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

In the Matter of the Accusation Against: Thomas Jerome Lancaster, M.D. Physician's and Surgeon's Certificate No. G 70162 Respondent.	Case No. 800-2016-024953

DECISION

The attached Stipulated Settlement and Discipline 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 December 23, 2020.

IT IS SO ORDERED: November 23, 2020.

MEDICAL BOARD OF CALIFORNIA

Ronald H. Lewis, M.D., Chair
Panel A

XAVIER BECERRA
Attorney General of California
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Supervising Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **THOMAS JEROME LANCASTER, M.D.** **101 Cirby Hills Drive** **Roseville, CA 95678** **Physician's and Surgeon's Certificate** **No. G 70162** Respondent.	Case No. 800-2016-024953 OAH No. 2020021178 **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 Interim Executive Director of the Medical Board of California (Board). Complainant brought this action solely in his official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Ryan J. Yates, Deputy Attorney General.

2. Respondent Thomas Jerome Lancaster, M.D. (Respondent) is represented in this proceeding by attorney David M. Balfour, whose address is: 1925 Palomar Oaks Way, Suite 220

Carlsbad, CA 92008. On or about October 29, 1990, the Board issued Physician's and Surgeon's Certificate No. G 70162 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2016-024953, and will expire October 31, 2020, unless renewed.

JURISDICTION

3. Accusation No. 800-2016-024953 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on July 26, 2019. Respondent timely filed his Notice of Defense contesting the Accusation.

4. A copy of Accusation No. 800-2016-024953 is attached as exhibit A and incorporated herein by reference. First Amended Accusation No. 800-2016-024953 will be filed in conjunction with the execution of this document. First Amended Accusation No. 800-2016-024953 is attached a exhibit B and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2016-024953. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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CULPABILITY

7. Respondent understands that the charges and allegations in First Amended Accusation No. 800-2016-024953, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

8. For the purpose of resolving the First Amended Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, complainant could establish a *prima facie* case with respect to the charges and allegations contained in First Amended Accusation No. 800-2016-024953 and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

9. ACKNOWLEDGMENT. Respondent acknowledges the Disciplinary Order below, requiring the disclosure of probation pursuant to Business and Professions Code section 2228.1, serves to protect the public interest.

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

10. 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.

11. 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. 800-2016-024953 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.

12. 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.

13. 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. G 70162 issued to Respondent Thomas Jerome Lancaster, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for seven (7) years on the following terms and conditions:

1. ACTUAL SUSPENSION. As part of probation, Respondent is suspended from the practice of medicine for sixty (60) days, beginning on or before the ninetieth (90th) day after the effective date of this decision.

2. CONTROLLED SUBSTANCES – PARTIAL RESTRICTION. Respondent shall not order, prescribe, dispense, administer, furnish, or possess any controlled substances as defined by the California Uniform Controlled Substances Act, except for those drugs, as needed by patients in his capacity as a physician for the Yolo County Jail, Yuba County Jail, Placer County Jail, Yolo County Juvenile Hall, Placer County Juvenile Hall, and the Tri-County Juvenile Hall.. If Respondent does prescribe a controlled substance, Respondent has no less than seven (7) days to forward said prescription to his practice and billing monitor. Outside of Respondent's employment with the Butte County Jail, Respondent shall not order, prescribe, dispense, administer, furnish, or possess any controlled substances as defined by the California Uniform Controlled Substances Act, except for those drugs listed in Schedule V of the Act. Respondent

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

3. CONTROLLED SUBSTANCES – MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all the following: 1) the name and address of patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substances were furnished. Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection

and copying on the premises by the Board or its designee at all times during business hours and shall be retained for the entire term of probation.

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

5. PRESCRIBING PRACTICES COURSE. Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision. Respondent shall submit a certification of successful completion to the Board or its designee not later than fifteen (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.

6. MEDICAL RECORD KEEPING COURSE. Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision. Respondent shall submit a certification of successful completion to the Board or its designee not later than fifteen (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.

7. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within sixty (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 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 fifteen (15) calendar days after the effective date of the Decision, whichever is later.

