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

In the Matter of the First Amended Accusation Against: Jason K. Boutros, M.D. Physician's & Surgeon's Certificate No. A 42891 Respondent.	Case No. 800-2022-087015

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 15, 2024.

IT IS SO ORDERED: February 15, 2024.

MEDICAL BOARD OF CALIFORNIA

Laurie Rose Lubiano, Chair
Panel A

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
LATRICE R. HEMPHILL
Deputy Attorney General
State Bar No. 285973
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6198
Facsimile: (916) 731-2117
Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **JASON K. BOUTROS, M.D.** **2554 E. Washington Blvd., Suite A** **Pasadena, CA 91107-1445** **Physician's and Surgeon's Certificate No. A 42891,** Respondent.	Case No. 800-2022-087015 OAH No. 2023020770 **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. Reji Varghese (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 Latrice R. Hemphill, Deputy Attorney General.

///

///

2. Respondent Jason K. Boutros, M.D. (Respondent) is represented in this proceeding by attorney Peter R. Osinoff, Esq., whose address is: 355 South Grand Avenue, Suite 1750, Los Angeles, CA 90071.

3. On or about July 21, 1986, the Board issued Physician's and Surgeon's Certificate No. A 42891 to Jason K. Boutros, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2022-087015, and will expire on March 31, 2024, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2022-087015 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on July 6, 2023. Respondent timely filed his Notice of Defense contesting the First Amended Accusation.

5. A copy of First Amended Accusation No. 800-2022-087015 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2022-087015. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

///

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in First Amended Accusation No. 800-2022-087015, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in First Amended Accusation No. 800-2022-087015, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 42891 to disciplinary action.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

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

13. 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 Board, all of the charges and allegations contained in First Amended Accusation No. 800-2022-087015 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.

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 42891 issued to Respondent Jason K. Boutros, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions:

1. CONTROLLED SUBSTANCES AND ALCOHOL - ABSTAIN FROM USE. Respondent shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, dangerous drugs as defined by Business and Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not apply to medications lawfully prescribed to Respondent by another practitioner for a bona fide illness or condition.

Respondent shall abstain completely from the use of products or beverages containing alcohol.

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

If Respondent has a confirmed positive biological fluid test for alcohol or any substance (whether or not legally prescribed) and has not reported the use to the Board or its designee, Respondent shall receive a notification from the Board or its designee to immediately cease the practice of medicine. The Respondent shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is effective. An accusation and/or petition to revoke probation shall be filed by the Board within 30 days of the notification to cease

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

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

2. BIOLOGICAL FLUID TESTING. Respondent shall continue to submit to biological fluid testing, at Respondent's expense, upon request of the Board or its designee. "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair follicle testing, or similar drug screening approved by the Board or its designee. Respondent shall continue the contract with the laboratory or service approved in advance by the Board or its designee that conducts random, unannounced, observed, biological fluid testing, in accordance with the Interim Suspension Order issued in Case No. 800-2022-087015 (*In the Matter of the Ex Parte Petition for Interim Suspension Order Against: Jason K. Boutros, M.D.*). The contract shall require results of the tests to be transmitted by the laboratory or service directly to the Board or its designee within four hours of the results becoming available.

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

If Respondent fails to cooperate in a random biological fluid testing program within the specified time frame, Respondent shall receive a notification from the Board or its designee to

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

If the Board does not file an accusation or petition to revoke probation within 15 days of the issuance of the notification to cease practice or does not provide Respondent with a hearing within 30 days of such a request, the notification of cease practice shall be dissolved.

Respondent shall make daily contact with the Board or its designee to determine whether biological fluid testing is required. Respondent shall be tested on the date of the notification as directed by the Board or its designee. The Board may order a Respondent to undergo a biological fluid test on any day, at any time, including weekends and holidays. Except when testing on a specific date as ordered by the Board or its designee, the scheduling of biological fluid testing shall be done on a random basis. The cost of biological fluid testing shall be borne by the Respondent.

During the first year of probation and for the duration of the probationary term, Respondent shall be subject to 36 to 104 random tests per year.

