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

In the Matter of the Accusation Against: Marc Houston Reiner, M.D. Physician's and Surgeon's Certificate No. G 49887 Respondent.	Case No.: 800-2020-064246

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 November 11, 2022.

IT IS SO ORDERED: October 12, 2022.

MEDICAL BOARD OF CALIFORNIA

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

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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: **MARC HOUSTON REINER, M.D.** **2240 Shelter Island Drive, No. 205** **San Diego, CA 92106** **Physician's and Surgeon's Certificate No. G 49887,** Respondent.	Case No. 800-2020-064246 OAH No. 2022020204 **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 LeAnna E. Shields, Deputy Attorney General.

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2. Respondent Marc Houston Reiner, M.D. (Respondent) is represented in this proceeding by attorney John D. Bishop, Esq., whose address is: 4100 Newport Place, Suite 670, Newport Beach, CA 92660.

3. On or about May 9, 1983, the Board issued Physician's and Surgeon's Certificate No. G 49887 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. 800-2020-064246, and will expire on March 31, 2023, unless renewed.

JURISDICTION

4. On or about December 21, 2021, Accusation No. 800-2020-064246 was filed before the Board, and is currently pending against Respondent. On or about December 21, 2021, the Accusation and all other statutorily required documents were properly served on Respondent. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2020-064246 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 800-2020-064246. Respondent has also carefully read, fully discussed with his counsel, and fully 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 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. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to each and every charge and allegation contained in the Accusation No. 800-2020-064246 and agrees that he has thereby subjected his Physician's and Surgeon's Certificate No. G 49887 to disciplinary action.

10. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Medical Board of California, all of the charges and allegations contained in the Accusation No. 800-2020-064246 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

11. Respondent agrees that his Physician's and Surgeon's Certificate No. G 49887 is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

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 Stipulated Settlement and Disciplinary Order shall be subject to approval of the Board. The parties agree that this Stipulated Settlement and Disciplinary Order shall be submitted to the Board for its consideration in the above-entitled matter and, further, that the Board shall have a reasonable period of time in which to consider and act on this Stipulated Settlement and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Board considers and acts upon it.

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14. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and Disciplinary Order, the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving Respondent. In the event that the Board does not, in its discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Settlement and Disciplinary Order be rejected for any reason by the Board, Respondent will assert no claim that the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

15. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.

16. The parties agree that copies of this Stipulated Settlement and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

17. 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 Disciplinary Order:

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DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 49887 issued to Respondent Marc Houston Reiner, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years from the effective date of the Decision on the following terms and conditions:

1. CONTROLLED SUBSTANCES - PARTIAL RESTRICTION. Respondent shall not order, prescribe, dispense, administer, furnish, or possess any controlled substances as defined by the California Uniform Controlled Substances Act, except for those drugs listed in Schedule V of the Act until Respondent submits certification of successful completion of the Prescribing Practices Course to the Board or its designee.

Respondent shall not issue an oral or written recommendation or approval to a patient or a patient's primary caregiver for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. If Respondent forms the medical opinion, after an appropriate prior examination and medical indication, that a patient's medical condition may benefit from the use of marijuana, Respondent shall so inform the patient and shall refer the patient to another physician who, following an appropriate prior examination and medical indication, may independently issue a medically appropriate recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. In addition, Respondent shall inform the patient or the patient's primary caregiver that Respondent is prohibited from issuing a recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient and that the patient or the patient's primary caregiver may not rely on Respondent's statements to legally possess or cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully document in the patient's chart that the patient or the patient's primary caregiver was so informed. Nothing in this condition prohibits Respondent from providing the patient or the patient's primary caregiver information about the possible medical benefits resulting from the use of marijuana.

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

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

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

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

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4. 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.

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

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

5. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The

program shall require Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent has demonstrated the ability to practice safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with the program's recommendations.

Determination as to whether Respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the Respondent did not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.