8. PROFESSIONAL BOUNDARIES PROGRAM. Within sixty (60) calendar days from the effective date of this Decision, Respondent shall enroll in a professional boundaries program approved in advance by the Board or its designee. Respondent, at the program's discretion, shall undergo and complete the program's assessment of Respondent's competency, mental health and/or neuropsychological performance, and at minimum, a 24 hour program of interactive education and training in the area of boundaries, which takes into account data obtained from the assessment and from the Decision(s), Accusation(s) and any other information that the Board or its designee deems relevant. The program shall evaluate Respondent at the end of the training and the program shall provide any data from the assessment and training as well as the results of the evaluation to the Board or its designee. Failure to complete the entire program not later than six (6) months after Respondent's initial enrollment shall constitute a violation of probation unless the Board or its designee agrees in writing to a later time for completion. Based on Respondent's performance in and evaluations from the assessment, education, and training, the program shall advise the Board or its designee of its recommendation(s) for additional education, training, psychotherapy and other measures necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with program recommendations. At the completion of the program, Respondent shall submit to a final evaluation. The program shall provide the results of the evaluation to the Board or its designee. The professional boundaries program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. The program has the authority to determine whether or not Respondent successfully completed the program. A professional boundaries course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the

Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision. If Respondent fails to complete the program within the designated time period, Respondent shall cease the practice of medicine within three (3) calendar days after being notified by the Board or its designee that Respondent failed to complete the program.

9. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time. The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six (6) general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program. At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent has demonstrated the ability to practice safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with the program's recommendations. Determination as to whether Respondent successfully completed the clinical

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

10. MONITORING – PRACTICE/BILLING. Within thirty (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 and billing monitor(s), 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 fifteen (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 sixty (60) calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice and billing 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(s) 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 billing, and whether Respondent is practicing medicine safely and billing appropriately. 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 ten (10) calendar days after the end of the preceding quarter. If the monitor resigns or is no longer available, Respondent shall, within five (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 fifteen (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.

11. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice where: 1) Respondent merely shares office space with another physician but is not affiliated for purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that location. If Respondent fails to establish a practice with another physician or secure employment in an appropriate practice setting 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. The Respondent shall not resume practice until an appropriate practice setting is established. If, during the course of the probation, the Respondent's practice setting changes and the Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent shall notify the Board or its designee within five (5) calendar days of the practice setting change. If Respondent fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the practice setting change, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume practice until an appropriate practice setting is established.

12. 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 fifteen (15) calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

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

14. 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.

15. 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.

16. 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.

17. 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.

18. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete the Federation of State Medical Board's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model 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.

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

20. 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 Accusation 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.

21. 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 fifteen (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.

22. 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 31st of each calendar year.

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23. 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. 800-2016-024953 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.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, David Balfour. 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: 8/6/2020

THOMAS JEROME LANCASTER, M.D.
Respondent

I have read and fully discussed with Respondent Thomas Jerome Lancaster, 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: 8/7/2020

DAVID M. BALFOUR
Attorney for Respondent

ENDORSEMENT

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

DATED: 8/7/2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General

RYAN J. YATES
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2016-024953

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Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **THOMAS JEROME LANCASTER, M.D.** **1230 Pearsall Way** **Yuba City, CA 95991** **Physician's and Surgeon's Certificate No. G 70162,** Respondent.	Case No. 800-2016-024953 **FIRST AMENDED ACCUSATION**

PARTIES

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

2. On or about October 29, 1990, the Medical Board issued Physician's and Surgeon's Certificate No. G 70162 to Thomas Jerome Lancaster, 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 October 31, 2020, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code provides in pertinent part, 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, or such other action taken in relation to discipline as the Board deems proper.

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 which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

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

"(g) The 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 2261 of the Code states:

"Knowingly making or signing any certificate or other document directly or indirectly related to the practice of medicine or podiatry which falsely represents the existence or nonexistence of a state of facts, constitutes unprofessional conduct."

7. Section 2262 of the Code states:

"Altering or modifying the medical record of any person, with fraudulent intent, or creating any false medical record, with fraudulent intent, constitutes unprofessional conduct.

"In addition to any other disciplinary action, the Division of Medical Quality or the California Board of Podiatric Medicine may impose a civil penalty of five hundred dollars ($500) for a violation of this section."

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 810 of the Code states:

"(a) It shall constitute unprofessional conduct and grounds for disciplinary action, including suspension or revocation of a license or certificate, for a health care professional to do any of the following in connection with his or her professional activities:

(1) Knowingly present or cause to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance.