After one (1) year of successful biological fluid testing, in which there are no positive test results, at the sole discretion of the Board or its designee, the biological fluid testing requirement

may be removed for the remainder of Respondent's probationary period. At any time, if the Board or its designee exercises its discretion to remove the biological fluid testing requirement, Condition 1, Controlled Substances and Alcohol- Abstain from Use, described above, will also be removed for the rest of Respondent's probationary period.

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

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

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

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

5. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

6. 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, 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(s) and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), 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, billing appropriately or both. 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 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 in the amount of $33,400.50 (thirty-three thousand four hundred dollars and fifty cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Payment must be made in full within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board of California. Any and all requests for a payment plan shall be submitted in writing by Respondent to the Board. Failure to comply with the payment plan shall be considered a violation of probation.

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.

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 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 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; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

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. 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.

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.

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 First Amended Accusation No. 800-2022-087015 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 attorney, Peter R. Osinoff, 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: 1/16/2024

JASON K. BOUTROS, M.D.
Respondent

I have read and fully discussed with Respondent Jason K. Boutros, 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: 1/16/2024

PETER R. OSINOFF, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

LATRICE R. HEMPHILL
Deputy Attorney General
Attorneys for Complainant

LA2022603469
66493307.docx

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Peter R. Osinoff, 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: _____

JASON K. BOUTROS, M.D.
Respondent

I have read and fully discussed with Respondent Jason K. Boutros, 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: _____

PETER R. OSINOFF, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: January 17, 2024

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

LATRICE R. HEMPHILL
Deputy Attorney General
Attorneys for Complainant

LA2022603469
66493307.docx

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
LATRICE R. HEMPHILL
Deputy Attorney General
State Bar No. 285973
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6198
Facsimile: (916) 731-2117
Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **JASON K. BOUTROS, M.D.** **2554 E. Washington Blvd., Suite A** **Pasadena, CA 91107-1445** **Physician's and Surgeon's Certificate No. A 42891,** Respondent.	Case No. 800-2022-087015 OAH No. 2023020770 **FIRST AMENDED ACCUSATION**

PARTIES

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

2. On or about July 21, 1986, the Medical Board issued Physician's and Surgeon's Certificate Number A 42891 to Jason K. Boutros, 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, 2024, unless renewed.

///

JURISDICTION

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

4. Section 2227 of the Code states:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
>
> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
>
> (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

5. Section 2234 of the Code, states:

> The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
>
> (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
>
> (b) Gross negligence.
>
> (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
>
> (1) An initial negligent diagnosis followed by an act or omission medically

appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

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

(d) Incompetence.

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

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

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

6. Section 2239 of the Code states:

(a) The use or prescribing for or administering to himself or herself, of any controlled substance; or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous or injurious to the licensee, or to any other person or to the public, or to the extent that such use impairs the ability of the licensee to practice medicine safely or more than one misdemeanor or any felony involving the use, consumption, or self-administration of any of the substances referred to in this section, or any combination thereof, constitutes unprofessional conduct. The record of the conviction is conclusive evidence of such unprofessional conduct.

(b) A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The Medical Board may order discipline of the licensee in accordance with Section 2227 or the Medical Board may order the denial of the license when the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code allowing such person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment.

7. Section 2242 of the Code states:

(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct. An appropriate prior examination does not require a synchronous interaction between the patient and the licensee and can be achieved through the use of telehealth, including, but not limited to, a self-screening tool or a questionnaire, provided that the licensee complies with the appropriate standard of care.

(b) No licensee shall be found to have committed unprofessional conduct within

the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

(1) The licensee was a designated physician and surgeon or podiatrist serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of the patient's practitioner, but in any case no longer than 72 hours.

(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed vocational nurse in an inpatient facility, and if both of the following conditions exist:

(A) The practitioner had consulted with the registered nurse or licensed vocational nurse who had reviewed the patient's records.

(B) The practitioner was designated as the practitioner to serve in the absence of the patient's physician and surgeon or podiatrist, as the case may be.

(3) The licensee was a designated practitioner serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized the patient's records and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

(4) The licensee was acting in accordance with Section 120582 of the Health and Safety Code.

8. 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.

