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8
9 **BEFORE THE**
10 **MEDICAL BOARD OF CALIFORNIA**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the Petition to Revoke
Probation Against:

Case No. 800-2021-074623

14 **DAVID E. SOSIN, M.D.**
15 **13362 Newport Avenue, Suite A**
Tustin, CA 92780

PETITION TO REVOKE PROBATION

16 **Physician's and Surgeon's Certificate**
17 **No. G 13099,**

18 Respondent.

19
20 Complainant alleges:

21 **PARTIES**

22 1. William Prasifka (Complainant) brings this Petition to Revoke Probation solely in his
23 official capacity as the Executive Director of the Medical Board of California, Department of
24 Consumer Affairs (Board).

25 2. On or about April 19, 1967, the Medical Board of California issued Physician's and
26 Surgeon's Certificate Number G 13099 to DAVID E. SOSIN, M.D. (Respondent). The
27 Physician's and Surgeon's Certificate was in effect at all times relevant to the charges brought
28 herein and will expire on October 31, 2021, unless renewed.

1 3. In a prior disciplinary action entitled "*In the Matter of the Accusation Against David*
2 *E. Sosin, M.D.*," Case No. 800-2013-000597, the Medical Board of California issued a Decision,
3 effective December 2, 2016 ("2016 Decision"), in which Respondent's Physician's and Surgeon's
4 Certificate was revoked. However, the revocation was stayed and Respondent was placed on
5 probation for a period of five (5) years with certain terms and conditions. A copy of that Decision
6 is attached as Exhibit A and is incorporated herein by reference.

7 4. In another disciplinary action titled "*In the Matter of Accusation Against David E.*
8 *Sosin, M.D.*," Case No. 800-2015-016817, the Medical Board of California issued a Decision,
9 effective March 20, 2020 ("2020 Decision"), in which Respondent's Physician's and Surgeon's
10 Certificate was revoked. However, the revocation was stayed and Respondent's Physician's and
11 Surgeon's Certificate was placed on probation for a period of three (3) years with certain terms
12 and conditions, including all of the terms and conditions of the 2016 Decision. A copy of that
13 Decision is attached as Exhibit B and is incorporated herein by reference.

14 JURISDICTION

15 5. This Petition to Revoke Probation is brought before the Medical Board of California
16 (Board), Department of Consumer Affairs, under the authority of the following laws. All section
17 references are to the Business and Professions Code unless otherwise indicated.

18 6. Section 2227 of the Code states:

19 (a) A licensee whose matter has been heard by an administrative law judge of
20 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
21 Code, or whose default has been entered, and who is found guilty, or who has entered
22 into a stipulation for disciplinary action with the board, may, in accordance with the
23 provisions of this chapter:

24 (1) Have his or her license revoked upon order of the board.

25 (2) Have his or her right to practice suspended for a period not to exceed one
26 year upon order of the board.

27 (3) Be placed on probation and be required to pay the costs of probation
28 monitoring upon order of the board.

(4) Be publicly reprimanded by the board. The public reprimand may include a
requirement that the licensee complete relevant educational courses approved by the
board.

(5) Have any other action taken in relation to discipline as part of an order of

1 probation, as the board or an administrative law judge may deem proper.

2 (b) Any matter heard pursuant to subdivision (a), except for warning letters,
3 medical review or advisory conferences, professional competency examinations,
4 continuing education activities, and cost reimbursement associated therewith that are
5 agreed to with the board and successfully completed by the licensee, or other matters
6 made confidential or privileged by existing law, is deemed public, and shall be made
7 available to the public by the board pursuant to Section 803.1.

8 **FIRST CAUSE TO REVOKE PROBATION**

9 **(Clinical Competence Assessment Program)**

10 7. At all times after the effective date of Respondent's probation, Condition 21 of the
11 2020 Decision stated, in pertinent part:

12 "Within 60 calendar days of the effective date of this Decision, Respondent
13 shall enroll in a clinical competence assessment program approved in advance by the
14 Board or its designee. Respondent shall successfully complete the program not later
15 than six (6) months after Respondent's initial enrollment unless the Board or its
16 designee agrees in writing to an extension of that time. Respondent shall not be
17 allowed to re-take the Center for Personalized Education for Physicians (CPEP)
18 program.

19 ...

20 If the Respondent did not successfully complete the clinical competence
21 assessment program, the Respondent shall not resume the practice of medicine until a
22 final decision has been rendered on the accusation and/or a petition to revoke
23 probation. The cessation of practice shall not apply to the reduction of the
24 probationary time period."

25 8. Respondent's probation is subject to revocation because he failed to comply with
26 Probation Condition 21, referenced above. The facts and circumstances regarding this violation
27 are as follows:

28 A. On or about February 19, 2020, Respondent was officially enrolled in the University
of California, San Diego Physician Assessment and Clinical Education Program ("PACE
Program"). Respondent participated in the PACE Program on May 28, June 1-2, and August 27-
28, 2020.

B. On or about November 10, 2020, the PACE Program provided the Board with their
report regarding Respondent's assessment with the program. The report indicated that
Respondent's overall performance on the comprehensive physician assessment was consistent
with a "Fail, Category 4." As such, Respondent did not successfully complete the clinical
competence assessment program, thereby violating his probation.

1 **SECOND CAUSE TO REVOKE PROBATION**

2 **(Violation of Probation)**

3 9. At all times after the effective date of Respondent's probation, Condition 17 of the
4 2016 Decision states:

5 Failure to fully comply with any term or condition of probation is a violation of
6 probation. If Respondent violates probation in any respect, the Board, after giving
7 Respondent notice and the opportunity to be heard, may revoke probation and carry
8 out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke
9 Probation, or an Interim Suspension Order is filed against Respondent during
10 probation, the Board shall have continuing jurisdiction until the matter is final, and
11 the period of probation shall be extended until the matter is final.

12 10. Respondent's probation is subject to revocation because he failed to comply with
13 Probation Condition 17, of the 2016 Decision, referenced above: The facts and circumstances
14 regarding this violation are as follows:

15 A. Paragraphs 7 through 8, inclusive, above, are incorporated herein by reference.

16 **DISCIPLINE CONSIDERATIONS**

17 11. To determine the degree of discipline, if any, to be imposed on Respondent,
18 Complainant alleges that on or about December 15, 2020, the Medical Board of California issued
19 a Cease Practice Order in Case Nos. 800-2013-000597 and 800-2015-016817, for violation of
20 Probation Condition 21. Respondent was ordered to immediately cease the practice of medicine.