6. PRACTICE MONITORING. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor, the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to

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compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision and Accusation, fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

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

If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

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

If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within

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15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

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

7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the 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.

8. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

9. 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.

10. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusations, legal reviews, joint investigations, and subpoena

enforcement, as applicable, in the amount of $3,500.00 (three thousand five hundred dollars). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Any and all requests for a payment plan shall be submitted in writing by Respondent to the Board.

Unless required by law, the filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility to repay investigation and enforcement costs.

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

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

12. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

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, subdivision (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.

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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.

13. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

14. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine 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

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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 a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; and Quarterly Declarations.

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

16. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, 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.

17. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her 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.

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

19. FUTURE ADMISSIONS CLAUSE. 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 action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2020-064246 shall be deemed to be true, correct, and fully admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, John D. Bishop, Esq. 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: 7/8/2022

DocuSigned by:
MARC H REINER
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MARC HOUSTON REINER, M.D.
Respondent

I have read and fully discussed with Respondent Marc Houston Reiner, M.D., the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 7/8/2022

DocuSigned by:
John D. Bishop
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JOHN D. BISHOP, ESQ.
Attorney for Respondent

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ENDORSEMENT

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

DATED: July 8, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General

LEANNA E. SHIELDS
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:	Case No. 800-2020-064246
MARC HOUSTON REINER, M.D. **2240 Shelter Island Drive, No. 205** **San Diego, CA 92106** **Physician's and Surgeon's Certificate No. G 49887,** Respondent.	**ACCUSATION**

Complainant alleges:

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 May 9, 1983, the Board issued Physician's and Surgeon's Certificate No. G 49887 to Marc Houston Reiner, 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 March 31, 2023, 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 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.

5. Section 2234 of the Code states, in pertinent part:

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

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

(b) Gross negligence.

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

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(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.

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6. 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.

COST RECOVERY

7. Section 125.3 of the Code states:

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

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

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

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

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

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

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

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

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

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

(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

FACTUAL ALLEGATIONS

2014[1]

8. On or about June 30, 2014, Patient A,[2] a then 26-year-old female, presented for treatment with Respondent to address Patient A's complaint of poor concentration. In or around 2014, according to Patient A's medical records, Patient A attended office visits with Respondent on approximately three (3) occasions, including, but not limited to, June 30, July 28, and September 16.

9. On or about June 30, 2014, according to records, Respondent evaluated Patient A and diagnosed Patient A with attention deficit hyperactivity disorder (ADHD) and issued a

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[1] Conduct occurring over more than seven (7) years from the filing date of the instant Accusation is for informational purposes only and is not alleged as a basis for disciplinary action.

[2] For patient privacy purposes, the patient's name is not used in the instant Accusation to maintain patient confidentiality. The patient's identity is known to Respondent or will be disclosed to Respondent upon receipt of a duly issued request for discovery and in accordance with Government code section 11507.6.

prescription for Adderall[3] (20 mg, 60 tablets, two per day). According to records, Respondent regularly prescribed Adderall to Patient A through the remainder of her treatment, from in or around 2014, through in or around 2019. However, according to records, in his evaluation of Patient A, Respondent did not indicate that Patient A displayed six (6) or more symptoms of inattention or hyperactivity, Respondent did not indicate that Patient A expressed having symptoms prior to age twelve (12), and Respondent did not indicate that Patient A experienced symptoms in two (2) different settings.

10. On or about June 30, 2014, in Respondent's initial intake evaluation of Patient A, Respondent confirmed Patient A consumed alcohol, but in his evaluation, Respondent did not determine, or inquire into, Patient A's past substance use, the amount of substance used, any past treatment for substance use disorder, or family history of substance use disorder.

11. On or about July 28, 2014, Patient A presented for a visit with Respondent. According to records, Patient A reported taking 30 mg of Adderall in the morning and 10 mg of Adderall in the evenings. According to Patient A's medical records, Respondent continued Patient A's prescription for Adderall (20 mg, 60 tablets, two per day).