(2) Knowingly prepare, make, or subscribe any writing, with intent to present or use the same, or to allow it to be presented or used in support of any false or fraudulent claim.

"(b) It shall constitute cause for revocation or suspension of a license or certificate for a health care professional to engage in any conduct prohibited under Section 1871.4 of the Insurance Code or Section 549 or 550 of the Penal Code.

"(c)(1) It shall constitute cause for automatic suspension of a license or certificate issued pursuant to Chapter 4 (commencing with Section 1600), Chapter 5 (commencing with Section 2000), Chapter 6.6 (commencing with Section 2900), Chapter 7 (commencing with Section 3000), or Chapter 9 (commencing with Section 4000), or pursuant to the Chiropractic Act or the Osteopathic Act, if a licensee or certificate holder has been convicted of any felony involving fraud committed by the licensee or certificate holder in conjunction with providing benefits covered by worker's compensation insurance, or has been convicted of any felony involving Medi-Cal fraud committed by the licensee or certificate holder in conjunction with the Medi-Cal program, including the Denti-Cal element of the Medi-Cal program, pursuant to Chapter 7 (commencing with Section 14000), or Chapter 8 (commencing with Section 14200), of Part 3 of Division 9 of the Welfare and Institutions Code. The board shall convene a disciplinary hearing to determine whether or not the license or certificate shall be suspended, revoked, or some other disposition shall be considered, including, but not limited to, revocation with the opportunity to petition for reinstatement, suspension, or other limitations on the license or certificate as the board deems appropriate.

(2) It shall constitute cause for automatic suspension and for revocation of a license or certificate issued pursuant to Chapter 4 (commencing with Section 1600), Chapter 5 (commencing with Section 2000), Chapter 6.6 (commencing with Section 2900), Chapter 7 (commencing with Section 3000), or Chapter 9 (commencing with Section 4000), or pursuant to the Chiropractic Act or the Osteopathic Act, if a licensee or certificate holder has more than one conviction of any felony arising out of separate prosecutions involving fraud committed by the licensee or certificate holder in conjunction with providing benefits covered by worker's compensation insurance, or in conjunction with the Medi-Cal program, including the Denti-Cal element of the Medi-Cal program pursuant to Chapter 7 (commencing with Section 14000), or Chapter 8 (commencing with Section 14200), of Part 3 of Division 9 of the Welfare and Institutions Code. The board shall convene a disciplinary hearing to revoke the license or certificate and an order of revocation shall be issued unless the board finds mitigating circumstances to order some other disposition.

(3) It is the intent of the Legislature that paragraph (2) apply to a licensee or certificate holder who has one or more convictions prior to January 1, 2004, as provided in this subdivision.

(4) Nothing in this subdivision shall preclude a board from suspending or revoking a license or certificate pursuant to any other provision of law.

(5) "Board," as used in this subdivision, means the Dental Board of California, the Medical Board of California, the Board of Psychology, the State Board of Optometry, the California State Board of Pharmacy, the Osteopathic Medical Board of California, and the State Board of Chiropractic Examiners.

(6) "More than one conviction," as used in this subdivision, means that the licensee or certificate holder has one or more convictions prior to January 1, 2004, and at least one conviction on or after that date, or the licensee or certificate holder has two or more convictions on or after January 1, 2004. However, a licensee or certificate holder who has one or more convictions prior to January 1, 2004, but who has no convictions and is currently licensed or holds a certificate after that date, does not have "more than one conviction" for the purposes of this subdivision.

"(d) As used in this section, health care professional means any person licensed or certified pursuant to this division, or licensed pursuant to the Osteopathic Initiative Act, or the Chiropractic Initiative Act."

PERTINENT DRUG INFORMATION

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

11. Amphetamine salts – Generic name for the drug Adderall, which is a combination drug containing four salts of the two enantiomers of amphetamine, a Central Nervous System (CNS) stimulant of the phenethylamine class. Adderall is used to treat attention deficit

hyperactivity disorder and narcolepsy but can be used recreationally as an aphrodisiac and euphoriant. Adderall is habit forming. Amphetamine salts are a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12(d) and a dangerous drug pursuant to Business and Professions Code section 4022.