21 12. To further determine the degree of discipline, if any, to be imposed on Respondent,
22 Complainant refers to the details of the prior disciplinary action, as more particularly alleged in
23 paragraph 3, above, which are hereby incorporated by reference and alleged as if fully set forth
24 herein. The disciplinary action was taken due to the following sustained allegations: gross
25 negligence, repeated negligent acts, inadequate records, incompetence, prescribing without
26 exam/indication, excessive prescribing, general unprofessional conduct, and aiding and abetting
27 the unlicensed practice of medicine. That Decision is now final and is incorporated by reference
28 as if fully set forth.

13 13. To further determine the degree of discipline, if any, to be imposed on Respondent,
14 Complainant alleges that on or about June 14, 1999, in a prior disciplinary action, before the
15 Board, titled "*In the Matter of the Accusation Against David E. Sosin, M.D.*," Case No. 04-1996-

1 66892, Respondent's license was revoked, with the revocation stayed, and Respondent was
2 placed on probation for three (3) years, subject to terms and conditions. This action was taken
3 due to the following sustained allegations: excessive prescribing, repeated negligent acts, gross
4 negligence, and prescribing dangerous drugs without a good faith prior examination and medical
5 indication therefor. That Decision is now final and is incorporated by reference as if fully set
6 forth herein.

7 **PRAYER**

8 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
9 and that following the hearing, the Medical Board of California issue a decision:

10 1. Revoking the probation that was granted by the Medical Board of California in Case
11 No. 800-2015-016817 and imposing the disciplinary order that was stayed, thereby revoking
12 Physician's and Surgeon's Certificate No. G 13099 issued to David E. Sosin, M.D.;


13 2. Revoking or suspending Physician's and Surgeon's Certificate No. G 13099, issued to
14 David E. Sosin, M.D.;

15 3. Revoking, suspending or denying approval of David E. Sosin, M.D.'s authority to
16 supervise physicians assistants, pursuant to section 3527 of the Code, and advanced practice
17 nurses;

18 4. Ordering David E. Sosin, M.D., if placed on probation, to pay the Medical Board of
19 California the costs of probation monitoring; and

20 5. Taking such other and further action as deemed necessary and proper.

21
22
23 DATED: **MAR 23 2021**


24 WILLIAM PRASIFKA
25 Executive Director
26 Medical Board of California
27 Department of Consumer Affairs
28 State of California
Complainant

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64073085.docx

Exhibit A

Decision and Order

Medical Board of California Case No. 800-2013-000597

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

In the Matter of the Accusation Against:)
)
DAVID E. SOSIN, M.D.) Case No. 8002013000597
)
Physician's and Surgeon's)
Certificate No. G 13099)
)
Respondent.)
_____)

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Medical Board of California, Department of Consumer Affairs, State of California, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on December 2, 2016.

IT IS SO ORDERED November 3, 2016.

MEDICAL BOARD OF CALIFORNIA

By: Michelle Anne Bholat MD
Michelle Bholat, M.D., Chair
Panel B

MEDICAL BOARD OF CALIFORNIA
I do hereby certify that this document is a true
and correct copy of the original on file in this
office.

S. Woods
Signature
For Custodian of Records
Title
11/30/2020
Date

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Attorneys for Complainant
7

8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10 In the Matter of the Accusation Against:

Case No. 800-2013-000597

11
12 **David E. Sosin, M.D.**
13 13362 Newport Avenue, Suite A
Tustin, CA 92780

OAH No. 2015120974

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

14 **Physician's and Surgeon's Certificate**
15 **No. G13099,**

16 Respondent.

17
18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
19 entitled proceedings that the following matters are true:

20 PARTIES

21 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board.
22 of California. She brought this action solely in her official capacity and is represented in this
23 matter by Kamala D. Harris, Attorney General of the State of California, by Tan N. Tran, Deputy
24 Attorney General.

25 2. Respondent DAVID E. SOSIN, M.D. ("Respondent") is represented in this
26 proceeding by attorney Scott A. Martin, whose address is: PIVO, HALBREICH, MARTIN &
27 WILSON, LLP, 525 North Cabrillo Park Drive, Santa Ana, CA 92701.

28 ///

1 3. On or about April 19, 1967, the Medical Board of California issued Physician's and
2 Surgeon's Certificate No. G13099 to DAVID E. SOSIN, M.D. (Respondent). The Physician's and
3 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in
4 Accusation No. 800-2013-000597, and will expire on October 31, 2016, unless renewed.

5 JURISDICTION

6 4. Accusation No. 800-2013-000597 was filed before the Medical Board of California
7 (Board), Department of Consumer Affairs, and is currently pending against Respondent. The
8 Accusation and all other statutorily required documents were properly served on Respondent on
9 July 1, 2015. Respondent timely filed his Notice of Defense contesting the Accusation.

10 5. A copy of Accusation No. 800-2013-000597 is attached as exhibit A and incorporated
11 herein by reference.

12 ADVISEMENT AND WAIVERS

13 6. Respondent has carefully read, fully discussed with counsel, and understands the
14 charges and allegations in Accusation No. 800-2013-000597. Respondent has also carefully read,
15 fully discussed with counsel, and understands the effects of this Stipulated Settlement and
16 Disciplinary Order.

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

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

25 CULPABILITY

26 9. Respondent does not contest that at an administrative hearing, complainant could
27 establish a *prima facie* case with respect to the charges and allegations contained in Accusation
28

1 No. 800-2013-000597, and that he has thereby subjected his Physician's and Surgeon's Certificate
2 No. G13099 to disciplinary action.

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

6 RESERVATION

7 11. The admissions made by Respondent herein are only for the purposes of this
8 proceeding, or any other proceedings in which the Medical Board of California or other
9 professional licensing agency is involved, and shall not be admissible in any other criminal or
10 civil proceeding.

11 CONTINGENCY

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

22 13. The parties understand and agree that Portable Document Format (PDF) and facsimile
23 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
24 signatures thereto, shall have the same force and effect as the originals.

25 14. In consideration of the foregoing admissions and stipulations, the parties agree that
26 the Board may, without further notice or formal proceeding, issue and enter the following
27 Disciplinary Order:

28 ///

1 DISCIPLINARY ORDER

2 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G13099 issued
3 to David E. Sosin, M.D. (Respondent) is revoked. However, the revocation is stayed and
4 Respondent is placed on probation for five (5) years on the following terms and conditions.