12. On or about September 16, 2014, according to the Department of Justice Controlled Substance Utilization Review and Evaluation System (CURES),[4] Respondent issued a

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[3] Adderall, brand name for dextroamphetamine and amphetamine salt combination, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When indicated, it is commonly used in the treatment of attention deficit hyperactivity disorder and narcolepsy. When issued to treat ADHD, the maximum recommended dose is 40 mg per day.

[4] The Controlled Substance Utilization Review and Evaluation System (CURES) is a program operated by the California Department of Justice (DOJ) to assist health care practitioners in their efforts to ensure appropriate prescribing of controlled substances, and law enforcement and regulatory agencies in their efforts to control diversion and abuse of controlled substances. (Health & Saf. Code, § 11165.) California law requires dispensing pharmacies to report to the DOJ the dispensing of Schedule II, III, and IV controlled substances as soon as reasonably possible after the prescriptions are filled. (Health & Saf. Code, § 11165, subd. (d).) It is important to note that the history of controlled substances dispensed to a specific patient based on the data contained in CURES is available to a health care practitioner who is treating that patient. (Health & Saf. Code, § 11165.1, subd. (a).)

prescription to Patient A for clonazepam[5] (0.5 mg, 15 tablets). However, according to Patient A's medical records, Respondent's issuance and basis for prescribing clonazepam to Patient A was not documented in Patient A's medical records. Patient A's records show no diagnosis to justify this prescription, nor is there any documentation of an assessment performed by Respondent to support this prescription.

13. According to Patient A's medical records, Patient A did not present for any clinical visits with Respondent after September 16, 2014, until January 6, 2015.

14. On or about November 5, 2014, according to CURES, Respondent issued a prescription to Patient A for Adderall (30 mg, 60 tablets, two per day). This increase in dosage, Respondent's rationale for this change in prescription, and Respondent's basis for prescribing above the maximum recommended dose of Adderall for ADHD, was not documented in Patient A's medical records.

15. According to CURES, in or around 2014, Respondent issued the following prescriptions to Patient A:

DATE	DRUG	STRENGTH	QUANTITY
6/30/14	Adderall	20 mg	60
7/31/14	Adderall	20 mg	60
8/25/14	Adderall	20 mg	60
9/16/14	Clonazepam	0.5 mg	15
9/16/14	Adderall	20 mg	60
10/11/14	Adderall	20 mg	60
11/5/14	Adderall	30 mg	60
12/4/14	Adderall	30 mg	60

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[5] Clonazepam, brand name Klonopin or Clonopin, 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. It is an anti-anxiety medication in the benzodiazepine family.

2015

16. In or around 2015, according to Patient A's medical records, Patient A attended office visits with Respondent on approximately six (6) occasions, including, but not limited to, January 6, March 10, May 26, July 21, October 21, and December 22.

17. On or about January 6, 2015, Patient A presented for a visit with Respondent. According to records, Patient A reported taking 30 mg of Adderall in the morning and 15 mg of Adderall in the evenings. According to Patient A's medical records, at this visit, Respondent increased Patient A's prescription for Adderall from 20 mg (two per day) to 30 mg (two per day). This increase in dosage, Respondent's rationale for this change in prescription, and Respondent's basis for prescribing above the maximum recommended dose of Adderall for ADHD, was not documented in Patient A's medical records.

18. On or about March 10, 2015, Patient A presented for a visit with Respondent. According to CURES, Respondent changed Patient A's prescription for Adderall from 30 mg (two per day) to 20 mg (three per day). This change in prescription and Respondent's rationale for this change in prescription was not documented in Patient A's medical records. According to Patient A's medical records, Respondent maintained Patient A's prescription for Adderall at 30 mg (two per day).

19. According to CURES, on or about April 13, 2015, Respondent issued a prescription to Patient A for Adderall (20 mg, 90 tablets, three per day). According to CURES, on or about April 20, 2015, Respondent again issued a prescription to Patient A for Adderall (20 mg, 90 tablets, three per day). Respondent's rationale and issuance of these two prescriptions within one week was not documented in Patient A's medical record.

