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

In the Matter of the Accusation Against: **ANNA DANUTA STEINER, M.D.** **P.O. Box 550** **Valatie NY 12184-0550** **Physician's and Surgeon's Certificate No. A 51257** Respondent.	Case No. 800-2020-069055 **DEFAULT DECISION AND ORDER** [Gov. Code, §11520]

FINDINGS OF FACT

1. On October 6, 2020, Complainant William Prasifka, in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs, filed Accusation No. 800-2020-069055 against ANNA DANUTA STEINER, M.D. (Respondent) before the Medical Board of California.

2. On October 6, 1992, the Medical Board of California (Board) issued Physician's and Surgeon's Certificate No. A 51257 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein but expired on October

31, 2020, and has not been renewed. The license was placed in suspended status on September 11, 2020, pursuant to Section 2310(a) of the Business and Professions Code. (Exhibit Package, Exhibit 1[1], license certification and notice of suspension.)

3. On October 6, 2020, Respondent was duly served with an Accusation, alleging causes for discipline against Respondent. (Exhibit Package, Exhibit 2, Accusation.)

4. The allegations of the Accusation are true as follows based on certified records which are attached as Exhibit Package, Exhibit 3, Certification of Documents, Statement of Allegations and Final Decision and Order.

- On September 30, 2019, the Commonwealth of Massachusetts Board of Registration in Medicine (Massachusetts Board) filed a "Statement of Allegations" against Anna D. Steiner, M.D., for practicing medicine in "violation of the law, regulations, or good and accepted medical practice," specifically, G.L. c. 112 section 5, eighth para. (a) and 243 CMR 1.03(5)(a)3 [conduct that places into question Respondent's competence to practice medicine], and 243 CMR 1.03(5)(a)10 [deceitful practice of medicine].
- From approximately January 2014 through October 2018, Respondent issued prescriptions without having examined, met, or interacted with the patients named in the prescriptions.
- The prescriptions issued, to individuals she did not have a physician-patient relationship with, were for high-cost compounds, topical medications, and durable medical equipment like knee and back braces.
- The prescriptions were filled through different pharmacies located in Alabama, California, Florida, Mississippi, Oklahoma, Pennsylvania, and Texas.
- Respondent wrote these prescriptions as a consultant for telemedicine companies which paid her thirty dollars for each "consult."

[1] The evidence in support of this Default Decision and Order is submitted herewith as the "Exhibit Package."

- Respondent also denied being the subject of an investigation when she applied for her Massachusetts license renewal.
- On June 25, 2020, the Massachusetts Board issued a Final Decision and Order after default.
- The Final Decision and Order found the Statement of Allegations was deemed admitted and revoked Respondent's right to renew her license.
- Respondent's Massachusetts license to practice medicine is "revoked" and she is no longer authorized to practice medicine. (Exhibit Package, Exhibit 4, Massachusetts Board Physician Profile printout.)

5. On October 6, 2020, an employee of the Medical Board of California (Board) sent by certified mail a copy of Accusation No. 800-2020-069055, Statement to Respondent, Notice of Defense in blank, and Request for Discovery to Respondent's address of record with the Board, which was and is P.O. Box 550 Valatie, NY 12184-0550. The United States Post Office tracking system noted the package was delivered on October 16, 2020. (Exhibit Package, Exhibit 2, Accusation, proof of service; Exhibit 5, USPS tracking printout and green card.)

6. There was no response to the Accusation. On October 21, 2020, an employee of the Attorney General's Office sent a Courtesy Notice of Default, by certified mail, addressed to Respondent at the address of record above. The Courtesy Notice of Default advised Respondent of the service of the Accusation, and provided her with an opportunity to file a Notice of Defense and request relief from default. The United State Post Office tracking system noted the package "arrived at unit" and was "available for pick up" on October 31, 2020. (Exhibit Package, Exhibit 6, Courtesy Notice of Default, proof of service, USPS tracking printout.)