5 1. CONTROLLED SUBSTANCES - PARTIAL RESTRICTION. During the first
6 three years of probation, for any prescription for controlled substances as listed in Schedule(s) II
7 and III of the California Uniform Controlled Substances Act, Respondent shall, within five
8 business days after issuing said prescription(s), forward said patient(s)' medical record to the
9 Board or its Designee. Said medical record(s) shall show all the following: 1) the name and
10 address of patient; 2) the date; 3) the character and quantity of controlled substances involved;
11 and 4) the indications and diagnosis for which the controlled substances were furnished.

12 Although Respondent has never previously prescribed or recommended medical
13 marijuana for any patient, it is nonetheless ordered that Respondent shall not issue an oral or
14 written recommendation or approval to a patient or a patient's primary caregiver for the
15 possession or cultivation of marijuana for the personal medical purposes of the patient within the
16 meaning of Health and Safety Code section 11362.5. If Respondent forms the medical opinion,
17 after an appropriate prior examination and medical indication, that a patient's medical condition
18 may benefit from the use of marijuana, Respondent shall so inform the patient and shall refer the
19 patient to another physician who, following an appropriate prior examination and medical
20 indication, may independently issue a medically appropriate recommendation or approval for the
21 possession or cultivation of marijuana for the personal medical purposes of the patient within the
22 meaning of Health and Safety Code section 11362.5. In addition, Respondent shall inform the
23 patient or the patient's primary caregiver that Respondent is prohibited from issuing a
24 recommendation or approval for the possession or cultivation of marijuana for the personal
25 medical purposes of the patient and that the patient or the patient's primary caregiver may not
26 rely on Respondent's statements to legally possess or cultivate marijuana for the personal medical
27 purposes of the patient. Respondent shall fully document in the patient's chart that the patient or
28 the patient's primary caregiver was so informed. Nothing in this condition prohibits Respondent

1 from providing the patient or the patient's primary caregiver information about the possible
2 medical benefits resulting from the use of marijuana.

3 2. CONTROLLED SUBSTANCES- MAINTAIN RECORDS AND ACCESS TO
4 RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled
5 substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any
6 recommendation or approval which enables a patient or patient's primary caregiver to possess or
7 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health
8 and Safety Code section 11362.5, during probation, showing all the following: 1) the name and
9 address of patient; 2) the date; 3) the character and quantity of controlled substances involved;
10 and 4) the indications and diagnosis for which the controlled substances were furnished.

11 Respondent shall keep these records in a separate file or ledger, in chronological order. All
12 records and any inventories of controlled substances shall be available for immediate inspection
13 and copying on the premises by the Board or its designee at all times during business hours and
14 shall be retained for the entire term of probation.

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

25 4. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective
26 date of this Decision, Respondent shall enroll in a course in prescribing practices equivalent to the
27 Prescribing Practices Course at the Physician Assessment and Clinical Education Program,
28 University of California, San Diego School of Medicine (Program), approved in advance by the

1 Board or its designee. Respondent shall provide the program with any information and documents
2 that the Program may deem pertinent. Respondent shall participate in and successfully complete
3 the classroom component of the course not later than six (6) months after Respondent's initial
4 enrollment. Respondent shall successfully complete any other component of the course within
5 one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense
6 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of
7 licensure.

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

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

16 5. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
17 date of this Decision, Respondent shall enroll in a course in medical record keeping equivalent to
18 the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education
19 Program, University of California, San Diego School of Medicine (Program), approved in
20 advance by the Board or its designee. Respondent shall provide the program with any information
21 and documents that the Program may deem pertinent. Respondent shall participate in and
22 successfully complete the classroom component of the course not later than six (6) months after
23 Respondent's initial enrollment. Respondent shall successfully complete any other component of
24 the course within one (1) year of enrollment. The medical record keeping course shall be at
25 Respondent's expense and shall be in addition to the Continuing Medical Education (CME)
26 requirements for renewal of licensure.

27 A medical record keeping course taken after the acts that gave rise to the charges in the
28 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board

1 or its designee, be accepted towards the fulfillment of this condition if the course would have
2 been approved by the Board or its designee had the course been taken after the effective date of
3 this Decision.

4 Respondent shall submit a certification of successful completion to the Board or its
5 designee not later than 15 calendar days after successfully completing the course, or not later than
6 15 calendar days after the effective date of the Decision, whichever is later.

7 6. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
8 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
9 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.

10 Respondent shall participate in and successfully complete that program. Respondent shall
11 provide any information and documents that the program may deem pertinent. Respondent shall
12 successfully complete the classroom component of the program not later than six (6) months after
13 Respondent's initial enrollment, and the longitudinal component of the program not later than the
14 time specified by the program, but no later than one (1) year after attending the classroom
15 component. The professionalism program shall be at Respondent's expense and shall be in
16 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

25 7. CLINICAL TRAINING PROGRAM. Within 60 calendar days of the effective date
26 of this Decision, Respondent shall enroll in a clinical training or educational program equivalent
27 to the Physician Assessment and Clinical Education Program (PACE) offered at the University of
28 California - San Diego School of Medicine ("Program"). Respondent shall successfully complete

1 the Program not later than six (6) months after Respondent's initial enrollment unless the Board
2 or its designee agrees in writing to an extension of that time.

3 The Program shall consist of a Comprehensive Assessment program comprised of a two-
4 day assessment of Respondent's physical and mental health; basic clinical and communication
5 skills common to all clinicians; and medical knowledge, skill and judgment pertaining to
6 Respondent's area of practice in which Respondent was alleged to be deficient, and at minimum,
7 a 40 hour program of clinical education in the area of practice in which Respondent was alleged
8 to be deficient and which takes into account data obtained from the assessment, Decision(s),
9 Accusation(s), and any other information that the Board or its designee deems relevant.
10 Respondent shall pay all expenses associated with the clinical training program.

11 Based on Respondent's performance and test results in the assessment and clinical
12 education, the Program will advise the Board or its designee of its recommendation(s) for the
13 scope and length of any additional educational or clinical training, treatment for any medical
14 condition, treatment for any psychological condition, or anything else affecting Respondent's
15 practice of medicine. Respondent shall comply with Program recommendations.