20. On or about May 26, 2015, Patient A presented for a visit with Respondent. According to CURES, Respondent issued a prescription to Patient A for alprazolam[6] (0.5 mg, 30 tablets, one per day). However, according to Patient A's medical records, Respondent's issuance

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[6] Alprazolam, brand name Xanax, 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. It is an anti-anxiety medication in the benzodiazepine family.

and basis for prescribing alprazolam to Patient A was not documented in Patient A's medical records. Patient A's records show no diagnosis to justify this prescription, nor is there any documentation of an assessment performed by Respondent to support this prescription. According to records, Respondent regularly prescribed alprazolam to Patient A through the remainder of her treatment, from in or around 2015, through in or around 2019. However, according to records, Respondent did not document Patient A's prescriptions for alprazolam until on or about May 16, 2017.

21. On or about July 21, 2015, Patient A presented for a visit with Respondent. According to CURES, Respondent changed Patient A's prescription for Adderall from 20 mg (three per day) to 30 mg (two per day). This change in prescription and Respondent's rationale for this change in prescription was not documented in Patient A's medical records.

22. In or around 2015, according to CURES, Respondent regularly issued prescriptions to Patient A for Adderall and alprazolam, however, Patient A's records do not document the issuance of the prescriptions for alprazolam, any assessment or diagnosis to support the prescriptions for alprazolam, any review of Patient A's vital signs by Respondent, or any discussion with Patient A regarding the risks associated with taking Adderall and alprazolam.

23. According to CURES, in or around 2015, Respondent issued the following prescriptions to Patient A:

DATE	DRUG	STRENGTH	QUANTITY
1/7/15	Adderall	30 mg	60
2/2/15	Adderall	30 mg	60
3/10/15	Adderall	20 mg	90
4/13/15	Adderall	20 mg	90
4/20/15	Adderall	20 mg	90
5/26/15	Alprazolam	0.5 mg	30
7/17/15	Alprazolam	0.5 mg	30
7/23/15	Adderall	30 mg	60

DATE	DRUG	STRENGTH	QUANTITY
8/27/15	Adderall	30 mg	60
9/1/15	Alprazolam	0.5 mg	30
10/23/15	Adderall	30 mg	60
10/23/15	Alprazolam	0.5 mg	30
11/18/15	Alprazolam	0.5 mg	30
12/30/15	Alprazolam	0.5 mg	30

2016

24. In or around 2016, according to Patient A's medical records, Patient A attended office visits with Respondent on approximately four (4) occasions, including, but not limited to, March 28, May 24, August 2, and October 18.

25. On or about March 28, 2016, Patient A presented for a visit with Respondent. According to records, Patient A reported her Adderall prescription for 30 mg (two per day) was too much and elected to decrease her Adderall prescription to 20 mg (two per day). According to CURES, Respondent issued a prescription to Patient A for Adderall (20 mg, 60 tablets, two per day).

26. On or about May 24, 2016, Patient A presented for a visit with Respondent. According to records, Patient A indicated she preferred the 30 mg tablets to cut in half for a 15 mg dose. According to CURES, Respondent resumed issuing prescriptions to Patient A for Adderall (30 mg, 60 tablets, two per day).

27. According to Patient A's medical records, Patient A did not present for any clinical visits with Respondent after October 18, 2016, until March 14, 2017.

28. In or around 2016, according to CURES, Respondent regularly issued prescriptions to Patient A for Adderall and alprazolam, however, Patient A's records do not document the issuance of the prescriptions for alprazolam, any assessment or diagnosis to support the prescriptions for alprazolam, any review of Patient A's vital signs by Respondent, or any discussion with Patient A regarding the risks associated with taking Adderall and alprazolam.

