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

In the Matter of the First Amended Accusation Against: Eric Yao Chang, M.D. Physician's and Surgeon's Certificate No. A 104168 Respondent.	Case No.: 800-2018-049931

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 March 2, 2023.

IT IS SO ORDERED: January 31, 2023.

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: **ERIC YAO CHANG, M.D.** **1120 W. La Veta Avenue, Suite 300** **Orange, California 92868-4246** **Physician's and Surgeon's Certificate No. A 104168,** Respondent.	Case No. 800-2018-049931 OAH No. 2021120569 **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, and by Joseph F. McKenna III, Deputy Attorney General.

2. Respondent Eric Yao Chang, M.D. (Respondent) is represented in this proceeding by attorneys Dennis K. Ames, Esq., and Pogey H. Henderson, Esq., whose address is: 2677 N. Main Street, Suite 901, Santa Ana, California, 92705.

3. On or about June 4, 2008, the Board issued Physician's and Surgeon's Certificate No. A 104168 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2024, unless renewed.

JURISDICTION

4. On August 24, 2021, Accusation No. 800-2018-049931 was filed before the Board. A true and correct copy of the Accusation and all other statutorily required documents were properly served on Respondent on August 24, 2021. Respondent timely filed his Notice of Defense contesting the Accusation.

5. On February 2, 2022, First Amended Accusation No. 800-2018-049931 was filed before the Board. A true and correct copy of the First Amended Accusation and all other statutorily required documents were properly served on Respondent on February 2, 2022. A true and correct copy of the First Amended Accusation is attached hereto as Exhibit A and hereby incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, discussed with counsel, and fully understands the charges and allegations in First Amended Accusation No. 800-2018-049931. Respondent has also carefully read, 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 contained 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, having been fully advised of same by his counsel.

8. Having the benefit of counsel, 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 contained in First Amended Accusation No. 800-2018-049931, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate No. A 104168.

10. Respondent stipulates that, at a hearing, Complainant could establish a *prima facie* case or factual basis for the charges and allegations contained in the First Amended Accusation; that he gives up his right to contest those charges and allegations contained in the First Amended Accusation; and that he has thereby subjected his Physician's and Surgeon's Certificate to disciplinary action.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and 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.

12. Respondent agrees that if an accusation is ever filed against him before the Board, all of the charges and allegations contained in First Amended Accusation No. 800-2018-049931 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.

ADDITIONAL PROVISIONS

13. 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.

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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

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 104168 issued to Respondent Eric Yao Chang, M.D., is revoked. However, the revocation is stayed and Respondent is placed on probation for 3 years from the effective date of the Decision on the following terms and conditions.

1. 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 12 months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within 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 contained in First Amended Accusation No. 800-2018-049931, 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.

2. 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 6 months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within 1 year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the CME requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in First Amended Accusation No. 800-2018-049931, 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.

3. MONITORING – PRACTICE.

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 compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering. Unless prior approval is granted by the Board or its designee, the monitor 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 Disciplinary Order and First Amended Accusation No. 800-2018-049931, and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision and Disciplinary Order and Accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision and Disciplinary Order and the First Amended 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 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's quarterly written reports during the first 18 months of probation indicate that Respondent's practices are within the standards of practice of medicine and Respondent is practicing medicine safely, the practice monitor condition shall automatically terminate under this Disciplinary Order after 18 months from the effective date of this Decision.

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 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 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.

4. NOTIFICATION.

Within 7 days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Disciplinary Order 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.

5. 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.

6. INVESTIGATION/ENFORCEMENT COST RECOVERY.

Respondent is hereby ordered to reimburse the Board its costs of enforcement, including legal review and expert review, as applicable, fifteen thousand eight hundred eighty-three dollars and seventy-five cents ($15,883.75). Costs shall be payable to the Board. Failure to pay such

costs shall be considered a violation of this agreement and shall be deemed an act of unprofessional conduct and a separate and distinct basis for discipline.

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

The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility to repay investigation and enforcement costs, including expert review costs (if applicable).