16 At the completion of any additional educational or clinical training, Respondent shall
17 submit to and pass an examination. Determination as to whether Respondent successfully
18 completed the examination or successfully completed the program is solely within the program's
19 jurisdiction.

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

1 8. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
2 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
3 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose
4 licenses are valid and in good standing, and who are preferably American Board of Medical
5 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
6 relationship with Respondent, or other relationship that could reasonably be expected to
7 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
8 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
9 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

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

26 The monitor(s) shall submit a quarterly written report to the Board or its designee which
27 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
28 are within the standards of practice of medicine, and whether Respondent is practicing medicine

1 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
2 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
3 preceding quarter.

4 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
5 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
6 name and qualifications of a replacement monitor who will be assuming that responsibility within
7 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
8 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
9 notification from the Board or its designee to cease the practice of medicine within three (3)
10 calendar days after being so notified Respondent shall cease the practice of medicine until a
11 replacement monitor is approved and assumes monitoring responsibility.

12 In lieu of a monitor, Respondent may participate in a professional enhancement program
13 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the
14 University of California, San Diego School of Medicine, that includes, at minimum, quarterly
15 chart review, semi-annual practice assessment, and semi-annual review of professional growth
16 and education. Respondent shall participate in the professional enhancement program at
17 Respondent's expense during the term of probation.

18 **STANDARD CONDITIONS**

19 9. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
20 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
21 Chief Executive Officer at every hospital where privileges or membership are extended to
22 Respondent, at any other facility where Respondent engages in the practice of medicine,
23 including all physician and locum tenens registries or other similar agencies, and to the Chief
24 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
25 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
26 calendar days.

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

28 10. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is

1 prohibited from supervising physician assistants.

2 11. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
3 governing the practice of medicine in California and remain in full compliance with any court
4 ordered criminal probation, payments, and other orders.

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

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

10 13. GENERAL PROBATION REQUIREMENTS.

11 Compliance with Probation Unit

12 Respondent shall comply with the Board's probation unit and all terms and conditions of
13 this Decision.

14 Address Changes

15 Respondent shall, at all times, keep the Board informed of Respondent's business and
16 residence addresses, email address (if available); and telephone number. Changes of such
17 addresses shall be immediately communicated in writing to the Board or its designee. Under no
18 circumstances shall a post office box serve as an address of record, except as allowed by Business
19 and Professions Code section 2021(b).

20 Place of Practice

21 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
22 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
23 facility.

24 License Renewal

25 Respondent shall maintain a current and renewed California physician's and surgeon's
26 license.

27 Travel or Residence Outside California

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

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

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

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

9 15. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
10 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
11 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
12 defined as any period of time Respondent is not practicing medicine in California as defined in
13 Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month
14 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All
15 time spent in an intensive training program which has been approved by the Board or its designee
16 shall not be considered non-practice. Practicing medicine in another state of the United States or
17 Federal jurisdiction while on probation with the medical licensing authority of that state or
18 jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall
19 not be considered as a period of non-practice.

20 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
21 months, Respondent shall successfully complete a clinical training program that meets the criteria
22 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and
23 Disciplinary Guidelines" prior to resuming the practice of medicine.

24 Respondent's period of non-practice while on probation shall not exceed two (2) years.

25 Periods of non-practice will not apply to the reduction of the probationary term.

26 Periods of non-practice will relieve Respondent of the responsibility to comply with the
27 probationary terms and conditions with the exception of this condition and the following terms
28 and conditions of probation: Obey All Laws; and General Probation Requirements.

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

5 17. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
6 of probation is a violation of probation. If Respondent violates probation in any respect, the
7 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
8 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
9 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
10 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
11 the matter is final.

12 18. LICENSE SURRENDER. Following the effective date of this Decision, if
13 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
14 the terms and conditions of probation, Respondent may request to surrender his or her license.
15 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
16 determining whether or not to grant the request, or to take any other action deemed appropriate
17 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
18 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
19 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
20 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
21 application shall be treated as a petition for reinstatement of a revoked certificate.

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

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Scott A. Martin. 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: 10/6/16 
DAVID E. SOSIN, M.D.
Respondent

I have read and fully discussed with Respondent DAVID E. SOSIN, 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: _____
SCOTT A. MARTIN
Attorney for Respondent

ENDORSEMENT

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

Dated: _____
Respectfully submitted,
KAMALA D. HARRIS
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

TANN. TRAN
Deputy Attorney General
Attorneys for Complainant

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Scott A. Martin. 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: _____

DAVID E. SOSIN, M.D.
Respondent

I have read and fully discussed with Respondent DAVID E. SOSIN, 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: June 6, 2016

Scott A. Martin
SCOTT A. MARTIN
Attorney for Respondent

ENDORSEMENT

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

Dated: 6/7/16

Respectfully submitted,

KAYLA D. HARRIS
Attorney General of California
JENNIFER L. CAMPBELL
Supervising Deputy Attorney General

TAN N. TRAN
Deputy Attorney General
Attorney for Applicant

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Exhibit A

Accusation No. 800-2013-000597

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO July 1 20 15
BY R. FIRDAHS ANALYST

1 KAMALA D. HARRIS
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 TAN N. TRAN
Deputy Attorney General
4 State Bar No. 197775
California Department of Justice
5 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 897-6793
Facsimile: (213) 897-9395
7 *Attorneys for Complainant*

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:
12 **David E. Sosin, M.D.**
13 **13362 Newport Avenue, Suite A**
Tustin, CA 92780
14 **Physician's and Surgeon's Certificate**
15 **No. G13099,**
16 **Respondent.**

Case No. 800-2013-000597
ACCUSATION

17
18 Complainant alleges:

19 **PARTIES**

20 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
21 capacity as the Executive Director of the Medical Board of California, Department of Consumer
22 Affairs (Board).

23 2. On or about April 19, 1967, the Medical Board issued Physician's and Surgeon's
24 Certificate Number G13099 to David E. Sosin, M.D. (Respondent). The Physician's and
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on October 31, 2015, unless renewed.

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JURISDICTION

1
2 3. This Accusation is brought before the Board, under the authority of the following
3 laws. All section references are to the Business and Professions Code unless otherwise indicated.

4 4. Section 2004 of the Code states:

5 "The board shall have the responsibility for the following:

6 "(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice
7 Act.

8 "(b) The administration and hearing of disciplinary actions.

9 "(c) Carrying out disciplinary actions appropriate to findings made by a panel or an
10 administrative law judge.

