical history including chronic pain, insomnia, sarcoidosis and anxiety, established care with Respondent on June 22, 2015. Respondent documented outpatient medications including lorazepam, promethazine and oxycodone 15 mg, three times a day. Respondent continued AP's promethazine and oxycodone at 15 mg every six hours as needed for pain, and provided the medications to AP's caregiver.

23. Respondent saw AP again on August 23, 2016 and noted that AP's sarcoidosis was in advanced stages, and that AP had elected palliative care. Respondent

prescribed AP oxycodone/acetaminophen and Valium. On a subsequent appointment on September 22, 2016, Respondent prescribed AP Oxycodone 15 mg every 6 hours as needed for pain.

24. Respondent continued to treat AP through August 1, 2019 with medications including oxycodone 15mg every 6 hours, gabapentin 600mg three times daily, Belsomra 10mg at bedtime, Valium and alprazolam. AP's morphine milligram equivalents ("MME") was 112 daily. During Respondent's treatment, AP continued to be followed by palliative care.

Patient FL

25. Patient FL, a 68 year-old female with diagnoses of lumbar spinal stenosis hyperglycemia and hyperlipidemia, established care with Respondent on August 14, 2014. Respondent documented FL's complaint that she was experiencing progressively worsening lower back pain and that FL was taking medications including alprazolam, tramadol and Ambien. Respondent referred FL to neurosurgery for her lumbar stenosis. Respondent prescribed FL alprazolam and Tramadol and continued to provide FL refills over the next six months.

26. On February 5, 2015, FL underwent spinal decompression surgery for which Respondent prescribed Norco 5/325 three times a day, and instructed FL to discontinue medications including the Tramadol.

27. On June 23, 2015, Respondent documented that the surgery had been successful and FL was improved, but also added anxiety and insomnia to FL's problem list. Respondent documented that FL was taking Ambien at bedtime, and prescribed Belsomra, and Citalopram with a follow-up in six months. Respondent subsequently substituted Respondent's Belsomra for Zolpidem.

28. Respondent continued to treat FL through September 10, 2019 with medications including Zolpidem, Alprazolam, Tramadol and Trazadone.

Patient WS

29. WS was an established female patient of Respondent. In 2014, when WS was 80, and at a November 18, 2014 visit, Respondent documented a number of problems including lumbar stenosis, post traumatic bilateral knee osteoarthritis and chronic insomnia. WS's medication list included Cymbalta, and Lidoderm 5% patch. Respondent noted that the patient was on Fentanyl and IR Oxycodone 5 mg three times a day and being followed by endocrinology and nephrology. Respondent prescribed WS Zolpidem 6.25 mg nightly, Oxycodone 5 mg every 8 hours as needed for pain, and Fentanyl patch 75 mcg/hr every third day.

30. Respondent again saw December 10, 2015 when she noted that WS was in an assisted living facility. Respondent noted that WS was not a candidate for total knee replacement due to high comorbid conditions, and prescribed fentanyl patch 75mcg #15, oxycodone 5mg three times a day as needed #90 and lidocaine patches one patch every 12 hours.

31. Respondent continued to treat WS through February 27, 2019 with medications including Zolpidem, Oxycodone and Fentanyl.

Deviations from the Standard of Care

32. A Medical Consultant ("MC") who reviewed Respondent's care of CS, LS, AP, FL and WS noted deviations from the standard of care for Respondent's treatment of all patients.

33. For Patient CS, the MC found that Respondent deviated from the standard of care by prescribing a combination of lorazepam and zolpidem to a patient with a history of

substance abuse, and by prescribing lorazepam and zolpidem to a geriatric patient without a documented rationale.

34. For Patient LS, the MC found that Respondent deviated from the standard of care by prescribing clonazepam to a geriatric patient with Alzheimer's dementia without a documented rationale, and by failing to adequately treat LS's Alzheimer's dementia.

35. For Patients AP, FL and WS the MC identified deviations from the standard of care by concomitantly prescribing opiates, benzodiazepines, and other medications without a clinical rationale, by prescribing high dose opioids for long term use without a clinical rationale, failing to perform drug screens prior to prescribing controlled substances and failing to review and monitor the patient's Controlled Substance Prescription Monitoring Profile ("CSPMP")

36. Actual patient harm was identified in that CS suffered a left proximal humerus fracture requiring surgical repair and a right subdural hematoma requiring surgical evacuation. Additionally, the progression of LS's Alzheimer's was exacerbated by the continuation of clonazepam.

37. There was potential for patient harm in that Patients AP, FL and WS including that all three patients were all at risk for CNS depression, respiratory drive decrease and motor impairment.

38. The aforementioned information was presented to the investigative staff, the medical consultant and the lead Board member. All reviewed the information and concur that the interim consent agreement to restrict Respondent's controlled substance prescribing pending the outcome of a formal interview or formal hearing is appropriate.