7. Respondent has not responded to service of the Accusation or the Notice of Default. She has not filed a Notice of Defense. As a result, Respondent has waived her right to a hearing on the merits to contest the allegations contained in the Accusation.

8. Service of the Accusation was effective as a matter of law under the provisions of Government Code section 11505, subdivision (c).

STATUTORY AUTHORITY

9. Government Code section 11506 states, in pertinent part:

"(c) The respondent shall be entitled to a hearing on the merits if the respondent files a notice of defense, and the notice shall be deemed a specific denial of all parts of the accusation not expressly admitted. Failure to file a notice of defense shall constitute a waiver of respondent's right to a hearing, but the agency in its discretion may nevertheless grant a hearing."

10. Respondent failed to file a Notice of Defense within 15 days after service upon her of the Accusation, and therefore waived her right to a hearing on the merits of Accusation No. 800-2020-069055.

11. California Government Code section 11520 states, in pertinent part:

"(a) If the respondent either fails to file a notice of defense or to appear at the hearing, the agency may take action based upon the respondent's express admissions or upon other evidence and affidavits may be used as evidence without any notice to respondent."

DETERMINATION OF ISSUES

1. The Board has jurisdiction to adjudicate this case by default, and pursuant to Government Code section 11520, finds that Respondent is in default. The Board will take action without further proceedings or hearing and, based on Respondent's admissions by way of default and the evidence before the Board, contained in the Exhibit Package, finds that the allegations in Accusation No. 800-2020-069055, are true and correct.

2. Respondent's conduct and the action of the Massachusetts Board of Registration in Medicine constitute cause for discipline within the meaning of Business and Professions Code sections 2305 and 141(a).

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DISCIPLINARY ORDER

Physician's and Surgeon's Certificate No. A 51257, issued to ANNA DANUTA STEINER, M.D., is hereby **REVOKED**.

Respondent shall not be deprived of making a request for relief from default as set forth in Government Code section 11520(c) for good cause shown. However, such showing must be made in writing by way of a motion to vacate the default decision and directed to the Medical Board of California at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815 within seven (7) days of the service of this Decision. The agency in its discretion may vacate the Decision and grant a hearing on a showing of good cause, as defined in the statute.

This Decision shall become effective at 5:00 p.m. on DEC 23 2020.

It is so ORDERED NOV 23 2020

WILLIAM PRASIFKA
EXECUTIVE DIRECTOR
FOR THE MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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Attorneys for Complainant

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

In the Matter of the Accusation Against:	Case No. 800-2020-069055
Anna Danuta Steiner, M.D. **P.O. Box 550** **Valatie NY 12184-0550** **Physician's and Surgeon's Certificate No. A 51257,** Respondent.	**ACCUSATION**

PARTIES

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

2. On October 6, 1992, the Medical Board issued Physician's and Surgeon's Certificate Number A 51257 to Anna Danuta Steiner, 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, and is SUSPENDED by virtue of an Order issued by the Board on September 11, 2020 pursuant to Business and Professions Code section 2310(a).

JURISDICTION

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

4. Section 2227 of the Code provides in part that the Board may revoke, suspend for a period not to exceed one year, or place on probation, the license of any licensee who has been found guilty under the Medical Practice Act, and may recover the costs of probation monitoring.

5. Section 2305 of the Code provides, in part, that the revocation, suspension, or other discipline, restriction or limitation imposed by another state upon a license to practice medicine issued by that state, or the revocation, suspension, or restriction of the authority to practice medicine by any agency of the federal government, that would have been grounds for discipline in California under the Medical Practice Act, constitutes grounds for discipline for unprofessional conduct.

