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

In the Matter of the First Amended Accusation Against: **William H. Bresnick, M.D.** **Physician's & Surgeon's Certificate No. G 78434** **Respondent.**	**Case No. 800-2017-029203**

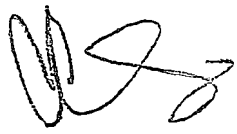
DECISION

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

This Decision shall become effective at 5:00 p.m. on April 6, 2022.

IT IS SO ORDERED: March 7, 2022.

MEDICAL BOARD OF CALIFORNIA



Laurie Rose Lubiano, J.D., Chair
Panel A

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

In the Matter of the First Amended Accusation Against: **WILLIAM H. BRESNICK, M.D.** **505 Montgomery St., Ste 1100** **San Francisco, CA 94111** **Physician's and Surgeon's Certificate No. G 78434** Respondent.	Case No. 800-2017-029203 OAH No. 2020040865 **STIPULATED SETTLEMENT AND DISCIPLINARY 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 Rob Bonta, Attorney General of the State of California, by Jannsen Tan, Deputy Attorney General.

2. Respondent William H. Bresnick, M.D. (Respondent) was represented in this proceeding by attorney Marvin Firestone, M.D., J.D. As of date of signing, Respondent now currently represents himself.

3. On or about March 2, 1994, the Board issued Physician's and Surgeon's Certificate No. G 78434 to William H. Bresnick, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in the First Amended Accusation No. 800-2017-029203, and will expire on July 31, 2023, unless renewed.

JURISDICTION

4. The First Amended Accusation No. 800-2017-029203 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on January 7, 2020. Respondent timely filed his Notice of Defense contesting the First Amended Accusation.

5. A copy of the First Amended Accusation No. 800-2017-029203 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in the First Amended Accusation No. 800-2017-029203. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his 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.

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in the First Amended Accusation No. 800-2017-029203, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. For the purpose of resolving the First Amended Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis or prima facie case for the Third Cause for Discipline in the First Amended Accusation; and that those charges constitute cause for discipline. Respondent denies all other Causes for Discipline. Respondent hereby gives up his right to contest the Third Cause for Discipline based on those charges.

11. Respondent agrees that his Physician's and Surgeon's Certificate No. G 78434 is subject to discipline and he agrees to be bound by the Board's terms as set forth in the Disciplinary Order below. Respondent further understands and acknowledges that failure to complete the Board's terms as set forth below may lead to additional charges alleging unprofessional conduct and the imposition of additional discipline.

RESERVATION

12. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

13. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his 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 Settlement 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.

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

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

A. PUBLIC REPRIMAND

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 78434 issued to Respondent William H. Bresnick, M.D. shall be and is hereby publicly reprimanded pursuant to California Business and Professions Code, section 2227, subdivision (a) (4). This public reprimand, which is issued in connection Respondent's care and treatment of Patient A, as set forth in the First Amended Accusation No. 800-2017-029203, is as follows:

"You failed to adequately document your attempts to taper Patient A from benzodiazepines."

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

A prescribing practices course taken after the acts that gave rise to the charges in the First

Amended Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

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

Failure to provide proof of successful completion to the Board or its designee within twelve (12) months of the effective date of this Decision, unless the Board or its designee agrees in writing to an extension of that time, shall constitute general unprofessional conduct and may serve as the grounds for further disciplinary action.

C. MEDICAL RECORD KEEPING COURSE Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure and the coursework requirements as set forth in Condition B of this stipulated settlement.

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

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

15 calendar days after the effective date of the Decision, whichever is later.

Failure to provide proof of successful completion to the Board or its designee within twelve (12) months of the effective date of this Decision, unless the Board or its designee agrees in writing to an extension of that time, shall constitute general unprofessional conduct and may serve as the grounds for further disciplinary action.

ACCEPTANCE

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

DATED: 11/10/21

WH Bresnick MD.