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29. According to CURES, in or around 2016, Respondent issued the following prescriptions to Patient A:

DATE	DRUG	STRENGTH	QUANTITY
1/4/16	Adderall	30 mg	60
2/5/16	Adderall	30 mg	60
3/29/16	Alprazolam	0.5 mg	30
3/30/16	Adderall	20 mg	60
4/29/16	Adderall	20 mg	60
6/25/16	Adderall	30 mg	60
8/3/16	Alprazolam	0.5 mg	30
8/3/16	Adderall	30 mg	60
9/19/16	Adderall	30 mg	60
10/22/16	Alprazolam	0.5 mg	30
11/29/16	Alprazolam	0.5 mg	30
11/29/16	Adderall	30 mg	60

2017

30. In or around 2017, according to Patient A's medical records, Patient A attended office visits with Respondent on approximately five (5) occasions, including, but not limited to, March 14, May 16, July 25, September 26, and November 27.

31. On or about March 14, 2017, Patient A presented for a visit with Respondent. According to CURES, Respondent issued a prescription to Patient A for Ambien[7] (10 mg, 30 tablets, one per day). However, according to Patient A's medical records, Respondent's issuance and basis for prescribing Ambien to Patient A was not documented in Patient A's medical records. Patient A's records do not document a diagnosis or assessment performed by

[7] Ambien is a brand name for zolpidem, 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. Ambien is a benzodiazepine analog. When properly prescribed and indicated, it is commonly used to treat short term insomnia.

Respondent to support this prescription for Ambien. Patient A's records do not document a discussion between Respondent and Patient A regarding the risks associated with Patient A being prescribed Adderall, alprazolam, and Ambien. Patient A's records do not document any consideration by Respondent to consider the lesser recommended dose of 5 mg for Ambien.

32. According to records, Respondent regularly prescribed Ambien to Patient A through the remainder of her treatment, from in or around 2017, through in or around 2019. However, Patient A's records do not document Patient A's prescriptions for Ambien until on or about September 26, 2017. Patient A's records also do not document Respondent's rationale for prescribing Ambien to Patient A for long-term use.

33. On or about May 16, 2017, Patient A presented for a visit with Respondent. According to Patient A's medical records, on this date, Respondent first documents his prescription to Patient A for alprazolam and indicates anxiety as the basis for this prescription. However, according to Patient A's medical records, Respondent did not document an assessment or explanation for this prescription other than a notation of anxiety.

34. On or about September 26, 2017, Patient A presented for a visit with Respondent. According to Patient A's medical records, on this date, Respondent first documents his prescription to Patient A for Ambien. However, according to Patient A's medical records, Respondent did not document a diagnosis, assessment, or explanation for this prescription other than direction to take as needed for sleep.

35. According to Patient A's medical records, Patient A did not present for any clinical visits with Respondent after November 27, 2017, until February 7, 2018.

36. In or around 2017, according to CURES, Respondent regularly issued prescriptions to Patient A for Adderall, alprazolam, and Ambien, however, Patient A's records do not document any assessment or diagnosis to support the prescriptions for alprazolam and Ambien, any review of Patient A's vital signs by Respondent, or any discussion with Patient A regarding the risks associated with taking Adderall, alprazolam, and Ambien.

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37. According to CURES, in or around 2017, Respondent issued the following prescriptions to Patient A:

DATE	DRUG	STRENGTH	QUANTITY
2/2/17	Adderall	30 mg	60
2/21/17	Alprazolam	0.5 mg	30
3/16/17	Adderall	30 mg	60
3/16/17	Ambien	10 mg	30
3/23/17	Alprazolam	0.5 mg	30
4/20/17	Adderall	30 mg	60
5/20/17	Adderall	30 mg	60
5/20/17	Alprazolam	0.5 mg	30
6/19/17	Adderall	30 mg	60
7/17/17	Alprazolam	0.5 mg	30
7/25/17	Adderall	30 mg	60
8/18/17	Ambien	10 mg	30
8/22/17	Alprazolam	0.5 mg	30
8/25/17	Adderall	30 mg	60
9/26/17	Adderall	30 mg	60
9/26/17	Ambien	10 mg	30
10/29/17	Alprazolam	0.5 mg	30
10/29/17	Adderall	30 mg	60
12/3/17	Adderall	30 mg	60
12/3/17	Alprazolam	0.5 mg	30
12/4/17	Ambien	10 mg	30