6. Section 141 of the Code states:

> (a) For any licensee holding a license issued by a board under the jurisdiction of the department, a disciplinary action taken by another state, by any agency of the federal government, or by another country for any act substantially related to the practice regulated by the California license, may be a ground for disciplinary action by the respective state licensing board. A certified copy of the record of the disciplinary action taken against the licensee by another state, an agency of the federal government, or another country shall be conclusive evidence of the events related therein.
>
> (b) Nothing in this section shall preclude a board from applying a specific statutory provision in the licensing act administered by that board that provides for discipline based upon a disciplinary action taken against the licensee by another state, an agency of the federal government, or another country.

CAUSE FOR DISCIPLINE

(Discipline, Restriction, or Limitation Imposed by Another State)

7. As of June 25, 2020, Respondent's medical license in Massachusetts was revoked based on the Final Decision and Order of the Massachusetts Board of Registration in Medicine (Massachusetts Board) revoking Respondent's inchoate right to renew the license. This discipline was based on factual findings showing Respondent's involvement in a multi-year scheme to defraud Medicare and private insurance companies as well as the fact that Respondent failed to

disclose the investigation into this conduct on her application for licensure renewal. These findings are set out in detail in the Massachusetts Board Final Decision and Order. A copy of the Massachusetts Final Decision and Order is attached as Exhibit A.

8. Respondent's conduct and the action of the Massachusetts Board as set forth in paragraph 7, above, constitute cause for discipline pursuant to sections 2305 and/or 141 of the Code

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 51257, issued to Anna Danuta Steiner, M.D.;

2. Revoking, suspending or denying approval of Anna Danuta Steiner, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Anna Danuta Steiner, 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 06 2020

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

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EXHIBIT A

Final Decision and Order of the Massachusetts Board of Registration in Medicine

COMMONWEALTH OF MASSACHUSETTS

MIDDLESEX, SS.

BOARD OF REGISTRATION
IN MEDICINE

Adjudicatory Case No. 2019-048

In the Matter of ANNA D. STEINER M.D.	**FINAL DECISION AND ORDER**

This matter came before the Board for final disposition on the basis of the Administrative Magistrate's Order of Default-Recommended Decision ("Default Recommended Decision"), dated December 30, 2019, which found Anna D. Steiner, M.D. ("Respondent") in default. After full consideration of that Default Recommended Decision, which is attached hereto and incorporated by reference, as well as the Petitioner's Memorandum on Disposition, the Board adopts the Default Recommended Decision, amending it by adding the following:

Findings of Fact

In light of the Division of Administrative Law Appeals' ("DALA") conclusion that the Respondent failed to (a) answer the Board of Registration in Medicine ("Board")'s September 30, 2019 Statement of Allegations against her; (b) appear at DALA for the scheduled November 5, 2019 prehearing conference despite prior written notice of the conference to her; and (c) file a response to the Order to Show Cause issued by DALA on November 13, 2019, the Board adopts the Default Recommended Decision, finding the Respondent in default pursuant to M.G.L. c. 30A, § 10(2). Therefore, the allegations contained in the Statement of Allegations are deemed admitted. See Peters & Russel, Inc. v. Dorfman, 188 F.2d 711 (7th Cir. 1951); and Northwest Yeast Co. v. Broutin, 133 F.2d 638 (6th Cir. 1943). The Findings of Fact read as follows:

Biographical Information

1. The Respondent was born on October 31, 1955. She graduated from the Academy of Medicine in Gdansk, Poland in 1981. She has been licensed to practice medicine in Massachusetts since 1992 under certificate number 76329. The Respondent is certified by the American Board of Medical Specialties in anesthesiology. She has no known recent affiliations with any hospital or medical facility in Massachusetts. The Respondent resides in New York, where she has an active license to practice medicine.

Findings of Fact

1. From approximately October 2014 to November 2017, the Respondent issued prescriptions for Blue Cross Blue Shield of Massachusetts (BCBS) members without having examined, met, or interacted with them, with whom she did not have a physician-patient relationship, and who did not request the medication from her.
2. Most of the prescriptions were for (a) high-cost compounds or topical medications, including lidocaine, diclofenac sodium, Fluocinonide, and Doxephin; (b) aerosol sprays; and (c) durable medical equipment, like TENS Units and knee and back braces.
3. The Respondent wrote the prescriptions to the BCBS members as a consultant for telemedicine companies, which paid her $30 per "consult."
4. The prescriptions to BCBS members were filled through six different pharmacies located in Florida, Texas, and Alabama.