WILLIAM H. BRESNICK, M.D.
Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General

JANNSEN TAN
Deputy Attorney General
Attorneys for Complainant

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15 calendar days after the effective date of the Decision, whichever is later.

Failure to provide proof of successful completion to the Board or its designee within twelve (12) months of the effective date of this Decision, unless the Board or its designee agrees in writing to an extension of that time, shall constitute general unprofessional conduct and may serve as the grounds for further disciplinary action.

ACCEPTANCE

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

DATED: _____

WILLIAM H. BRESNICK, M.D.
Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: 11/16/2021

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General

Jannsen Tan

JANNSEN TAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2017-029203

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

In the Matter of the First Amended Accusation Against: **WILLIAM H. BRESNICK, M.D.** **505 Montgomery St., Ste. 1100** **San Francisco, CA 94111-2585** **Physician's and Surgeon's Certificate No. G 78434,** Respondent.	Case No. 800-2017-029203 **FIRST AMENDED ACCUSATION**

PARTIES

1. William Prasifka (Complainant) brings this First Amended 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 March 2, 1994, the Board issued Physician's and Surgeon's Certificate No. G 78434 to William H. Bresnick, 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 July 31, 2023, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code states:

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

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

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

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

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

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

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

STATUTORY PROVISIONS

5. Section 2234[1] of the Code, states:

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

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

(b) Gross negligence.

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1. [1] "Business and Professions Code Section 2234 was amended in January 1, 2020. All allegations in this Accusation occurred prior to January 1, 2020. The prior version of Section 2234 was effective January 1, 2014 to December 31, 2019."

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

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

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

(d) Incompetence.

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

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

(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

6. Section 2241 of the Code states:

(a) A physician and surgeon may prescribe, dispense, or administer prescription drugs, including prescription controlled substances, to an addict under his or her treatment for a purpose other than maintenance on, or detoxification from, prescription drugs or controlled substances.

(b) A physician and surgeon may prescribe, dispense, or administer prescription drugs or prescription controlled substances to an addict for purposes of maintenance on, or detoxification from, prescription drugs or controlled substances only as set forth in subdivision (c) or in Sections 11215, 11217, 11217.5, 11218, 11219, and 11220 of the Health and Safety Code. Nothing in this subdivision shall authorize a physician and surgeon to prescribe, dispense, or administer dangerous drugs or controlled substances to a person he or she knows or reasonably believes is using or will use the drugs or substances for a nonmedical purpose.

(c) Notwithstanding subdivision (a), prescription drugs or controlled substances may also be administered or applied by a physician and surgeon, or by a registered nurse acting under his or her instruction and supervision, under the following circumstances:

(1) Emergency treatment of a patient whose addiction is complicated by the

presence of incurable disease, acute accident, illness, or injury, or the infirmities attendant upon age.

(2) Treatment of addicts in state-licensed institutions where the patient is kept under restraint and control, or in city or county jails or state prisons.

(3) Treatment of addicts as provided for by Section 11217.5 of the Health and Safety Code.

(d)(1) For purposes of this section and Section 2241.5, addict means a person whose actions are characterized by craving in combination with one or more of the following:

(A) Impaired control over drug use.

(B) Compulsive use.

(C) Continued use despite harm.

(2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is primarily due to the inadequate control of pain is not an addict within the meaning of this section or Section 2241.5.

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

8. Section 4021 of the Code states:

'Controlled substance' means any substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.

DEFINITIONS

9. Alprazolam – Generic name for Xanax. Alprazolam is a short-acting benzodiazepine used to treat anxiety, and is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14. Alprazolam is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule IV controlled substance pursuant to California Health and Safety Code section 11057(d).