12. Aripiprazole – Generic name for the drug Abilify, among others. Aripiprazole is an atypical antipsychotic, primarily used in the treatment of schizophrenia and bipolar disorder. Other uses include as an add-on treatment in major depressive disorder, tic disorders and irritability associated with autism. It is taken by mouth or by injection into a muscle. Aripiprazole is a dangerous drug pursuant to California Business and Professions Code section 4022.

13. Dextroamphetamine-Amphetamine – Generic name for Adderall XR, Mydayis. Dextroamphetamine-Amphetamine is used to treat attention deficit hyperactivity disorder and narcolepsy. It is a combination medication containing four (4) salts of amphetamine, and works as a central nervous system stimulant. Dextroamphetamine-Amphetamine is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12 and Health and Safety Code, section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code, section 4022.

14. Hydromorphone hydrochloride – Generic name for the drug Dilaudid. Hydromorphone hydrochloride ("hcl") is a potent opioid agonist that has a high potential for abuse and risk of producing respiratory depression. Hydromorphone hcl is a short-acting medication used to treat severe pain. Hydromorphone hcl is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12, and a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055(b).

15. Lamotrigine – Generic name for the drug Lamictal, among others. Lamotrigine is an anticonvulsant medication used to treat epilepsy and bipolar disorder. Epileptic symptoms treated include focal seizures, tonic-clonic seizures, and seizures in Lennox-Gastaut syndrome. In bipolar disorder, it is used to treat acute episodes of depression and rapid cycling in bipolar type

II and to prevent recurrence in bipolar type I. Lamotrigine is a dangerous drug, pursuant to Business and Professions Code, section 4022.

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

17. Methylphenidate – Generic name for Ritalin, is a central nervous system stimulant medication used to treat attention deficit hyperactivity disorder (ADHD) and narcolepsy. It is a first line medication for ADHD. It is taken by mouth or applied to the skin. Methylphenidate is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12 and Health and Safety Code, section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code, section 4022.

18. Oxycodone – Generic name for OxyContin, Roxicodone, and Oxecta. Oxycodone carries a high risk for addiction and dependence, and can cause respiratory distress and death when taken in high doses or when combined with other substances, especially alcohol. Oxycodone is a short-acting opioid analgesic used to treat moderate to severe pain. OxyContin ER is a long-acting opioid formulation consisting of an extended-release mechanism. Oxycodone is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12. Oxycodone is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055(b).

19. Sertraline – Generic name for the drug Zoloft, is an antidepressant of the selective serotonin reuptake inhibitor (SSRI) class. It is used to treat major depressive disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder, premenstrual dysphoric disorder, and social anxiety disorder. Sertraline is a dangerous drug pursuant to Business and Professions Code section 4022.

20. Temazepam – Generic name for Restoril. Temazepam is an intermediate-acting benzodiazepine used to treat insomnia. Temazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

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

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

22. Respondent Thomas Jerome Lancaster, M.D. is subject to disciplinary action under section 2234, subdivision (b), of the Code in that Respondent committed act(s) and/or omission(s) amounting to gross negligence. The circumstances are as follows:

Patient A

23. Beginning on or about March 5, 2014, Respondent was working as a contract physician at Butte County Behavioral Health (BCBH), in Oroville, California, where his duties consisted of providing psychiatric care to minor patients.

24. On or about March 5, 2014, Respondent began treating Patient A, the grandfather of a BCBH patient. Patient A was not himself a BCBH patient, and Respondent did not have authorization from BCBH to use its facilities and/or property to treat Patient A. Patient A was a personal friend of Respondent, who had been a BCBH employee for several years, but no longer worked there.

25. During Respondent's care and treatment of Patient A, Respondent agreed to treat him without recording his medical information on a BCBH chart. Instead, Respondent kept separate, handwritten records of their meetings in his desk at BCBH. These records existed

outside of the BCBH records system, and were unknown and inaccessible to anyone other than Respondent.