5. The pharmacies billed BCBS between $1,175 and $5,306 for the high cost compounds.

6. BCBS will no longer reimburse for prescription medications written under the Respondent's Drug Enforcement Agency number.

7. Among the BCBS members who received unsolicited medication prescribed by the Respondent were BCBS members DA, PB, SD, JS, and KT.

8. In or around December 2015, 56 year old BCBS Member DA received diabetes test strips in the mail, which she did not order. The test strips were prescribed by the Respondent, yet BCBS Member DA had no contact with the Respondent, by phone or otherwise.

9. In or around March 2018, 54 year old BCBS Member PB, who suffers from daily pain, received a phone call from a telemarketer who said he could receive pain cream, which would be fully covered by his insurance. BCBS Member PB told the telemarketer that he was not interested in the pain cream as his doctor had told him it would not work for him and would not approve it. Nonetheless, BCBS Member PB received pain cream in the mail prescribed by the Respondent. BCBS Member PB had never spoken with or met the Respondent and signed no release to allow her access to his medical records.

10. In or around February 2017, 63 year old BCBS Member SD received a call from a telemarketer about relieving her back pain, after she had filled out an online survey. The telemarketer told BCBS Member SD that her insurance would cover the cost of the medication. Thereafter, BCBS Member SD received pain cream prescribed by

the Respondent from a Florida pharmacy. BCBS Member SD had had no contact with the Respondent and did not know who she was.

11. In or around 2016 and 2017, 41 year old BCBS Member JS received a call from a telemarketer asking him if he wanted to receive pain cream and patches, which would be covered by his insurance. The caller told BCBS JS that he had obtained information the member had provided on the internet. BCBS Member JS believed that he was then transferred to a licensed provider, whom he believed to be a nurse practitioner; he did not recall speaking to the Respondent. Days later, BCBS Member JS received in the mail medication prescribed to him by the Respondent. Upon learning the medication price billed to BCBS, BCBS Member JS called the pharmacy, informed it that he did not want the expensive medication, and sent the unopened medication back to the pharmacy.

12. In or around October to December 2015, 79 year old BCBS Member KT received a package of medication in the mail, which she did not order. The medications were prescribed to her by the Respondent and sent from a Florida pharmacy.

13. From approximately January 2014 to October 2018, the Respondent issued prescriptions to Tufts Health Plan members residing in Massachusetts without having examined, met, or interacted with them and with whom she had no physician-patient relationship and who did not request the medication from her.

14. Most of the prescriptions were for high-cost compounds or topical medications to treat pain, including lidocaine and diclofenac.

15. The Respondent wrote the prescriptions to the Tufts Health Plan members residing in Massachusetts as a consultant for telemedicine companies, which paid her $30 per "consult."

16. The prescriptions to Tufts Health Plan members residing in Massachusetts were filled by pharmacies located in Alabama, California, Florida, Mississippi, Oklahoma, Pennsylvania, and Texas.

17. Tufts Health Plan reimbursed these pharmacies approximately $40,000 for pain ointments and patches that the Respondents prescribed from approximately January 2014 to September 2016.

18. Tufts Health Plan has since terminated its relationship with a number of the participating pharmacies.

19. Among the Tufts Health Plan members residing in Massachusetts who received unsolicited medication prescribed by the Respondent were Tufts Members PB, CD, EH, MM, BN, and JP.

20. In or around June 2016, 81 year old Tufts Member PB received a call from a telemarketer who wanted to sell her pain creams. Tufts Member PB told the telemarketer she was not interested in them. Nonetheless, soon after she received a package in the mail of creams that she did not order and which were prescribed to her by the Respondent.