7. 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.

8. 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.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any

areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30 calendar days.

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

9. 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.

10. 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 Boards' Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

11. COMPLETION OF PROBATION.

Respondent shall comply with all financial obligations (e.g., probation costs) not later than 120 calendar days prior to the completion of probation. This term does not include cost recovery, which is due within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board and timely satisfied. Upon successful completion of probation, Respondent's certificate shall be fully restored.

12. 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.

13. 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.

14. 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.

15. 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 First Amended Accusation No. 800-2018-049931 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorneys, Dennis K. Ames, Esq., and Pogey H. Henderson, 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: 8/29/22

ERIC YAO CHANG, M.D.
Respondent

I have read and fully discussed with Respondent Eric Yao Chang, 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: 8/29/2022

DENNIS K. AMES, ESQ.
POGEY HENDERSON, ESQ.
Attorneys for Respondent

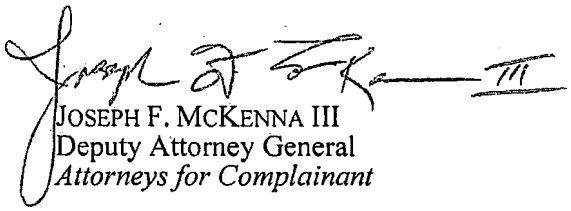
ENDORSEMENT

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

DATED: August 30, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General



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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: **ERIC YAO CHANG, M.D.** **1120 W. La Veta Avenue, Suite 300** **Orange, California 92868-4246** **Physician's and Surgeon's Certificate No. A 104168,** Respondent.	Case No. 800-2018-049931 OAH No. 2021120569 **FIRST AMENDED ACCUSATION**

Complainant alleges:

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 (Board), Department of Consumer Affairs.

2. On or about June 4, 2008, the Board issued Physician's and Surgeon's Certificate No. A 104168 to Eric Yao Chang, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2022, unless renewed.

JURISDICTION

3. This First Amended Accusation which supersedes Accusation No. 800-2018-049931, filed on August 24, 2021, in the above-entitled matter, 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.

STATUTORY PROVISIONS

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

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.
>
> ...
>
> (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.
>
> ...

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.

7. Unprofessional conduct under section 2234 of the Code is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.).

COST RECOVERY

8. 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.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

9. Respondent has subjected his Physician's and Surgeon's Certificate No. A 104168 to disciplinary action under sections 2227 and 2234, as defined in section 2234, subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and treatment of Patients A, B, C, D, and E,[1] as more particularly alleged hereinafter:

10. **Patient A**

(a) On or about June 19, 2017, Patient A, a then-69-year-old female, had her first documented visit at Respondent's clinic. Respondent saw Patient A and documented in the progress note for the initial visit that she was there for evaluation of pain management due to whole body pain and "CIDP."[2] Patient A described her pain level as "7/10." Respondent documented Patient A's then current pain medications which included opioids, benzodiazepines and other controlled substances.

(b) The progress note for the initial visit documented that CURES was reviewed,[3] and an opioid consent and contract were signed at the initial consultation. However, Patient A was not screened, or "risk stratified," for controlled substance misuse including, but not limited to, Respondent did not perform a psychological evaluation to assess the patient's risk for addictive disorders. The note also did not adequately document discussion of a treatment plan and goals involving long-term use of opioids, or non-opioid options for pain relief. Finally, Respondent electronically signed the note for this visit on "April 16, 2020," approximately three years after the initial consultation with Patient A.

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[1] To protect the privacy of the patients involved in this matter, patient names have not been included in this pleading. Respondent is aware of the identities of Patients A, B, C, D and E.

[2] Chronic Inflammatory Demyelinating Polyneuropathy ("CIDP") is a rare disorder of the peripheral nerves characterized by gradually increasing sensory loss and weakness associated with loss of reflexes.

[3] The initial consultation was the only clinical visit where a review of CURES was documented in Patient A's medical record.