26. The Board obtained certified pharmacy profiles pertaining to Patient A from the dates of March 5, 2014, to September 13, 2016. During that time period, Respondent prescribed large amounts of a variety of controlled substances to Patient A. For example, between March 5, 2014, and September 13, 2016, Respondent prescribed or refilled the following controlled substances to Patient A:

Date Filled	Prescription	Quantity	Dosage	Schedule
March 5, 2014	Alprazolam	60 tablets	0.5 mg.	IV
April 3, 2014	Alprazolam	60 tablets	0.5 mg.	IV
May 20, 2014	Alprazolam	60 tablets	0.5 mg.	IV
July 11, 2014	Alprazolam	120 tablets	1 mg.	IV
August 10, 2014	Alprazolam	120 tablets	1 mg.	IV
September 6, 2014	Alprazolam	120 tablets	1 mg.	IV
September 16, 2014	Zolpidem tartrate	30 tablets	10 mg	IV
September 28, 2014	Alprazolam	120 tablets	1 mg.	IV
October 21, 2014	Zolpidem tartrate	30 tablets	10 mg	IV
October 24, 2014	Temazepam	30 capsules	30 mg.	IV
October 26, 2014	Alprazolam	120 tablets	1 mg.	IV
November 23, 2014	Zolpidem tartrate	30 tablets	10 mg	IV
November 23, 2014	Alprazolam	120 tablets	1 mg.	IV
December 12, 2014	Temazepam	30 capsules	30 mg.	IV
December 21, 2014	Alprazolam	120 tablets	1 mg.	IV
January 9, 2015	Temazepam	30 capsules	30 mg.	IV
January 17, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
January 20, 2015	Alprazolam	120 tablets	1 mg.	IV
February 8, 2015	Temazepam	30 capsules	30 mg.	IV

February 17, 2015	Alprazolam	120 tablets	1 mg.	IV
March 5, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
March 17, 2015	Alprazolam	120 tablets	1 mg.	IV
March 23, 2015	Temazepam	30 capsules	30 mg.	IV
April 2, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
April 14, 2015	Alprazolam	120 tablets	1 mg.	IV
April 21, 2015	Temazepam	30 capsules	30 mg.	IV
May 6, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
May 21, 2015	Temazepam	30 capsules	30 mg.	IV
June 4, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
June 12, 2015	Alprazolam	120 tablets	1 mg.	IV
June 18, 2015	Temazepam	30 capsules	30 mg.	IV
July 2, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
July 10, 2015	Alprazolam	120 tablets	1 mg.	IV
July 30, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
August 10, 2015	Alprazolam	120 tablets	1 mg.	IV
August 26, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
September 9, 2015	Alprazolam	120 tablets	1 mg.	IV
September 23, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
October 13, 2015	Alprazolam	120 tablets	1 mg.	IV
October 21, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
November 11, 2015	Alprazolam	120 tablets	1 mg.	IV
November 17, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
December 1, 2015	Dextroamphetamine-Amphetamine	30 tablets	10 mg	II
December 3, 2015	Alprazolam	120 tablets	1 mg.	IV
December 15, 2015	Dextroamphetamine-Amphetamine	60 tablets	10 mg	II
December 17, 2015	Zolpidem tartrate	30 tablets	10 mg	IV

December 30, 2015	Alprazolam	120 tablets	1 mg.	IV
January 13, 2016	Dextroamphetamine-Amphetamine	60 tablets	10 mg	II
January 15, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
February 3, 2016	Amphetamine salt combo	60 tablets	20 mg	II
February 3, 2016	Alprazolam	120 tablets	1 mg.	IV
February 3, 2016	Temazepam	30 capsules	30 mg.	IV
February 8, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
February 24, 2016	Amphetamine salt combo	60 tablets	30 mg	II
February 29, 2016	Alprazolam	120 tablets	1 mg.	IV
February 29, 2016	Temazepam	30 capsules	30 mg.	IV
March 7, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
March 25, 2016	Temazepam	30 capsules	30 mg.	IV
March 25, 2016	Alprazolam	120 tablets	1 mg.	IV
April 8, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
April 26, 2016	Methylphenidate HCL	30 tablets	20 mg	II
May 9, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
May 9, 2016	Alprazolam	120 tablets	1 mg.	IV
May 10, 2016	Methylphenidate HCL	60 tablets	20 mg	II
June 2, 2016	Alprazolam	120 tablets	1 mg.	IV
June 2, 2016	Temazepam	30 capsules	30 mg.	IV
June 6, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
June 6, 2016	Methylphenidate HCL	60 tablets	20 mg	II
June 30, 2016	Temazepam	30 capsules	30 mg.	IV
June 30, 2016	Alprazolam	120 tablets	1 mg.	IV
June 30, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
July 1, 2016	Methylphenidate HCL	60 tablets	20 mg	II