11 "(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of
12 disciplinary actions.

13 "(e) Reviewing the quality of medical practice carried out by physician and surgeon
14 certificate holders under the jurisdiction of the board.

15 "(f) Approving undergraduate and graduate medical education programs.

16 "(g) Approving clinical clerkship and special programs and hospitals for the programs in
17 subdivision (f).

18 "(h) Issuing licenses and certificates under the board's jurisdiction.

19 "(i) Administering the board's continuing medical education program."

20 5. Section 2227 of the Code provides that a licensee who is found guilty under the
21 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
22 one year, placed on probation and required to pay the costs of probation monitoring, or such other
23 action taken in relation to discipline as the board deems proper.

24 6. Section 2234 of the Code, states:

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

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

3 "(b) Gross negligence.

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

7 "(1) An initial negligent diagnosis followed by an act or omission medically appropriate
8 for that negligent diagnosis of the patient shall constitute a single negligent act.

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

14 "(d) Incompetence.

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

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

18 "(g) The practice of medicine from this state into another state or country without meeting
19 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
20 apply to this subdivision. This subdivision shall become operative upon the implementation of
21 the proposed registration program described in Section 2052.5.

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

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1 7. Section 2242 of the Code states:

2 "(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022
3 without an appropriate prior examination and a medical indication, constitutes unprofessional
4 conduct.

5 "(b) No licensee shall be found to have committed unprofessional conduct within the
6 meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of
7 the following applies:

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

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

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

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

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

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

24 8. Section 2266 of the Code states: The failure of a physician and surgeon to maintain
25 adequate and accurate records relating to the provision of services to their patients constitutes
26 unprofessional conduct.

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1 9. Section 725 of the Code states:

2 "(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering
3 of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated
4 acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of
5 the community of licensees is unprofessional conduct for a physician and surgeon, dentist,
6 podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language
7 pathologist, or audiologist.

8 "(b) Any person who engages in repeated acts of clearly excessive prescribing or
9 administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of
10 not less than one hundred dollars (\$100) nor more than six hundred dollars (\$600), or by
11 imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and
12 imprisonment.

13 "(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or
14 administering dangerous drugs or prescription controlled substances shall not be subject to
15 disciplinary action or prosecution under this section.

16 "(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section
17 for treating intractable pain in compliance with Section 2241.5."

18 10. Section 2052 of the Code states:

19 "(a) Notwithstanding Section 146, any person who practices or attempts to practice, or who
20 advertises or holds himself or herself out as practicing, any system or mode of treating the sick or
21 afflicted in this state, or who diagnoses, treats, operates for, or prescribes for any ailment,
22 blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition
23 of any person, without having at the time of so doing a valid, unrevoked, or unsuspended
24 certificate as provided in this chapter [Chapter 5, the Medical Practice Act], or without being
25 authorized to perform the act pursuant to a certificate obtained in accordance with some other
26 provision of law, is guilty of a public offense, punishable by a fine not exceeding ten thousand
27 dollars (\$10,000), by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal
28 Code, by imprisonment in a county jail not exceeding one year, or by both the fine and either

1 imprisonment.

2 "(b) Any person who conspires with or aids or abets another to commit any act described in
3 subdivision (a) is guilty of a public offense, subject to the punishment described in that
4 subdivision.

5 "(c) The remedy provided in this section shall not preclude any other remedy provided by
6 law."

7 11. Section 2264 of the Code states:

8 "The employing, directly or indirectly, the aiding, or the abetting of any unlicensed person
9 or any suspended, revoked, or unlicensed practitioner to engage in the practice of medicine or any
10 other mode of treating the sick or afflicted which requires a license to practice constitutes
11 unprofessional conduct."

12 12. California Code of Regulations, title 16, section 1360 states:

13 "For the purposes of denial, suspension or revocation of a license, certificate or permit
14 pursuant to Division 1.5 (commencing with Section 475) of the [C]ode, a crime or act shall be
15 considered to be substantially related to the qualifications, functions or duties of a person holding
16 a license, certificate or permit under the Medical Practice Act if to a substantial degree it
17 evidences present or potential unfitness of a person holding a license, certificate or permit to
18 perform the functions authorized by the license, certificate or permit in a manner consistent with
19 the public health, safety or welfare. Such crimes or acts shall include but not be limited to the
20 following: Violating or attempting to violate, directly or indirectly, or assisting in or abetting the
21 violation of, or conspiring to violate any provision of the Medical Practice Act."

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1 FIRST CAUSE FOR DISCIPLINE

2 (Gross Negligence)

3 13. Respondent is subject to disciplinary action under section 2234, subdivision (b), of
4 the Code for the commission of acts or omissions involving gross negligence in the care and
5 treatment of patient M.C. ("patient" or "M.C.")¹ The circumstances are as follows:

6 14. Respondent, a psychiatrist, began treating the patient on or about December 3, 2009.
7 After this initial psychiatric evaluation, Respondent diagnosed the patient with ADHD (Attention
8 Deficit Hyperactivity Disorder). During the first year of treatment, Respondent started the patient
9 on Vyvanse (a long acting pro-drug version of Adderall), and also began to prescribe
10 dextroamphetamine, Adderall, and Ritalin, which are all stimulants used to treat ADHD.²

11 15. As treatment began to progress, the patient revealed his marital problems to
12 Respondent, and the patient claimed that his wife was an alcoholic with serious behavioral
13 problems. By 2011, about one year after the patient had started treatment with Respondent, the
14 patient's marital issues appeared to become the focus of the treatment. During this time period,
15 Respondent became aware that the patient had begun medicating his wife, unbeknownst to her, by
16 placing Lexapro (an antidepressant) in her food.³

17 16. Despite learning what the patient was doing, Respondent did not seem to take active
18 steps to stop this dangerous/illegal behavior by the patient, nor did Respondent immediately cease
19 treatment of the patient. Instead, Respondent continued to treat the patient until about July 2013,⁴
20 for almost another two years, not only providing psychiatric evaluation/therapy, but also
21 prescribing to the patient other drugs such as Crestor (a cholesterol-lowering medication),

22 ¹ The patient is identified by initial to protect his privacy.

23 ² Records indicate that Respondent seemed to leave it up to the patient to modify his
stimulant regime to a very great extent during this time.