9. Section 820 of the Code states:

Whenever it appears that any person holding a license, certificate or permit under this division or under any initiative act referred to in this division may be unable to practice his or her profession safely because the licentiate's ability to practice is impaired due to mental illness, or physical illness affecting competency, the licensing agency may order the licentiate to be examined by one or more physicians and surgeons or psychologists designated by the agency. The report of the examiners shall be made available to the licentiate and may be received as direct evidence in proceedings conducted pursuant to Section 822.

10. Section 822 of the Code states:

If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:

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

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

(c) Placing the licentiate on probation.

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

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

STATUTORY PROVISIONS

11. Health and Safety Code § 11165.4 states:

(a) (1) (A) (i) A health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance shall consult the patient activity report or information from the patient activity report obtained by the CURES database to review a patient's controlled substance history for the past 12 months before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time and at least once every six months thereafter if the prescriber renews the prescription and the substance remains part of the treatment of the patient.

(ii) If a health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance is not required, pursuant to an exemption described in subdivision (c), to consult the patient activity report from the CURES database the first time the health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient, the health care practitioner shall consult the patient activity report from the CURES database to review the patient's controlled substance history before subsequently prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient and at least once every six months thereafter if the substance remains part of the treatment of the patient.

(iii) A health care practitioner who did not directly access the CURES database to perform the required review of the controlled substance use report shall document in the patient's medical record that they reviewed the CURES database generated report within 24 hours of the controlled substance prescription that was provided to them by another authorized user of the CURES database.

(B) For purposes of this paragraph, "first time" means the initial occurrence in which a health care practitioner, in their role as a health care practitioner, intends to prescribe, order, administer, or furnish a Schedule II, Schedule III, or Schedule IV controlled substance to a patient and has not previously prescribed a controlled substance to the patient.

(2) A health care practitioner shall obtain a patient's controlled substance history from the CURES database no earlier than 24 hours, or the previous business day, before the health care practitioner prescribes, orders, administers, or furnishes a Schedule II, Schedule III, or Schedule IV controlled substance to the patient.

...

///

COST RECOVERY

12. 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 licensee 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

13. Respondent is a board-certified internist who owns and operates a solo practice in Pasadena, California.

14. On or about March 25, 2022, the Board's Central Complaint Unit received an anonymous complaint alleging that Respondent was prescribing to patients without an examination, diverting prescription medication, and fraudulently completing patient benefit paperwork. Subsequently, the Board initiated an investigation.

15. On or about June 2, 2022, investigators with the Department of Consumer Affairs, Division of Investigation, Health Quality Investigation Unit (HQIU) conducted a field visit to Respondent's medical practice. Respondent was asked to provide a voluntary urine sample, which he did. Respondent indicated that he was not currently taking any prescription medication, and only took multivitamins and over the counter medications.

16. The urine sample was properly obtained and sent to a laboratory, Phamatech, Inc., for analysis. On or about June 20, 2022, the investigators received the laboratory test results from Phamatech. The results indicated a positive result for tramadol.[1]

17. On or about June 21, 2022, investigators again conducted a visit to Respondent's medical practice. Respondent was informed of the test results and asked to provide an explanation for the positive result. Respondent stated that he did not have a prescription for tramadol and does not take any narcotics. Respondent further stated that he did not have samples of tramadol in his office and that he does not dispense prescriptions directly from his office.

18. Respondent was asked if there was any reason he would have taken tramadol prior to providing his voluntary urine sample. Respondent then indicated that he had shoulder pain, which he mentioned to a patient, and the patient offered him tramadol from their prescription. The investigator asked Respondent to confirm that he received tramadol from one of his patients,

[1] Tramadol is a Schedule IV controlled substance used to treat moderate to severe pain. It is a synthetic opioid, known as an opioid analgesic. When tramadol is used for a long time, it may become habit-forming, causing mental or physical dependence.

but Respondent said he did not remember taking tramadol and only provided an example of what could have happened.

19. During the visit, Respondent was asked to submit another voluntary urine sample, but he refused.

20. On or about September 2, 2022, Respondent agreed to the Board's request that he voluntarily submit to a mental evaluation to determine if he could safely practice medicine.