(c) On or about October 25, 2017, and on or about November 16, 2017, according to CURES, Respondent prescribed zolpidem[4] to Patient A but the prescriptions were not documented in Patient A's medical record.

(d) On or about May 10, 2019, Respondent saw Patient A and documented in the progress note for the visit a diagnosis of acute sciatica in addition to CIDP. Consistent with prior progress notes, Respondent did not adequately document any discussion of a treatment plan and goals, medication adjustments, or non-opioid options for Patient A despite consistently prescribing opioids for approximately two years; and with scant documentation of improvement in her pain levels during that same time frame.

(e) Between in or around June 2017, through in or around February 2020, Respondent did not perform a risk stratification for opioid misuse; he did not periodically review goals of any treatment plan including medication adjustments; he rarely documented any pain relief or functional improvement despite consistent prescriptions of multiple pain medications; and the progress notes contain boiler-plate entries that carry forward with sporadic documentation regarding actual patient response to treatment.

(f) Between in or around June 2017, through in or around February 2020, the majority of the progress notes for Patient A were electronically signed by Respondent on "April 16, 2020," after initiation of the Medical Board's investigation involving his care and treatment of Patient A, and clearly multiple months and/or years after the actual clinical visits had occurred.

11. Respondent committed repeated negligent acts in his care and treatment of Patient A, including, but not limited to, the following:

(a) Respondent failed to adequately screen Patient A for controlled substance misuse;

(b) Respondent failed to adequately document a treatment plan and goals;

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[4] Zolpidem, sold under the brand name Ambien, is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d). Zolpidem is a sedative used for the short-term treatment of insomnia.

(c) Respondent failed to periodically review goals of treatment;

(d) Respondent failed to document an adequate and accurate medical history; and

(e) Respondent failed to maintain accurate and timely medical records, wherein he electronically signed progress notes multiple months and/or years after the clinical visits with Patient A had occurred.

12. **Patient B**

(a) In or around August 2015, Patient B, a then-52-year-old female, began treating with Respondent for pain management at his clinic. Patient B had a history of neck and back pain due to a Chiari malformation.[5] Patient B had a history of receiving trigger point injections and taking multiple pain medications for several years.

(b) Between in or around February 2017, through in or around February 2020, Respondent prescribed Patient B multiple pain medications which included opioids, benzodiazepines and other controlled substances for pain management. The progress notes during this time frame did not adequately document a treatment plan and/or measureable goals involving the long-term use of opioids for pain relief; and any functional improvement attributed to the use of opioids was not adequately documented or periodically reviewed, despite Respondent consistently prescribing opioids for multiple years to Patient B. Documentation of physical examinations were boiler-plate, remained unchanged, and contained conflicting findings.

(c) Between in or around February 2017, through in or around February 2020, the majority of the progress notes for Patient B were electronically signed by Respondent on "April 16, 2020," after initiation of the Medical Board's investigation involving his care and treatment of Patient B, and clearly multiple months and/or years after the actual clinical visits had occurred.

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[5] A Chiari malformation is a condition in which brain tissue extends into the spinal canal. It occurs when part of the skull is abnormally small or misshapen, pressing on the brain and forcing it downward.

13. Respondent committed repeated negligent acts in his care and treatment of Patient B, including, but not limited to, the following:

(a) Respondent failed to adequately document a treatment plan and goals;

(b) Respondent failed to periodically review goals of treatment;

(c) Respondent failed to document an adequate and accurate medical history; and

(d) Respondent failed to maintain accurate and timely medical records, wherein he electronically signed progress notes multiple months and/or years after the clinical visits with Patient B had occurred.

14. **Patient C**

(a) On or about November 8, 2017, Patient C, a then-65-year-old male, had his first documented visit at Respondent's clinic. Respondent saw Patient C and documented in the progress note for the initial visit that he was there due to low back pain. Patient C described his pain level on the date of the visit as "8/10." Respondent documented Patient C's then current pain medications which included multiple opioids.