24 ³ Records indicate that Respondent was apprised of this dangerous behavior. There is one
25 note on November 9, 2011, in which Respondent wrote/warned the patient that it is illegal to
"share meds..." Records of continuing treatment and subsequent discussions with Respondent
26 revealed that Respondent may have "collaborated" with the patient to continue this behavior, in
what may have been an ill-advised attempt to "help" the patient's wife and to "save" the patient's
marriage.

27 ⁴ Respondent stated that he terminated his treatment of the patient in July of 2013,
primarily because he felt "threatened" by the patient's wife, not because he felt that his treatment
28 of the patient was substandard.

1 Zithromax (an antibiotic), Cialis (a drug used to treat erectile dysfunction), Levitra (also for
2 erectile dysfunction), Tobridex eye drops, and the like, for non-psychiatric-related conditions.⁵

3 17. The following acts or omissions committed by Respondent in his care and treatment
4 of patient M.C. constituted an extreme departure from the standard of care:

5 a. Failure to immediately terminate the doctor-patient relationship with M.C., upon
6 learning that M.C. was putting Lexapro in his wife's food;

7 b. Overprescribing Vyvanse and other drugs without an appropriate prior examination or
8 medical indication therefor.

9 c. Prescribing multiple stimulants/medications simultaneously, thus putting the patient
10 in the "driver's seat" by allowing the patient too much latitude to control his medication regime;

11 d. Failure to refer the patient to a general practitioner and/or appropriate specialist for
12 non-psychiatric conditions and providing medical treatment/advice to the patient that is "beyond
13 the scope" of a psychiatrist/specialist.⁶

14 18. Respondent's acts and/or omissions as set forth in paragraphs 14 through 17,
15 inclusive, above, whether proven individually, jointly, or in any combination thereof, constitute
16 gross negligence pursuant to section 2234, subdivision (b), of the Code. Therefore, cause for
17 discipline exists.

18 SECOND CAUSE FOR DISCIPLINE

19 (Repeated Negligent Acts)

20 19. By reason of the facts and allegations set forth in the First Cause for Discipline above,
21 Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code in
22 that he committed repeated negligent acts in his care of patient M.C.

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25 _____
26 ⁵ Respondent's treatment of the patient resembled that of a comprehensive
practitioner/primary care physician (PCP), rather than a medical specialist.

27 ⁶ It does not appear that Respondent ever referred the patient to a marriage
28 counselor/therapist, nor was it clear whether Respondent knew whether or not the patient had a
PCP.

1 THIRD CAUSE FOR DISCIPLINE

2 (Inadequate Records)

3 20. By reason of the facts and allegations set forth in the First Cause for Discipline above,
4 Respondent is subject to disciplinary action under section 2266 of the Code, in that Respondent
5 failed to maintain adequate and accurate records of his care and treatment of patient M.C.

6 FOURTH CAUSE FOR DISCIPLINE

7 (Incompetence)

8 21. By reason of the facts and allegations set forth in the First Cause for Discipline above,
9 Respondent is subject to disciplinary action under section 2234, subdivision (d), of the Code, in
10 that Respondent showed incompetence in his care and treatment of patient M.C.

11 FIFTH CAUSE FOR DISCIPLINE

12 (Prescribing Without Exam/Indication)

13 22. By reason of the facts and allegations set forth in the First Cause for Discipline above,
14 Respondent is subject to disciplinary action under section 2242 of the Code, in that Respondent
15 prescribed dangerous drugs to patient M.C. without an appropriate prior examination or medical
16 indication therefor.

17 SIXTH CAUSE FOR DISCIPLINE

18 (Excessive Prescribing)

19 23. By reason of the facts and allegations set forth in the First Cause for Discipline above,
20 Respondent is subject to disciplinary action under section 725 of the Code, in that Respondent
21 excessively prescribed dangerous drugs to patient M.C.

22 SEVENTH CAUSE FOR DISCIPLINE

23 (General Unprofessional Conduct)

24 24. By reason of the facts and allegations set forth in the First Cause for Discipline above,
25 Respondent is subject to disciplinary action under section 2234, of the Code.

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1 EIGHTH CAUSE FOR DISCIPLINE

2 (Aiding and Abetting the Unlicensed Practice of Medicine)

3 25. Respondent is subject to disciplinary action under Code sections 2052, subdivision
4 (b), 2234, subdivision (a), 2264, and California Code of Regulations, title 16, section 1360 in that
5 he aided and abetted the unlicensed practice of medicine by patient M.C., a layperson who was
6 medicating his wife by putting Lexapro in her food.

7 DISCIPLINE CONSIDERATIONS

8 26. To determine the degree of discipline, if any, to be imposed on Respondent,
9 Complainant alleges that on or about June 14, 1999 (the "1999" Decision), in a prior disciplinary
10 action entitled *In the Matter of the Accusation Against David E. Sosin, M.D.*, before the Medical
11 Board of California, Respondent's license was placed on three (3) years probation with terms and
12 conditions. On February 24, 2012, a Public Letter of Reprimand (PLR) was also issued against
13 Respondent for overprescribing stimulants to a patient. The 1999 Decision and PLR are now
14 final and are incorporated by reference as if fully set forth.

15 PRAYER

16 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
17 and that following the hearing, the Medical Board of California issue a decision:

- 18 1. Revoking or suspending Physician's and Surgeon's Certificate Number G13099,
19 issued to David E. Sosin, M.D.;
- 20 2. Revoking, suspending or denying approval of David E. Sosin, M.D.'s authority to
21 supervise physician assistants, pursuant to section 3527 of the Code;
- 22 3. Ordering David E. Sosin, M.D., if placed on probation, to pay the Board the costs of
23 probation monitoring; and

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

DATED: July 1, 2015



KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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Exhibit B

Decision and Order

Medical Board of California Case No. 800-2015-016817

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

In the Matter of the First Amended)
Accusation Against:)

David E. Sosin, M.D.)

Case No. 800-2015-016817

Physician's and Surgeon's)
Certificate No. G 13099)

Respondent)
_____)

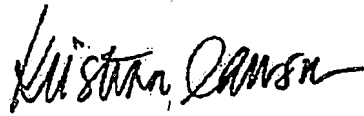
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on March 20, 2020.

IT IS SO ORDERED: February 20, 2020.