21. During his mental evaluation, performed on September 30, 2022, Respondent admitted to taking tramadol, which he obtained after his patients returned the medication to his office for various reasons. Following the evaluation, Respondent was found to suffer from a mental illness or condition that impacts his ability to safely practice medicine, in that he misused controlled substances that were diverted from patients.

22. The psychiatrist who performed the mental evaluation recommended that Respondent attend substance abuse counseling and meetings, undergo regular and random urine toxicology screens, have a worksite monitor, and undergo a physical examination to determine the extent of his issues, because he did not believe Respondent was completely forthcoming.

FIRST CAUSE FOR DISCIPLINE

(Misuse of Controlled Substances)

23. Respondent is subject to disciplinary action under Code section 2239, subdivision (a), insofar as Respondent used drugs to the extent, or in such a manner, as to be dangerous or injurious to himself, as more particularly alleged in paragraphs 13 through 22, above, which are incorporated herein by reference as if fully set forth.

SECOND CAUSE FOR DISCIPLINE

(Ability to Practice is Impaired)

24. Respondent is subject to disciplinary action under Code section 822 in that Respondent has a mental illness or condition that requires monitoring, treatment, and practice restrictions. The circumstances are as follows:

25. Complainant refers to and, by this reference, incorporates paragraphs 13 through 22, above, as though set forth fully herein.

THIRD CAUSE FOR DISCIPLINE

(Prescribing Without Prior Examination)

26. Respondent is subject to disciplinary action under Code section 2242, subdivision (a), in that he prescribed dangerous drugs without an appropriate prior examination of the patient. The circumstances are as follows:

Patient A

27. On or about June 24, 2022, investigators retrieved a Controlled Substance Utilization Review and Evaluation System (CURES) prescriber report for Respondent. The report listed sixteen separate prescriptions for tramadol during the period May 24, 2022 through June 24, 2022.

28. The CURES report indicated that Respondent prescribed tramadol to Patient A,[2] on or about June 1, 2022.

29. Patient A was interviewed and stated that he sees Respondent about once a month for diabetes and blood pressure issues. Patient A indicated that Respondent prescribes him medication for those issues and conducts an examination at each appointment.

30. Patient A was asked if Respondent treats any of his pain management issues and Patient A indicated that Respondent does not. Further, Patient A stated that Respondent has not examined him for pain related issues and has not prescribed him any pain medication, including tramadol.

31. Respondent's failure to properly examine Patient A and his subsequent action of prescribing Patient A a controlled substance, without an examination or medical necessity, constitute a violation of the Code.

Patient B

32. On or about July 14, 2022, a Board medical consultant reviewed Respondent's CURES prescriber report. Following his review, he identified prescribing concerns with five patients. Investigators subsequently retrieved CURES reports for each of those patients.

---

[2] The patient is identified as "Patient A" in this First Amended Accusation to protect his privacy.

33. On or about September 14, 2022, Patient B[3] was interviewed by an investigator. Patient B indicated that Respondent was initially her primary care physician, but she started seeing Respondent in 2020 for psychiatric issues, after her prior psychiatrist retired.

34. Patient B stated that she told Respondent she received Klonopin[4] and Zoloft[5] from her previous psychiatrist, and Respondent began prescribing her those same medications. Patient B indicated that Respondent did not perform an examination during the first appointment, in which he prescribed the medications, or any subsequent appointments.

35. The investigator reviewed Patient B's CURES report with her. The report listed five prescriptions from Respondent between February 25, 2020 through July 30, 2020, all for clonazepam.[6] Patient B indicated that a June 19, 2020 prescription for 1.0 milligrams (mg) of clonazepam was not accurate and she never filled or picked up said prescription. Patient B explained that she never took a 1.0 mg dose of clonazepam and never received back-to-back prescriptions. The CURES report also showed a June 22, 2020 prescription for 0.5 mg of clonazepam, which Patient B stated she filled.

36. On or about September 27, 2022, the original prescriptions and prescription profiles were requested and received from Cal Oaks Pharmacy, located in Pasadena, CA. Images of the prescription profiles were shown to Patient B. Upon review, Patient B indicated that she never took clonazepam pills that were "blue in color" as the ones from the June 19, 2020 prescription. Patient B also indicated that she did not recognize the signature associated with the prescription pick-up.