(b) The progress note for the initial visit documented that an opioid consent and agreement were signed at the initial consultation. However, Patient C was not screened, or "risk stratified," for controlled substance misuse including, but not limited to, Respondent did not perform a psychological evaluation to assess the patient's risk for addictive disorders. CURES was not reviewed according to the note for this visit. The note also did not adequately document discussion of a treatment plan and goals involving long-term use of opioids, or non-opioid options for pain relief. Finally, Respondent electronically signed the note for this visit on "April 16, 2020," approximately two and a half years after the initial consultation with Patient C.

(c) At multiple clinical visits, Respondent documented conflicting medication information in the progress notes including, but not limited to, on or about December 26, 2017, where he documented continuing Patient C on

oxycodone (30MG) (#270) but CURES indicated that the actual prescription filled by Patient C was for three hundred (#300) tablets of oxycodone.

(d) On or about May 15, 2018, Respondent documented in the progress note a plan to titrate Patient C's oxycodone use. However, Respondent did not document in subsequent progress notes whether the titration plan worked, and he did not document any clear treatment plan and objectives for functional improvement while decreasing Patient C's use of opioids.

(e) Between in or around November 2017, through in or around February 2020, Respondent did not perform a risk stratification for opioid misuse; he did not fully explore the use of non-opioids in treating Patient C's pain; he did not document reviewing CURES despite routinely prescribing multiple opioids and other controlled substances to Patient C; he did not document any clear treatment plan and/or objectives for functional improvement while decreasing Patient C's use of opioids; and the progress notes largely contain boiler-plate entries that carry forward from visit to visit.

(f) Between in or around November 2017, through in or around February 2020, the majority of the progress notes for Patient C were electronically signed by Respondent on "April 16, 2020," after initiation of the Medical Board's investigation involving his care and treatment of Patient C, and clearly multiple months and/or years after the actual clinical visits had occurred.

15. Respondent committed repeated negligent acts in his care and treatment of Patient C, including, but not limited to, the following:

(a) Respondent failed to adequately screen Patient C for controlled substance misuse;

(b) Respondent failed to adequately document a treatment plan and goals;

(c) Respondent failed to document an adequate and accurate medical history; and

(d) Respondent failed to maintain accurate and timely medical records, wherein he electronically signed progress notes multiple months and/or years after the clinical visits with Patient C had occurred.

16. **Patient D**

(a) In or around July 2015, Patient D, a then-46-year-old female, began treating with Respondent for chronic pain management at his clinic. Patient D had a history of back pain.

(b) Between in or around February 2017, through in or around March 2020, Respondent prescribed Patient D multiple pain medications which included opioids and benzodiazepines for pain management. However, during this time frame Patient D was not screened, or "risk stratified," for controlled substance misuse including, but not limited to, Respondent did not perform a psychological evaluation to assess the patient's risk for addictive disorders. CURES was not reviewed by Respondent during this time frame.

(c) Between in or around February 2017, through in or around March 2020, the progress notes did not adequately document a treatment plan and/or measureable goals involving the long-term use of opioids for pain relief; and any functional improvement attributed to the use of opioids was not adequately documented during this time frame despite Respondent consistently prescribing opioids for multiple years to Patient D.

(d) Between in or around February 2017, through in or around March 2020, the goals of long-term opioid treatment and progress towards documented and measurable goals were not established and/or periodically reviewed by Respondent with Patient D. Respondent did not periodically review the impact of medications and changes in medication on Patient D's function or progress. Generally, documentation of physical examinations in the progress notes were boiler-plate, remained unchanged visit to visit, and contained conflicting findings during this timeframe.

(e) Between in or around February 2017, through in or around March 2020, Respondent documented conflicting medication information in multiple progress notes including, but not limited to, inconsistently documenting quantities of

fentanyl, methadone, and oxycodone prescribed to Patient D when compared to actual quantities of medication filled by the patient, according to CURES.

(f) Between in or around February 2017, through in or around March 2020, the majority of the progress notes for Patient D were electronically signed by Respondent on "March 27, 2020," after initiation of the Medical Board's investigation involving his care and treatment of Patient D, and clearly multiple months and/or years after the actual clinical visits had occurred.