July 29, 2016	Methylphenidate HCL	60 tablets	20 mg	II
August 9, 2016	Temazepam	30 capsules	30 mg.	IV
August 9, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
August 9, 2016	Alprazolam	120 tablets	1 mg.	IV
September 13, 2016	Alprazolam	120 tablets	1 mg.	IV
September 13, 2016	Temazepam	30 capsules	30 mg.	IV

27. During the aforementioned time period, Patient A was also being prescribed large amounts of oxycodone HCL, hydromorphone HCL, and morphine sulfate by other medical practitioners.

28. Although Respondent had prescribed Patient A high doses of benzodiazepines, stimulants, sleep medicine, and opioids during the aforementioned time period—which required intensive monitoring—Respondent only saw Patient A during his visits with the patient's grandchild, who was a BCBH patient. Those visits with the BCBH patient, which lasted approximately thirty (30) minutes, required Respondent to address the BCBH patient's medical problems, which were extensive. Each of the prescriptions issued to Patient A by Respondent were from BCBH prescription pads. Additionally, during Respondent's care and treatment of Patient A, Respondent solely used the BCBH facility and BCBH's property. Respondent failed to coordinate the care and treatment of Patient A with his other medical providers. This failure deprived Patient A from ancillary services that could have helped address his underlying issues.

29. On or about April 14, 2016, Patient A's wife called BCBH staff on the telephone. During the telephone call, she was irate and yelled at staff members for not having completed a PAR/TAR[1] for Patient A. The staff member responded that BCBH was unable to do anything without first speaking with Respondent.

30. On or about May 10, 2016, Patient A arrived at the BCBH waiting room. He was upset, and loudly banged on the lobby door and yelled as he attempted to gain entry through the

[1] A Participating Provider (PAR) has an agreement with a particular health insurance payer. A Treatment Authorization Request (TAR) is submitted to Medi-Cal, in order to receive authorization for a particular medical action.

locked door. He then telephoned Respondent, who arrived shortly after, walked with Patient A to the facility's parking lot, and gave Patient A an envelope. Patient A then left the facility.

31. On May 31, 2016, Respondent authored a progress note regarding Patient A, which stated, "[Patient A] called and asked for a 3 mos supply of meds-wrote them out but informed, no more, after today, thus encouraging them to get care elsewhere, ASAP." Nonetheless, Respondent continued to prescribe controlled substances to Patient A, without any clinical documentation or charting, until September 13, 2016.[2]

32. Following notice that he was the subject of an investigation by the Department of Consumer Affairs (DCA) Division of Investigation (DOI), on or about February 20, 2019, Respondent drafted retroactive records related to his care and treatment of Patient A, and provided the records to the assigned investigator. The records, which pertained to five (5) patient visits, which began in "Spring 2015" and ended on February 9, 2016, were inaccurate and did not cover the complete timeframe during which Patient A was seen. They additionally do not cover critical events, such as when Patient A acted disruptively at BCBH, or why Patient A's benzodiazepine dose was quadrupled shortly into his treatment. The notes additionally failed to list all of the medications prescribed to Patient A.

Patient B

33. On or about May 24, 2016, Respondent treated Patient B, a then eight (8) year old foster child. During the visit, Patient B's foster mother stated that she had repeatedly attempted to obtain the drug, Abilify, for Patient B, however, Medi-Cal repeatedly denied the requests. Respondent asked Patient B's mother if she had private insurance, to which she replied that she did. Respondent replied that he would write a prescription for Abilify in her name, so that she could fill it and administer the Abilify for the use of Patient B.

34. Although he was aware of its illegality, before ending the visit, Respondent wrote, on a BCBH prescription pad, a prescription for three (3) refills of thirty (30) Abilify tablets, in twenty (20) milligram doses, in Patient B's foster mother's name.

[2] Respondent's contract with BCBH was terminated on June 10, 2016.