10. Clonazepam – Generic name for Klonopin. Clonazepam is an anti-anxiety medication in the benzodiazepine family used to prevent seizures, panic disorder, and akathisia. Clonazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a Schedule IV controlled substance pursuant to Health and Safety

Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

11. Lorazepam – Generic name for Ativan. Lorazepam is a member of the benzodiazepine family and is a fast-acting anti-anxiety medication used for the short-term management of severe anxiety. Lorazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c) and Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

12. Zolpidem tartrate – Generic name for Ambien. Zolpidem tartrate is a sedative and hypnotic used for short term treatment of insomnia. Zolpidem tartrate is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

FACTUAL ALLEGATIONS

FIRST CAUSE FOR DISCIPLINE
(Gross Negligence)

13. Respondent's license is subject to disciplinary action under section 2234, subdivision (b), and section 2241 of the Code, in that he committed gross negligence during the care and treatment of Patient A[2]. The circumstances are as follows:

14. Respondent is a physician and surgeon, board certified in psychiatry, who at all times relevant to the charges brought herein worked in a solo-practice clinic under the business name of William H. Bresnick, M.D., in San Francisco, California.

15. On or about October 16, 2015, Respondent first saw Patient A for a clinic visit. Patient A was, at the time, a 39-year-old female with symptoms of anxiety and depression. Respondent's initial diagnoses included: Major Depressive Disorder; recurrent, moderate-severe, Generalized Anxiety Disorder; Panic Disorder; Probable Post-Traumatic Stress Disorder/sexual abuse history; R/O ETOH Overuse/self-medication type; Severe Family/ Psychosocial Stressors.

[2] Patient names and information have been removed to protect patient confidentiality.

Respondent ordered routine lab tests for thyroid and liver function and started Patient A on a trial of Lexapro 5-10 mg and a trial of Klonopin 0.5 mg, with the goal of decreasing the symptoms of anxiety, panic, and self-medication with alcohol after work. A Beck Depression Inventory yielded a score of 35. Respondent ordered a comprehensive full-screen battery of blood tests, including a complete blood count with differentials, comprehensive metabolic panel, several different liver function tests, and a thyroid test. Respondent documented that he educated Patient A on alcohol use, body health, mental health, and the need for exercise.

16. The comprehensive blood tests were taken on or about October 22, 2015, and were normal with no indication of alcohol overuse. The report was shared with Patient A at her next appointment.

17. On or about November 13, 2015, Respondent noted that Patient A had suffered from generalized anxiety and panic since childhood and that she had experienced probable sexual abuse and depression. Respondent also noted that Patient A had a high tolerance to psychiatric medications and alcohol. Respondent prescribed Ativan 0.5 mg PRN "pro re nata (taken as needed)" for 30 days for anxiety/severe anxiety, and Ambien 0.5 mg, PRN for insomnia.

18. On or about January 8, 2016, Respondent noted that Patient A requested a prescription for Xanax, which she had taken before. Respondent prescribed Xanax 0.5 mg, PRN, for severe anxiety and panic. Respondent failed to perform and/or document performing a thorough and comprehensive assessment of Patient A's current and past issues with alcohol and drugs. Respondent documented "SH/H", under which he documented ETOH and marijuana use. Respondent documented "FH" for family history with positives noted. Respondent failed to diagnose and adequately investigate a history of alcohol abuse and to include this information in prescribing and treatment planning.

19. During the period of January 8, 2016 to August 23, 2016, Respondent continued to prescribe alprazolam, PRN for severe anxiety and panic only; and zolpidem tartrate, PRN, for insomnia only.

20. On or about February 8, 2016, Respondent noted that Patient A had four glasses of wine on February 5, 2016, where she fell and bumped her head.

21. On or about February 10, 2016, Respondent documented that Patient A's boyfriend reported concerns about increased tolerance for psychiatric medications and alcohol. Respondent discontinued Klonopin. Respondent continued to prescribe alprazolam, PRN, along with Ambien, PRN despite the ongoing consumption of alcohol and despite having cautioned the patient not to consume alcohol for one month as a goal.