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2018

38. In or around 2018, according to Patient A's medical records, Patient A attended office visits with Respondent on approximately five (5) occasions, including, but not limited to, February 7, May 16, July 16, September 19, and November 27.

39. In or around 2018, Patient A attempted to commit suicide. Patient A's records do not reflect any documentation of this suicide attempt or any careful examination by Respondent or performance of Patient A's suicide risk assessment on an ongoing basis.

40. On or about September 19, 2018, Patient A presented for a visit with Respondent. According to Patient A's medical records, she requested a prescription for Inderal.[8] According to Patient A's records, Respondent added a prescription for Inderal while documenting the continued prescriptions for Adderall, alprazolam, and Ambien.

41. In or around 2018, according to CURES, Respondent regularly issued prescriptions to Patient A for Adderall, alprazolam, and Ambien, however, Patient A's records do not document any assessment or diagnosis to support the prescriptions for alprazolam and Ambien, any review of Patient A's vital signs by Respondent, or any discussion with Patient A regarding the risks associated with taking Adderall, alprazolam, and Ambien.

42. According to CURES, in or around 2018, Respondent issued the following prescriptions to Patient A:

DATE	DRUG	STRENGTH	QUANTITY
1/3/18	Adderall	30 mg	60
2/7/18	Adderall	30 mg	60
2/7/18	Alprazolam	0.5 mg	30
3/1/18	Ambien	10 mg	30
3/21/18	Adderall	30 mg	60
4/17/18	Alprazolam	0.5 mg	30

[8] Inderal, brand name for propranolol, is a beta blocker commonly used to treat high blood pressure, chest pain and irregular heart rhythm. Off label, Inderal is commonly prescribed for performance anxiety. It is a dangerous drug pursuant to Business and Professions Code section 4022.

DATE	DRUG	STRENGTH	QUANTITY
5/16/18	Adderall	30 mg	60
6/18/18	Ambien	10 mg	30
6/18/18	Alprazolam	0.5 mg	30
6/18/18	Adderall	30 mg	60
7/16/18	Adderall	30 mg	60
7/31/18	Ambien	10 mg	30
8/19/18	Adderall	30 mg	60
9/19/18	Adderall	30 mg	60
10/11/18	Ambien	10 mg	30
10/11/18	Alprazolam	0.5 mg	30
10/20/18	Adderall	30 mg	60
11/20/18	Alprazolam	0.5 mg	30
11/20/18	Ambien	10 mg	30
11/27/18	Adderall	30 mg	60
12/22/18	Ambien	10 mg	30
12/26/18	Alprazolam	0.5 mg	30
12/28/18	Adderall	30 mg	60

2019

43. In or around 2019, according to Patient A's medical records, Patient A attended office visits with Respondent on approximately three (3) occasions, including, but not limited to, January 28, April 1, and June 3.

44. On or about April 1, 2019, Patient A presented for a visit with Respondent. According to CURES, Respondent changed Patient A's prescription for Adderall from 30 mg (two per day), to 20 mg (three per day). This change in prescription and Respondent's rationale for this change in prescription was not documented in Patient A's medical records. According to

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Patient A's medical records, Respondent maintained Patient A's prescription for Adderall at 30 mg (two per day) for the remainder of her treatment.

45. In or around 2019, according to CURES, Respondent regularly issued prescriptions to Patient A for Adderall, alprazolam, and Ambien, however, Patient A's records do not document any assessment or diagnosis to support the prescriptions for alprazolam and Ambien, any review of Patient A's vital signs by Respondent, or any discussion with Patient A regarding the risks associated with taking Adderall, alprazolam, and Ambien.