35. Following the visit with Patient B and Patient B's foster mother, Respondent entered a treatment note, which stated the following:

> "Subjective: [redacted] never got the Risperdal since it wasn't covered but have been relying on samples of Abilify with excellent results. No PTSD symptoms, no cycling, no suicidal/homicidal thoughts and no side effects. Sleep, interest, energy, concert, appetite are fine.
>
> "O: relax, verbal, broad affect.
>
> "A: PTSD, rule out mood disorder NOS.
>
> "Plan: stop the Risperdal and go back to Abilify, continue clonidine and return to clinic in three months."

Respondent additionally entered in Patient B's treatment notes that he had prescribed Abilify to Patient B's mother.

36. Despite the fact that Respondent's notes pertaining to the May 24, 2016, visit with Patient B contain the basic elements of the SOAP[3] format, the notes failed to adequately convey many necessary aspects of the examination, such as compliance or objective findings—specifically, speech, attention, and/or thought process. More importantly, Respondent's notes failed to convey why Patient B was in need of extreme medications that are not authorized by Medi-Cal. Nor do the notes mention the guidelines Respondent was following in treating Patient B. Respondent's notes fail to address whether laboratory monitoring is being done and whether benefits of treatment outweigh the risks for Patient B.

37. Following notice that he was the subject of an investigation by DOI, on or about April 29, 2019, Respondent provided a retroactive chart regarding his care and treatment of Patient B. In the chart, Respondent admitted to prescribing Abilify to Patient B's foster mother, which was intended for Patient B, and that Patient B's foster mother was never his patient.

38. On or about June 12, 2019, Respondent participated in an interview with DOI. During the interview, Respondent stated that he prescribed the Abilify, which was intended for Patient B, to Patient B's foster mother, because he was "worried about her hurting herself or others or having to require hospitalization." When asked if the agreement to prescribe to Patient

[3] The SOAP note is a method of documentation employed by health care providers to transcribe notes in a patient's chart. The standard SOAP note format consists of the subjective component, objective component, assessment, and plan.

B's foster mother was documented, Respondent replied that it all occurred verbally. After being shown the prescription, Respondent acknowledged that there did not appear to have been an emergency. He additionally acknowledged that the amount prescribed should have lasted Patient B over a year, which appeared inconsistent with an emergency scenario. Further, he acknowledged that he was aware that it was inappropriate to prescribe for one person with the intent of the prescription being used by another person.

Patient C

39. On or about May 31, 2016, Respondent began treating Patient C at BCBH. Patient C was a minor teenager, who was taking prescribed Zoloft, Abilify, Lamictal, and Ativan, from a previous medical provider. Prior to concluding the visit, Respondent wrote two (2) Zoloft prescriptions to Patient C, which resulted in Patient C receiving 400 milligrams of Zoloft daily.[4] Due to the high amount of Zoloft prescribed by Respondent, Patient C's daily Zoloft dose exceeded the recommended limit. This resulted in Patient C's insurance refusing to cover the full amount of the Zoloft prescription. In response, Respondent wrote one prescription for thirty (30) 200-milligram tablets of Zoloft, to be processed through Patient C's mother's insurance company. Respondent also wrote a second prescription for sixty (60) 100-milligram tablets of Zoloft, to be paid for in cash.

40. When transcribing the two Zoloft prescriptions, Respondent failed to adequately or accurately document important information. Specifically, when writing the sixty (60) tablet prescription for Zoloft, Respondent should have documented it as a once-a-day dosage. Additionally, since two (2) different pill strengths of the same medication were intended to be taken concurrently, Respondent should have stated in both prescriptions that they were being used in conjunction.

41. Following the visit, Respondent entered the following progress notes regarding his care and treatment of Patient C:

> "Subjective: [redacted] is doing very good with the current meds combination but still has some OCD [obsessive compulsive disorder] symptoms of skin picking and is

[4] Respondent stated in his June 16, 2019, interview with DOI that he had an understanding with Patient C's mother that Patient C was to only take 300 milligrams of Zoloft daily.

enuretic [bedwetting] at night but mom does not want to change any of the meds. No depression, no significant mood swings, is happy overall and sleep, interest, energy, concentration, and appetite are fine. No suicidal or homicidal thoughts and no side effects. [sic]

"O: chunky, lesions on arms from skin picking, blunted affect.

"A: mood disorder NOS, OCD, Asperger's.

"Plan: continue Zoloft, Lamictal, Rexulti and Ativan and return to clinic in three months."