22. On or about July 25, 2016, Respondent documented that Patient A continued to suffer from major depressive disorder, recurrent severe; panic; generalized anxiety, severe. Respondent documented his findings as increasing depression, anxiety with panic, overwhelmed lability, crying, hopelessness, helplessness, guilt, insomnia, and nervousness. Patient A was placed on disability status with the comment "unable to work now."

23. On or about August 4, 2016, Respondent wrote Patient A's employer stating that Patient A continued to be highly symptomatic, impaired, and disabled, and that she was not able to work for the next thirty days. Respondent recommended intensified treatments along with rest and recuperation.

24. On or about August 18, 2016, Respondent documented that Patient A was "unable to work at all, and for next weeks at least." Respondent documented that Patient A was "unable to mentally focus, concentrate, low energy, fatigue, and overwhelmed easily." Respondent prescribed Klonopin 0.5 mg., PRN to Patient A.

25. During the period of August 23, 2016 to January 15, 2017, Respondent prescribed alprazolam, PRN; Klonopin, PRN; and zolpidem tartrate, PRN to Patient A.

26. On or about October 21, 2016, Respondent documented that Patient A needed her leave extended for another thirty days.

27. On or about November 30, 2016, Respondent documented that Patient A did not have her car any longer. Respondent noted that Patient A crashed her car and hit a tree. Patient A was arrested and had a blood alcohol level of 0.22mg/dl. Department of Motor Vehicles (DMV) issued Patient A a temporary driver license on September 29, 2016, pending the outcome of her DMV administrative hearing.

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28. On or about December 1, 2016, Respondent wrote Patient A stating that he was sad to hear about Patient A's increased binge drinking and November 2016 DUI arrest. Respondent noted that Patient A was drinking at home. Respondent warned against alcohol use and forwarded a copy of " AA & Smart Recovery," a free non-religious, non-12 step self-help approach to recovery from substance and behavioral addictions to Patient A. Respondent continued to prescribe alprazolam, PRN; Klonopin, PRN; and zolpidem tartrate, PRN. Respondent documented that Patient A was ingesting 1-2 drinks with food in social situations in the evening, 1-2 times per week; and that she had no prior DUIs or arrest history. Respondent mailed a letter, dated December 1, 2016, following up on "AA & Smart Recovery."

29. On or about June 28, 2017, Patient A left Respondent's practice due to confusion over her appointment time. Respondent documented that Patient A would sometimes show up at the wrong time for appointments and sometimes was a no-show.

30. Respondent committed gross negligence in his care and treatment of Patient A, which included, but was not limited to the following:

A. Respondent failed to set limits and boundaries with Patient A and failed to recognize benzodiazepine dependence. Respondent prescribed benzodiazepines to Patient A who had a history of instability and impulsivity. Respondent failed to gradually taper benzodiazepines. Respondent failed to diagnose and appropriately treat Patient A's underlying alcohol and chemical dependency issues. Respondent continued to prescribe long-term benzodiazepines for two years, despite ongoing clinical evidence of deterioration, including but not limited to Patient A's automobile accident and alcohol use disorder.

SECOND CAUSE FOR DISCIPLINE
(Repeated Negligent Acts)

31. Respondent's license is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts during the care and treatment of Patient A, as more particularly alleged hereinafter. Paragraphs 14 through 30, above, are hereby incorporated by reference and realleged as if fully set forth herein.

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THIRD CAUSE FOR DISCIPLINE
(Failure to Maintain Adequate and Accurate Records)

32. Respondent's license is subject to disciplinary action under section 2266 of the Code, in that he failed to maintain adequate and accurate medical records relating to his care and treatment of Patient A as more particularly alleged hereinafter. Paragraphs 14 through 30, above, are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE
(General Unprofessional Conduct)

34. Respondent's license is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming of a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 14 through 30, above, which are hereby realleged and incorporated by reference as if fully set forth herein.

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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 No. G 78434, issued to Respondent William H. Bresnick, M.D.;

2. Revoking, suspending or denying approval of Respondent William H. Bresnick, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent William H. Bresnick, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: OCT 07 2021

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

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