MEDICAL BOARD OF CALIFORNIA



Kristina D. Lawson, J.D., Chair
Panel B

MEDICAL BOARD OF CALIFORNIA
I do hereby certify that this document is a true
and correct copy of the original on file in this
office

Signature S. Woods
Title For Custodian of Records
Date 11/20/2020

1 XAVIER BECERRA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 TAN N. TRAN
Deputy Attorney General
4 State Bar No. 197775
300 So. Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 269-6535
6 Facsimile: (213) 897-9395
7 *Attorneys for Complainant*

8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the First Amended Accusation
and Petition to Revoke Probation Against:

Case No. 800-2015-016817
Consolidated with 800-2017-035391 and 800-
2016-022344

12 David E. Sosin, M.D.
13 13362 Newport Avenue, Suite A
14 Tustin, CA 92780

OAH No. 2019070625

15 Physician's and Surgeon's Certificate
No. G13099,

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

16
17 Respondent.

18
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 PARTIES.

22 1. Kimberly Kirchmeyer ("Complainant") was the Executive Director of the Medical
23 Board of California. She brought this action solely in her official capacity and is represented in
24 this matter by Xavier Becerra, Attorney General of the State of California, by Tan N. Tran,
25 Deputy Attorney General.

26 2. Respondent David E. Sosin, M.D. ("Respondent") is represented in this proceeding
27 by attorney Kevin D. Cauley, whose address is: 624 South Grand Avenue, 22nd Floor, Los
28 Angeles, CA 90017-2906.

**STIPULATED SETTLEMENT (800-2015-016817 Consolidated with 800-2017-035391 and
800-2016-022344)**

1 3. On or about April 19, 1967, the Medical Board of California (Board) issued
2 Physician's and Surgeon's Certificate Number G13099 to David E. Sosin, M.D. (Respondent).
3 That license was in full force and effect at all times relevant to the charges brought in First
4 Amended Accusation and Petition to Revoke Probation No. 800-2015-016817 consolidated with
5 800-2017-035391 and 800-2016-022344 and will expire on October 31, 2021, unless renewed.
6

7 JURISDICTION

8 4. First Amended Accusation and Petition to Revoke Probation No. 800-2015-016817
9 consolidated with 800-2017-035391 and 800-2016-022344 (First Amended Accusation) was
10 filed before the Medical Board of California (Board), Department of Consumer Affairs, and is
11 currently pending against Respondent. The First Amended Accusation and all other statutorily
12 required documents were properly served on Respondent on April 15, 2019. Respondent timely
13 filed his Notice of Defense contesting the First Amended Accusation.
14

15 5. A copy of the First Amended Accusation and its exhibit(s) is attached as exhibit A
16 and incorporated herein by reference.

17 ADVISEMENT AND WAIVERS

18 6. Respondent has carefully read, fully discussed with counsel, and understands the
19 charges and allegations in First Amended Accusation. Respondent has also carefully read, fully
20 discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary
21 Order.

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

///

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

3 9. Respondent also voluntarily, knowingly, and intelligently waives and gives up the
4 right to petition for early termination of probation accorded by the California Administrative
5 Procedure Act and other applicable laws.

6 CULPABILITY

7 10. Respondent does not contest that, at an administrative hearing, complainant could
8 establish a *prima facie* case with respect to the charges and allegations contained in First
9 Amended Accusation No. 800-2015-016817 consolidated with 800-2017-035391 and 800-2016-
10 022344 and that he has thereby subjected his license to disciplinary action.

11 11. Respondent agrees that if he ever petitions for early termination or modification of
12 probation, or if the Board ever petitions for revocation of probation, all of the charges and
13 allegations contained in First Amended Accusation No. 800-2015-016817 consolidated with 800-
14 2017-035391 and 800-2016-022344 shall be deemed true, correct and fully admitted by
15 respondent for purposes of that proceeding or any other licensing proceeding involving
16 respondent in the State of California.

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

20 RESERVATION

21 13. The admissions made by Respondent herein are only for the purposes of this
22 proceeding, or any other proceedings in which the Medical Board of California or other
23 professional licensing agency is involved, and shall not be admissible in any other criminal or
24 civil proceeding.

25 CONTINGENCY

26 14. This stipulation shall be subject to approval by the Medical Board of California.
27 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
28 Board of California may communicate directly with the Board regarding this stipulation and

1 settlement, without notice to or participation by Respondent or his counsel. By signing the
2 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
3 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
4 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
5 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
6 action between the parties, and the Board shall not be disqualified from further action by having
7 considered this matter.

8 15. The parties understand and agree that Portable Document Format (PDF) and facsimile
9 copies of this Stipulated Settlement and Disciplinary Order, including Portable Document Format
10 (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

11 16. In consideration of the foregoing admissions and stipulations, the parties agree that
12 the Board may, without further notice or formal proceeding, issue and enter the following
13 Disciplinary Order:

14 **DISCIPLINARY ORDER**

15 17. It should be noted that in a prior disciplinary action entitled "In the Matter of the
16 Accusation Against David E. Sosin, M.D.," Case No. 8002013000597, the Medical Board of
17 California issued a decision, effective December 2, 2016 (the "2016 Decision"), in which
18 Respondent's Physician's and Surgeon's Certificate was revoked. However, the revocation was
19 stayed and Respondent's was placed on probation for a period of five (5) years with certain terms
20 and conditions.

21 18. All terms and conditions of the 2016 Decision continue to apply and will continue to
22 apply until the termination of the entire probationary period. Respondent is hereby bound by
23 those other terms and conditions of the 2016 Decision. A copy of the 2016 Decision is also
24 attached as Exhibit A and is incorporated herein by reference.

25 19. IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 13099
26 to issued to Respondent David E. Sosin, M.D. (Respondent) is revoked pursuant to the 2016
27

1 Decision. However, the revocation is stayed and three (3) additional years of probation is added
2 to Respondent's current probation with the following terms and conditions.

3 20. CONTROLLED SUBSTANCES - RESTRICTION. Until Respondent successfully
4 completes the Clinical Competence Assessment Program, as described in term #21 below,
5 Respondent shall not order, prescribe, dispense, administer, furnish, or possess any controlled
6 substances as defined in the California Uniform Controlled Substances Act.

7 Respondent shall not issue an oral or written recommendation or approval to a patient or a
8 patient's primary caregiver for the possession or cultivation of marijuana for the personal medical
9 purposes of the patient within the meaning of Health and Safety Code section 11362.5.
10

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

26 21. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days
27 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment
28

1 program approved in advance by the Board or its designee. Respondent shall successfully
2 complete the program not later than six (6) months after Respondent's initial enrollment unless
3 the Board or its designee agrees in writing to an extension of that time. Respondent shall not be
4 allowed to re-take the Center for Personalized Education for Physicians (CPEP) program.