21. In or around July 2016, 92 year old Tufts Member CD received a call from a telemarketer who wanted to sell him ointment, saying it would cost him two to four dollars. When Tufts Member CD received the ointment, it was prescribed by the Respondent, though he has no recollection of speaking with her.

22. In or around July 2016, 92 year old Tufts Member EH received a phone call from a telemarketer asking her if she wanted to purchase a back brace; she told them she was not interested. Nonetheless, Tufts Member EH received a back brace in the mail prescribed to her by the Respondent.

23. In or around July 2016, the Respondent prescribed lidocaine ointment and diclofenac gel to 78 year old Tufts Member MM, who had no recollection of requesting such medication of communicating with the Respondent.

24. In or about June or July 2016, 68 year old Tufts Member BN received a call from a telemarketer telling her that she could send her cream that would help with her pain. While the telemarketer told Tufts Member BN that she would put the Respondent on the phone, Tufts Member BN never spoke to her. Tufts Member BN's husband called the telemarketer back and told her not to send anything to his wife. Nonetheless, Tufts Member BN received two large tubes of cream medication in the mail, prescribed by the Respondent, which turned out to be useless. Tufts Member BN was charged four or five dollars for the medication, but Tufts Health Plan was billed $2,000 for the cream, which caused the family to over its deductible, requiring the family to pay cash for future needed prescriptions, including a $500 a month medication.

25. In or around October 2018, 48 year old Tufts Member JP began receiving medication she did not request from a Florida pharmacy, after searching online for an ankle brace. The Respondent prescribed the medication, though Tufts Member JP had never spoken with her and was not interested in receiving medication.

26. The Board notified the Respondent of the investigation against her in November 2016, which it docketed as 16-354, and communicated with her about the investigation in 2016 and thereafter, via phone, letter and email.

27. On her October license renewal application, which the Respondent submitted on or about September 25, 2017, the Respondent answered falsely "No" to Question 18C which reads, "Have you been the subject of an investigation by any governmental authority, including the Massachusetts Board of Registration in Medicine or any other state medical board, health care facility, group practice, employer or professional association?"

28. On or about July 9, 2019, the United States District Court for the Eastern District of New York indicted the Respondent, charging her with conspiracy to commit health care fraud for her alleged role in a telemedicine scheme to submit fraudulent claims to Medicare and private insurance companies. The Board opened an investigation into this matter and docketed it as 19-353.

Conclusions of Law

A. The Respondent violated G.L. c. 112, § 5, eighth par. (a) and 243 CMR 1.03(5)(a)(1) by fraudulently procuring her certificate of registration or its renewal;

B. The Respondent violated G.L. c. 112, § 5, eighth par. (c) and 243 CMR 1.03(5)(a)(3) by engaging in conduct that places into question her competence to practice medicine, including but not limited to gross misconduct in the practice of medicine, or practicing medicine fraudulently, or beyond its authorized scope, or with gross incompetence, or with gross negligence on a particular occasion or negligence on repeated occasions;

C. The Respondent violated 243 CMR 2.03(5)(a)(10) by practicing medicine deceitfully, or engaging in conduct that has the capacity to deceive or defraud; and

D. The Respondent has demonstrated a lack of good moral character and has engaged in conduct that undermines the public confidence in the integrity of the medical profession. See Levy v. Board of Registration in Medicine, 378 Mass. 519 (1979) and Raymond v. Board of Registration in Medicine, 387 Mass. 708 (1982).