37. Patient B indicated that she saw Respondent every month or so until the time she ended their doctor-patient relationship.

38. Respondent's failure to examine Patient B prior to prescribing a controlled substance constitutes a violation of the Code.

---

[3] The patient is identified as "Patient B" in this First Amended Accusation to protect her privacy.

[4] Klonopin is the brand name for the generic drug clonazepam.

[5] Zoloft is the brand name for the generic drug sertraline. Zoloft is an antidepressant used to treat depression, social anxiety disorder, panic disorders, and other various disorders.

[6] Clonazepam is an anticonvulsant or antiepileptic drug, used to prevent seizures and panic attacks. Clonazepam is a Schedule IV drug and has a risk for abuse and addiction.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Consult CURES)

39. Respondent is subject to disciplinary action under Health and Safety Code section 11165.4, subdivision (a)(1)(A)(i) in that he failed to consult the CURES database before prescribing and administering controlled substances to patients. The circumstances are as follows:

40. The standard of care requires a health care practitioner to check the patient activity report, obtained from the CURES database, prior to issuing the first controlled substance prescription to a patient. The practitioner must also check the CURES database periodically while the patient is on controlled substances for chronic conditions.

Patient B

41. Respondent prescribed Patient B clonazepam between February 2020 and July 2020. There is no legible documentation indicating that Respondent checked the CURES database before prescribing Patient B the controlled substance. This failure constitutes an extreme departure from the standard of care.

Patient C

42. Patient C[7] first presented to Respondent on or about July 1, 2019, with a history of autism, agitation, and delayed development, among other things. Patient C's mother indicated that another physician previously prescribed him lorazepam, [8] but that physician had since retired. Respondent did not obtain Patient C's medical records from that physician.

43. On or about January 8, 2020, Patient C's mother called Respondent and requested a prescription for lorazepam. Respondent documented "unwilling to change medication" and called in a prescription for lorazepam 0.5 milligrams, 180 pills. Respondent continued to prescribe lorazepam to Patient C through May 14, 2021. Respondent prescribed lorazepam on at least nine occasions during the doctor-patient relationship with Patient C.

---

[7] The patient is identified as "Patient C" in this First Amended Accusation to protect his privacy.

[8] Lorazepam is a benzodiazepine that is used to treat anxiety disorders. Lorazepam is a Schedule IV drug and has a risk for abuse and addiction.

44. During an interview with the Board on March 23, 2023, Respondent confirmed that he did not check the CURES database before prescribing Patient C controlled substances. Respondent also indicated that he was unsure if a pharmacist checked CURES before filling the prescriptions.

45. Respondent's failure to check CURES, before and while prescribing controlled substances to Patient C, constitutes an extreme departure from the standard of care.

FIFTH CAUSE FOR DISCIPLINE

(Gross Negligence/Repeated Negligent Acts)

46. Respondent is subject to disciplinary action under Code section 2234, subdivisions (b) and (c), in that Respondent was repeatedly and grossly negligent in his care and treatment of multiple patients. The circumstances are as follows:

47. The allegations in the Fourth Cause for Discipline, in paragraphs 39 through 45, above, are incorporated herein by reference as if fully set forth.

Controlled Substance Agreements

48. Complainant hereby re-alleges the facts set forth in paragraphs 32 through 38 and 42 through 43, above, as though fully set forth at this point.

49. The standard of care requires that a controlled substance agreement (CSA) be prepared and used for patients who are on or anticipate taking controlled substances chronically, for a substantiated condition. Respondent failed to prepare and implement a CSA for Patient B and Patient C during their respective treatment periods. This failure constitutes an extreme departure from the standard of care.

Toxicology Screening

50. The standard of care requires a practitioner to order random toxicology screens to assist the practitioner in determining the presence or absence of diversion and in determining the exposure of illicit drugs that may have adverse drug interactions.

51. Throughout his care and treatment of Patient B and Patient C, Respondent did not order any toxicology screens.

///

52. During an interview with the Board, Respondent indicated that he never used toxicology screens for his patients. This failure constitutes an extreme departure from the standard of care.

Storage of Medications

53. The standard of care requires safe storage of medications in the ambulatory care setting to allow for and maintain pharmaceutical integrity, reduce risk of diversion, and reduce risk of unintentional dispensing. Specific policies, procedures and processes should be implemented and adhered to by all staff members.