46. According to CURES, in or around 2019, Respondent issued the following prescriptions to Patient A:

DATE	DRUG	STRENGTH	QUANTITY
1/28/19	Ambien	10 mg	30
1/29/19	Adderall	30 mg	60
3/1/19	Adderall	30 mg	60
3/1/19	Alprazolam	0.5 mg	30
3/1/19	Ambien	10 mg	30
4/1/19	Adderall	20 mg	90
4/3/19	Alprazolam	0.5 mg	30
4/3/19	Ambien	10 mg	30
5/1/19	Adderall	20 mg	90
5/8/19	Alprazolam	0.5 mg	30
5/8/19	Ambien	10 mg	30
6/3/19	Adderall	20 mg	90
6/12/19	Alprazolam	0.5 mg	30
6/12/19	Ambien	10 mg	30
7/4/19	Adderall	20 mg	90

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47. According to Patient A's medical records, from in or around 2014, through in or around 2019, Respondent did not perform a thorough history and physical examination of Patient A.

48. According to Patient A's medical records, from in or around 2014, through in or around 2019, Respondent did not thoroughly assess or evaluate Patient A's risk of substance use disorder.

49. According to Patient A's medical records, from in or around 2014, through in or around 2019, Respondent did not discuss the risks associated with long-term use of Adderall, alprazolam, and Ambien with Patient A.

50. According to Patient A's medical records and CURES, from in or around 2014, through in or around 2019, Respondent did not review Patient A's patient activity report in CURES to monitor for compliance or to review for possible indications of substance use disorder.

51. According to Patient A's CURES report, from in or around 2014, through in or around 2019, based upon prescriptions and refills issued or authorized by Respondent, Patient A filled a total number of fifty (50) prescriptions for Adderall, twenty-seven (27) prescriptions for alprazolam, and fifteen (15) prescriptions for Ambien.

52. According to Patient A's CURES report, from in or around 2014, through in or around 2019, Patient A filled her prescriptions authorized by Respondent, at approximately eight (8) different pharmacies.

53. According to Patient A's CURES report, from in or around 2014, through in or around 2019, Patient A filled six (6) prescriptions for controlled substances issued by three (3) other healthcare providers.

54. On or about July 23, 2019, Patient A passed away as a result of suicide.

55. According to medical records, Patient A's toxicology results tested positive for cocaine, tetrahydrocannabinol (THC),[9] benzodiazepines, and amphetamines.

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[9] Tetrahydrocannabinol (THC) is the principal psychoactive component found in cannabis, marijuana.

56. On or about March 29, 2021, Respondent attended an interview with investigators with the Department of Consumer Affairs (DCA), Health Quality Investigation Unit (HQIU). During this interview, Respondent indicated, throughout his care and treatment of Patient A, she only reported a family history of ADHD and never disclosed her family history of alcohol or drug abuse. Respondent stated he was aware Patient A consumed alcohol, but never observed any indications of abuse during his office visits with Patient A. Respondent also indicated he had no knowledge of Patient A's suicide attempt in 2018 until Patient A's parents disclosed this information to Respondent after her death. During this interview, Respondent affirmed, throughout his care and treatment of Patient A, he did not assess her vital signs, request any of Patient A's records from other providers, review Patient A's patient activity report in CURES, or determine Patient A to have any suicidal ideation.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

57. Respondent has subjected his Physician's and Surgeon's Certificate No. G 49887 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment a Patient A, which included, but was not limited to:

A. Paragraphs 8 through 56, above, are hereby incorporated by reference and realleged as if fully set forth herein;

B. Respondent failed to document his issuance of repeated prescriptions to Patient A for alprazolam from on or about May 26, 2015, through on or about May 16, 2017;

C. Respondent failed to perform, and/or document the performance of, an evaluation, assessment, diagnosis, or rationale for initiating and maintaining prescriptions to Patient A for alprazolam on or about May 26, 2015, or thereafter;