Sanction

The Board has responded strictly to cases involving physicians who have engaged in fraudulent billing practices, whether or not the physician was prosecuted criminally. See In the Matter of Richard Ng, M.D., Board of Registration in Medicine, Adjudicatory Case No. 2014-026 (Consent Order, June 25, 2014)(revocation, retroactive to VANP, for pleading guilty to 11 counts of illegal prescribing, 9 counts of Medicaid false claims, and 7 counts of Medicaid excess charges); In the Matter of Alan Fisch, M.D., Board of Registration in Medicine, Adjudicatory Case No. 98-70-DALA (Final Decision and Order, October 25, 2000), *Aff.*, Fisch v. Board of Registration in Medicine, 437 Mass. 128 (June 13, 2002)(indefinite suspension for physician for repeatedly billing insurance company for psychotherapy sessions that were never provided; Board reiterated that the absence of criminal prosecution does not diminish the wrongdoing). See also In the Matter of Richard F. Finkel, M.D., Adjudicatory Case No. 96-42-DALA (Final Decision and Order, September 11, 1996)(revocation for criminal conviction for Federal Mail fraud in connection with fraudulent billing of insurers for services not rendered, and for lying to Board investigators); and Feldstein v. Board of Registration in Medicine, 387 Mass. 339 (1982)(SJC upheld Board's sanction of revocation, where physician pleaded guilty to 10 counts

of making false representations for the purpose of extracting payments under the Medicaid program).

In the present matter, there are no mitigating circumstances identified by the Administrative Magistrate. In addition to her involvement in a schedule to defraud Medicare and private insurance companies, and cause financial harm to members of those insurance companies, the Respondent failed to report investigations into her conduct on her licensure renewal. Furthermore, to date, the Respondent has made no effort to defend herself against the allegations of impropriety raised by the Board. There have been multiple opportunities, brought to the Respondent's attention through the issuance of notice, for her to respond to the charges. In situations such as this, the Board has, in the past, revoked the licenses of such physicians. See In the Matter of Daniel R. Nevarre, M.D., Board of Registration in Medicine, Adjudicatory Case No. 2019-022 (Final Decision and Order, October 24, 2019)(revocation of inchoate right to renew license for default judgment in Massachusetts and for pleading guilty to Medicare fraud and insurance fraud in Pennsylvania, resulting in voluntary surrender of medical license in that state); In the Matter of Gerardo Yanavaco, M.D., Board of Registration in Medicine, Adjudicatory Case No. 2008-047 (Final Decision and Order, June 16, 2010)(revocation for default involving criminal conviction for insurance fraud, grand larceny, offering a false instrument for filing, falsifying a business record, and participating in a scheme to defraud involving billing for services not provided, billing for medically unnecessary tests and for tests not performed, and upcoding); and In the Matter of Paula M. Nelson, M.D., Board of Registration in Medicine, Adjudicatory Case No. 2018-041 (Final Decision and Order, June 28, 2019)(revocation for default in case involving revocation of inchoate right to renew in Maryland, where physician was found to have engaged in improper billing for care and improper care

provided. DALA found "blatant disregard of DALA hearing process, Order to Show Cause, and the authority of the Board of Registration in Medicine."). Pursuant to 243 CMR 1.03(15), the Board maintains the authority to impose discipline against a physician whose license has been revoked by operation of law. For these reasons, the Board hereby REVOKES the Respondent's inchoate right to renew her license.

The Respondent shall provide a complete copy of this Final Decision and Order, with all exhibits and attachments, within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which he practices medicine; any in- or out-of-state health maintenance organization with whom he has privileges or any other kind of association; any state agency, in- or out-of-state, with which he has a provider contract; any in- or out-of-state medical employer, whether or not he practices medicine there; and the state licensing boards of all states in which he has any kind of license to practice medicine. The Respondent shall also provide this notification to any such designated entities with which he becomes associated for the duration of this revocation. The Respondent is further directed to certify to the Board within ten (10) days that he has complied with this directive. The Board expressly reserves the authority to notify independently, at any time, any of the entities designated above, or any other affected entity, of any action taken.

The Respondent has the right to appeal this Final Decision and Order within thirty (30) days, pursuant to G.L. c. 30A, §§ 14 and 15, and G.L. c. 112, § 64.

DATE: June 25, 2020

George Abraham, M.D.
Chair