17. Respondent committed repeated negligent acts in his care and treatment of Patient D, including, but not limited to, the following:

(a) Respondent failed to adequately screen Patient D for controlled substance misuse;

(b) Respondent failed to adequately document a treatment plan and goals;

(c) Respondent failed to periodically review goals of treatment;

(d) Respondent failed to document an adequate and accurate medical history; and

(e) Respondent failed to maintain accurate and timely medical records, wherein he electronically signed progress notes multiple months and/or years after the clinical visits with Patient D had occurred.

18. **Patient E**

(a) In or around July 2015, Patient E, a then-60-year-old female, began treating with Respondent for chronic pain management at his clinic. Patient E had a history of thoracolumbar fusion for adult scoliosis and cervical corpectomy for myelopathy.

(b) Between in or around February 2017, through in or around January 2019, Patient E reported pain levels of "10/10" at the majority of her clinical visits, according to progress notes from Respondent's clinic. Respondent prescribed Patient E multiple pain medications which included opioids for pain management. However, during this time frame Patient E was not screened, or "risk stratified," for controlled substance misuse including, but not limited to, Respondent did not

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perform a psychological evaluation to assess the patient's risk for addictive disorders. CURES was not reviewed by Respondent during this time frame.

(c) Between in or around February 2017, through in or around January 2019, the progress notes did not adequately document a treatment plan and/or measureable goals involving the long-term use of opioids for pain relief; did not document efficacy of medication changes in progress notes of subsequent clinical visits; and any functional improvement attributed to use of opioids during this time frame was not adequately documented despite Respondent consistently prescribing opioids for multiple years to Patient E.

(d) Between in or around February 2017, through in or around January 2019, the goals of long-term opioid treatment and progress towards documented and measurable goals were not established and/or periodically reviewed by Respondent with Patient E. Respondent did not periodically review the impact of medications and changes in medication on Patient E's function or progress during this timeframe.

(e) Between in or around February 2017, through in or around January 2019, the progress notes did not create a complete record of care rendered to Patient E including, but not limited to, many of the progress notes are missing medications prescribed by Respondent, when compared to CURES which indicated prescriptions for numerous controlled medications had been filled by Patient E; the progress notes did not document the effect of function, pain relief, or lack of change due to medication changes; and the rationale for use of prescribed medications and/or medication adjustments is missing during this timeframe.

(f) Between in or around February 2017, through in or around January 2019, the majority of the progress notes for Patient E were electronically signed by Respondent on "April 16, 2020," after initiation of the Medical Board's investigation involving his care and treatment of Patient E, and clearly multiple months and/or years after the actual clinical visits had occurred.

19. Respondent committed repeated negligent acts in his care and treatment of Patient E, including, but not limited to, the following:

(a) Respondent failed to adequately screen Patient E for controlled substance misuse;

(b) Respondent failed to adequately document a treatment plan and goals;

(c) Respondent failed to periodically review goals of treatment;

(d) Respondent failed to document an adequate and accurate medical history; and

(e) Respondent failed to maintain accurate and timely medical records, wherein he electronically signed progress notes multiple months and/or years after the clinical visits with Patient E had occurred.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

20. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 104168 to disciplinary action under sections 2227 and 2234, as defined in section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records in connection with his care and treatment, of Patients A, B, C, D, and E, as more particularly alleged in paragraphs 10 through 19, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

21. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 104168 to disciplinary action under sections 2227 and 2234 of the Code, in that Respondent has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 10 through 20, above, which are hereby incorporated by reference and realleged 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. A 104168, issued to Respondent Eric Yao Chang, M.D.;

2. Revoking, suspending or denying approval of Respondent Eric Yao Chang, M.D.'s authority to supervise physician assistants pursuant to section 3527 of the Code, and advanced practice nurses;

3. Ordering Respondent Eric Yao Chang, 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: FEB 0 2 2022

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

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