D. Respondent failed to document his issuance of repeated prescriptions to Patient A for Ambien from on or about March 14, 2017, through on or about

September 26, 2017, and Respondent failed to perform, and/or document the performance of, an evaluation, assessment, diagnosis, or rationale for initiating and maintaining prescriptions to Patient A for Ambien on or about March 16, 2017, or thereafter; and

E. Respondent failed to review Patient A's patient activity in CURES to monitor for compliance or review for indications of substance use disorder.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

58. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 49887 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment a Patient A, which included, but was not limited to:

A. Paragraphs 8 through 57, above, are hereby incorporated by reference and realleged as if fully set forth herein;

B. Respondent failed to perform, and/or document the performance of, a thorough evaluation of Patient A throughout his care and treatment of Patient A to support his diagnosis of ADHD;

C. Respondent failed to perform, and/or document the performance of, a thorough evaluation of Patient A throughout his care and treatment of Patient A to assess for substance use disorder;

D. Respondent failed to document his rationale for increasing Patient A's Adderall prescription on or about January 6, 2015, from 40 mg per day to 60 mg per day;

E. Respondent failed to document his rationale for prescribing above the maximum recommended dose of Adderall (40 mg per day) when he prescribed Adderall (60 mg per day) to Patient A beginning on or about January 6, 2015, and thereafter;

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F. Respondent failed to document his issuance of two (2) prescriptions for Adderall (20 mg, 90 tablets) to Patient A on or about April 13, 2015, and again, on or about April 20, 2015;

G. Respondent failed to recognize the issuance of two (2) prescriptions for Adderall to Patient A within one (1) week, on or about April 13, 2015, and April 20, 20215, as a warning sign of possible substance use disorder and/or take appropriate steps to monitor for other signs of possible substance use disorder;

H. Respondent failed to discuss, and/or document a discussion, with Patient A the risks associated with maintaining regular prescriptions for three (3) controlled substances, Adderall, alprazolam, and Ambien;

I. Respondent failed to consider, and/or document consideration of, issuing the lower recommended dose of Ambien for women (5 mg) before initiating and issuing regular prescriptions to Patient A for Ambien (10 mg);

J. Respondent failed to document his rationale for prescribing Ambien to Patient A on a long-term basis;

K. Respondent failed to review Patient A's vital signs throughout his care and treatment of Patient A while issuing regular prescriptions to Patient A for Adderall, alprazolam, and Ambien, over several years;

L. Respondent failed to perform, and/or document the performance of, an ongoing suicide risk assessment of Patient A throughout his care and treatment of Patient A, including, but not limited to, an inquiry into Patient A's past suicide attempt, past suicide ideation, or past self-harm;

M. Respondent failed to maintain more frequent clinic visits with Patient A between on or about September 16, 2014, and on or about January 6, 2015, while issuing regular prescriptions to Patient A for Adderall;

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N. Respondent failed to maintain more frequent clinic visits with Patient A between on or about October 18, 2016, and March 14, 2017, while issuing regular prescriptions to Patient A for Adderall and alprazolam; and

O. Respondent failed to document a diagnosis to support the issuance of regular prescriptions to Patient A for alprazolam and Ambien.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and/or Accurate Records)

59. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 49887 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he failed to maintain adequate and/or accurate records regarding his care and treatment of Patient A, as more particularly alleged in paragraphs 8 through 58, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Violation and/or Violations of a Provision and/or Provisions of the Medical Practice Act)

60. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 49887 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (a), of the Code, in that he committed a violation and/or violations of a provision and/or provisions of the Medical Practice Act in his care and treatment of Patient A, as more particularly alleged in paragraphs 8 through 59, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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 49887, issued to Respondent Marc Houston Reiner, M.D.;

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

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3. Ordering Respondent Marc Houston Reiner, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: DEC 21 2021

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

Reji Varghese
Deputy Director

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