42. Respondent failed to document accurate and adequate treatment notes for Patient C. Despite the fact that Respondent's notes contain the basic elements of the SOAP format, the notes failed to adequately convey many necessary aspects of the examination, such as compliance or objective findings—specifically, speech, attention, and/or thought process. More importantly, Respondent's notes failed to convey why Patient C, a minor patient, was in need of extreme medications and high doses. Although Respondent stated in his interview that he believed that he might have discussed decreasing the Zoloft doses to Patient C's mother, Respondent's notes lack any documentation of the discussion. Respondent additionally failed to clearly document in the notes that he was issuing two prescriptions for the same medication, with the intention for the medications to be filled concurrently. Moreover, Respondent failed to properly document his reasons for prescribing such an unusual dosage of Zoloft to Patient C.

43. Respondent committed the following acts of gross negligence regarding Patient A:

a.) Respondent provided unauthorized psychiatric care for a personal friend at BCBH;

b.) Respondent engaged in substandard record keeping and documentation; and

c.) Respondent overprescribed controlled substances.

44. Respondent committed gross negligence regarding Patient B, in that Respondent wrote a prescription for Patient B's mother, which was intended for Patient B.

45. Respondent committed gross negligence regarding Patient C, in that Respondent engaged in substandard record keeping and documentation.

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SECOND CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

46. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming of a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 23 through 45 above, which are hereby realleged and incorporated by reference as if fully set forth herein. Respondent additionally engaged in the following unprofessional conduct:

Patient D

47. On or about March 28, 2018, Respondent and his daughter were visiting a personal friend, who is a licensed veterinarian. During the visit, Respondent's friend's dog escaped its kennel and bit Respondent's minor daughter on the head. Following the dog bite, Respondent supervised and aided his friend in the unlicensed practice of medicine on humans, while his friend sutured the child's wounds. After the placement of sutures was completed, Respondent obtained a ten (10) day supply of cephalexin (antibiotics), from his friend, to administer to the child.

THIRD CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

48. Respondent's license is subject to disciplinary action under section 2234, subdivision (c) of the Code in that he committed repeated negligent acts. The circumstances are set forth in paragraphs 23 through 47, above, which are incorporated here by reference as if fully set forth. Additional circumstances are as follows:

49. Respondent committed repeated negligent acts regarding Patient B in that Respondent engaged in substandard record keeping and documentation.

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FOURTH CAUSE FOR DISCIPLINE

(Creating False Records)

50. Respondent's license is subject to disciplinary action under section 2262 in that he created false medical records with fraudulent intent. The circumstances are set forth in paragraphs 33 through 38, which are incorporated here by reference as if fully set forth.

FIFTH CAUSE FOR DISCIPLINE

(Signing False Records)

51. Respondent's license is subject to disciplinary action under section 2261 in that he signed a false medical record. The circumstances are set forth in paragraphs 33 through 38, which are incorporated here by reference as if fully set forth.

SIXTH CAUSE FOR DISCIPLINE

(False Claims to Medi-Cal, Dishonesty)

52. Respondent's license is subject to disciplinary action under section 810, subdivisions (a)(1) and (a)(2), and 2234, subdivision (e), in that Respondent knowingly submitted false claims to Medi-Cal and knowingly created false treatment records to support those false claims. The circumstances are set forth in paragraphs 33 through 38, which are incorporated here by reference as if fully set forth.

SEVENTH CAUSE FOR DISCIPLINE

(Failure to Maintain Accurate and Adequate Records)

53. Respondent's license is subject to disciplinary action under section 2266, in that he failed to maintain adequate and accurate records. The circumstances are set forth in paragraphs 23 through 52, which are incorporated here by reference as if fully set forth.

DISCIPLINARY CONSIDERATIONS

54. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that on or about January 26, 2007, in a prior disciplinary action entitled *In the Matter of the Accusation Against Thomas Jerome Lancaster, M.D.* before the Medical Board of California, in Case Number 02-2003-149423, Respondent's license was placed on probation for five (5) years—which included several terms and conditions—for gross negligence, repeated

negligent acts, incompetence, and prescribing without a good faith examination, in the care and treatment of multiple patients. 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 No. G 70162, issued to Thomas Jerome Lancaster, M.D.;

2. Revoking, suspending or denying approval of Thomas Jerome Lancaster, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Thomas Jerome Lancaster, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: OCT 13 2020

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

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