39. The investigation into this matter is pending Board review.

INTERIM CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. Pursuant to A.R.S. § 32-1405(C)(25) the Executive Director has authority to enter into a consent agreement when there is evidence of danger to the public health and safety.

3. Pursuant to A.A.C. R4-16-504, the Executive Director may enter into an interim consent agreement when there is evidence that a restriction is needed to mitigate imminent danger to the public's health and safety. Investigative staff, the Board's medical consultant and the lead Board member have reviewed the case and concur that an interim consent agreement is appropriate.

INTERIM ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is prohibited from prescribing controlled substances in the State of Arizona pending the outcome of a formal interview or formal hearing in this matter.

2. Respondent may request, in writing, release and/or modification of this Interim Consent Agreement. The Executive Director, in consultation with and agreement of the lead Board member and the Chief Medical Consultant, has the discretion to determine whether it is appropriate to release Respondent from this Interim Consent Agreement.

3. The Board retains jurisdiction and may initiate new action based upon any violation of this Interim Consent Agreement, including, but not limited to, summarily suspending Respondent's license.

4. Because this is an Interim Consent Agreement and not a final decision by the Board regarding the investigation, it is subject to further consideration by the Board.

5. This Interim Consent Agreement shall be effective on the date signed by the

Board's Executive Director.

RECITALS

Respondent understands and agrees that:

1. The Board, through its Executive Director, may adopt this Interim Consent Agreement, or any part thereof, pursuant to A.R.S. § 32-1405(C)(25) and A.A.C. R4-16-504.

2. Respondent has read and understands this Interim Consent Agreement as set forth herein, and has had the opportunity to discuss this Interim Consent Agreement with an attorney or has waived the opportunity to discuss this Interim Consent Agreement with an attorney. Respondent voluntarily enters into this Interim Consent Agreement and by doing so agrees to abide by all of its terms and conditions.

3. By entering into this Interim Consent Agreement, Respondent freely and voluntarily relinquishes all rights to an administrative hearing on the matters set forth herein, as well as all rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters related to the Interim Consent Agreement.

4. Respondent understands that this Interim Consent Agreement does not constitute a dismissal or resolution of this matter or any matters that may be currently pending before the Board and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding this or any other pending or future investigations, actions, or proceedings. Respondent also understands that acceptance of this Interim Consent Agreement does not preclude any other agency, subdivision, or officer of this State from instituting civil or criminal proceedings with respect to the conduct

that is the subject of this Interim Consent Agreement. Respondent further does not relinquish his/her rights to an administrative hearing, rehearing, review, reconsideration, judicial review or any other administrative and/or judicial action, concerning the matters related to a final disposition of this matter, unless Respondent affirmatively does so as part of the final resolution of this matter.

5. Respondent acknowledges and agrees that upon signing this Interim Consent Agreement and returning it to the Board's Executive Director, Respondent may not revoke acceptance of this Interim Consent Agreement or make any modifications to it. Any modification of this original document is ineffective and void unless mutually approved by the parties in writing.

6. Respondent understands that this Interim Consent Agreement shall not become effective unless and until it is signed by the Board's Executive Director.

7. Respondent understands and agrees that if the Board's Executive Director does not adopt this Interim Consent Agreement, he will not assert in any future proceedings that the Board's consideration of this Interim Consent Agreement constitutes bias, prejudice, prejudgment, or other similar defense.

8. Respondent understands that this Interim Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board, and that it shall be reported as required by law to the National Practitioner Data Bank.

9. Respondent understands that this Interim Consent Agreement does not alleviate Respondent's responsibility to comply with the applicable license-renewal statutes and rules. If this Interim Consent Agreement remains in effect at the time Respondent's allopathic medical license comes up for renewal, Respondent must renew

the license if Respondent wishes to retain the license. If Respondent elects not to renew the license as prescribed by statute and rule, Respondent's license will not expire but rather, by operation of law (A.R.S. § 32-3202), become suspended until the Board takes final action in this matter. Once the Board takes final action, in order for Respondent to be licensed in the future, Respondent must submit a new application for licensure and meet all of the requirements set forth in the statutes and rules at that time.

10. Respondent understands that any violation of this Interim Consent Agreement constitutes unprofessional conduct under A.R.S. § 32-1401(27)(s) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter.").

MADONNA C. MALLARI, M.D. DATED: 3/6/2020

DATED this 6th day of March, 2020.

ARIZONA MEDICAL BOARD

By Kristine [illegible] for
Patricia E. McSorley
Executive Director

EXECUTED COPY of the foregoing e-mailed
this 16th day of March, 2020 to:

T. Scott King, Esq.
Broening, Oberg, Woods & Wilson, PC
2800 North Central Avenue, Suite 1600
Phoenix, Arizona 85004
Attorney for Respondent

ORIGINAL of the foregoing filed
this 16th day of March, 2020 with:

Arizona Medical Board
1740 West Adams, Suite 4000
Phoenix, Arizona 85007

Michelle Robles
Board staff