54. During his interview with the Board, Respondent stated that, on occasion, he instructed his medical assistant to pick up medications from the pharmacy for patient convenience. Respondent stored those medications in an office closet that was locked 95% of the time. Respondent stated that he also obtained the medications in order to educate the patients, since there were language barriers.

55. Respondent did not indicate that there was a chain of custody process or any policies governing the storage of the medications. Additionally, it was unreasonable for Respondent's office to obtain the medications and store them in the office, since the medications would be more safely stored at the pharmacy. Respondent's action and inaction, as discussed above, constitutes an extreme departure from the standard of care.

Obtaining Medical Records

56. The standard of care requires a practitioner to request copies of medical records either from the patient or directly from prior and/or current physicians. Respondent indicated that he did not obtain medical records from Patient C's prior physician or from Patient C's parent, despite there being a prescription filled through November 2019, which was after their doctor-patient relationship began. Respondent's failure to obtain copies of the medical records constitutes an extreme departure from the standard of care.

57. The above departures committed by Respondent represent repeated acts of negligence.

///

SIXTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

58. Respondent is subject to disciplinary action under Code section 2266 in that he failed to maintain adequate and accurate medical records regarding his care and treatment of Patient B and Patient C. The circumstances are as follows:

59. The standard of care requires a practitioner to document in such a manner to allow the reader to clearly and legibly read and understand the contents of the medical records.

60. Patient B's and Patient C's medical records included handwritten clinic notes that were highly disorganized and difficult to decipher. This failure to maintain legible medical records is a violation of section 2266 of the Code and/or constitutes an extreme departure from the standard of care.

61. The allegations of the Third and Fourth Causes for Discipline, and paragraphs 48 through 49 and 56 through 57 of the Fifth Cause for Discipline, above, are incorporated herein by reference as if fully set forth.

62. Respondent's failure to document prior examinations and/or the results of consulting CURES and/or requests for patient medical records from prior and/or current treating physicians constitutes violations of section 2266 of the Code and/or extreme departures from the standard of care.

SEVENTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

63. Respondent is subject to disciplinary action under Code section 2234 in that Respondent engaged in unprofessional conduct. The circumstances are as follows:

64. The allegations in the Third, Fourth, Fifth, and Sixth Causes for Discipline, in paragraphs 26 through 62, above, are incorporated herein by reference as if fully set forth.

///

///

///

///

DISCIPLINARY CONSIDERATIONS

65. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that on or about October 19, 2018, in a prior disciplinary action titled *In the Matter of the Accusation Against Jason K. Boutros, M.D.*, before the Medical Board of California, in Case Number 800-2014-009362, Respondent's license was revoked, with the revocation stayed for a period of four (4) years, subject to terms and conditions. This action was taken due to sustained allegations of repeated negligent acts; failure to take history and perform adequate prior physical examination; failure to maintain adequate and accurate medical records; and unprofessional conduct. That decision is now final and is incorporated by reference as if fully set forth herein.

66. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that on or about January 11, 2006, in a prior disciplinary action titled *In the Matter of the Accusation Against Jason K. Boutros, M.D. a.k.a. Ghassan K. Boutros, M.D.*, before the Medical Board of California, in Case Number 05-2000-114227, Respondent's license was revoked, with the revocation stayed for a period of three (3) years, subject to terms and conditions. This action was taken due to sustained allegations of repeated negligent acts; incompetence; and inadequate records. That decision is now final and is incorporated by reference as if fully set forth herein.

67. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that on or about December 15, 2000, in a prior disciplinary action titled *In the Matter of the Reprimand Against Ghassan K. Boutros, M.D.*, before the Medical Board of California, in Case Number 12-1996-64186, Respondent's license was subject to public reprimand and he was required to complete additional training, after allegations of repeated negligent acts; incompetence; and inadequate records. That decision is now final and is incorporated by reference 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 Number A 42891, issued to Respondent Jason K. Boutros, M.D.;

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

3. Ordering Respondent Jason K. Boutros, 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: JUL 06 2023

REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

LA2022603469
66001051.docx