5 The program shall consist of a comprehensive assessment of Respondent's physical and
6 mental health and the six general domains of clinical competence as defined by the Accreditation
7 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
8 Respondent's current or intended area of practice. The program shall take into account data
9 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
10 Accusation(s), and any other information that the Board or its designee deems relevant. The
11 program shall require Respondent's on-site participation for a minimum of three (3) and no more
12 than five (5) days as determined by the program for the assessment and clinical education
13 evaluation. Respondent shall pay all expenses associated with the clinical competence
14 assessment program.

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

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

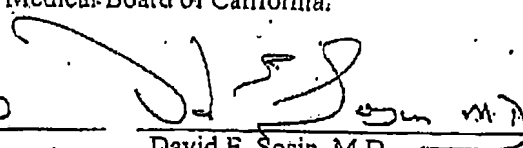
24 If Respondent fails to enroll, participate in, or successfully complete the clinical
25 competence assessment program within the designated time period, Respondent shall receive a
26 notification from the Board or its designee to cease the practice of medicine within three (3)
27 calendar days after being so notified. The Respondent shall not resume the practice of medicine
28 until enrollment or participation in the outstanding portions of the clinical competence assessment

1 program have been completed. If the Respondent did not successfully complete the clinical
2 competence assessment program, the Respondent shall not resume the practice of medicine until a
3 final decision has been rendered on the accusation and/or a petition to revoke probation. The
4 cessation of practice shall not apply to the reduction of the probationary time period.

5
6
7 ACCEPTANCE

8 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
9 discussed it with my attorney, Kevin D. Cauley. I understand the stipulation and the effect it will
10 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
11 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
12 Decision and Order of the Medical Board of California.

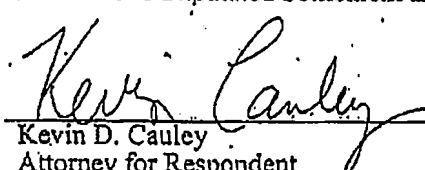
13
14 DATED: 1/12/20



David E. Sosin, M.D.
Respondent

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16
17
18 I have read and fully discussed with Respondent David E. Sosin, M.D. the terms and
19 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
20 I approve its form and content.

21 DATED: 1/13/20



Kevin D. Cauley
Attorney for Respondent

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ENDORSEMENT

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

Dated:

1/14/20

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

TANN. TRAN
Deputy Attorney General
Attorneys for Complainant

54017642.docx

Exhibit A

**First Amended Accusation and Petition to Revoke Probation No. 800-2015-016817
Consolidated with 800-2017-035391 and 800-2016-022344**

1 XAVIER BECERRA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 TAN N. TRAN
Deputy Attorney General
4 State Bar No. 197775
California Department of Justice
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7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO April 15 20 19
BY Julia Ross ANALYST

8
9 BEFORE THE
10 MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

11 In the Matter of the First Amended
12 Accusation and Petition to Revoke
13 Probation Against:

14 David E. Sosin, M.D.
13362 Newport Avenue, Suite A
Tustin, CA 92780

15 Physician's and Surgeon's Certificate
16 No. G13099,

17 Respondent.

Case No. 800-2015-016817
Consolidated with 800-2017-035391 and
800-2016-022344

FIRST AMENDED ACCUSATION AND
PETITION TO REVOKE PROBATION

18
19 Complainant alleges:

20 PARTIES

21 1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation and
22 Petition to Revoke Probation solely in her official capacity as the Executive Director of the
23 Medical Board of California, Department of Consumer Affairs (Board).

24 2. On or about April 19, 1967, the Medical Board issued Physician's and Surgeon's
25 Certificate Number G13099 to David E. Sosin, M.D. (Respondent). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on October 31, 2019, unless renewed.
28

1 3. In a disciplinary action entitled "In the Matter of the Accusation Against David E.
2 Sosin, M.D.," Case No. 8002013000597, the Medical Board of California issued a decision,
3 effective December 2, 2016 (the "2016 Decision"), in which Respondent's Physician's and
4 Surgeon's Certificate was revoked. However, the revocation was stayed and Respondent's was
5 placed on probation for a period of five (5) years with certain terms and conditions. A copy of
6 the 2016 Decision is attached as Exhibit A and is incorporated by reference.

7 8 JURISDICTION

9 4. This First Amended Accusation and Petition to Revoke Probation is brought before
10 the Board, under the authority of the following laws. All section references are to the Business
11 and Professions Code unless otherwise indicated.

12 5. Section 2004 of the Code states:

13 "The board shall have the responsibility for the following:

14 "(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice
15 Act.

16 "(b) The administration and hearing of disciplinary actions.

17 "(c) Carrying out disciplinary actions appropriate to findings made by a panel or an
18 administrative law judge.

19 "(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of
20 disciplinary actions.

21 "(e) Reviewing the quality of medical practice carried out by physician and surgeon
22 certificate holders under the jurisdiction of the board:

23 "(f) Approving undergraduate and graduate medical education programs.

24 "(g) Approving clinical clerkship and special programs and hospitals for the programs in
25 subdivision (f).

26 "(h) Issuing licenses and certificates under the board's jurisdiction.

27 "(i) Administering the board's continuing medical education program."
28

1 6. Section 2227 of the Code provides that a licensee who is found guilty under the
2 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
3 one year, placed on probation and required to pay the costs of probation monitoring, or such other
4 action taken in relation to discipline as the board deems proper.

5 7. Section 2234 of the Code, states:

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

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

11 "(b) Gross negligence.

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

15 "(1) An initial negligent diagnosis followed by an act or omission medically appropriate
16 for that negligent diagnosis of the patient shall constitute a single negligent act.

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

22 "(d) Incompetence.

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

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

26 "(g) The practice of medicine from this state into another state or country without meeting
27 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
28

1 apply to this subdivision. This subdivision shall become operative upon the implementation of
2 the proposed registration program described in Section 2052.5.

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

6 8. Section 2241 of the Code states:

7 "(a) A physician and surgeon may prescribe, dispense, or administer prescription drugs,
8 including prescription controlled substances, to an addict under his or her treatment for a purpose
9 other than maintenance on, or detoxification from, prescription drugs or controlled substances.

10 "(b) A physician and surgeon may prescribe, dispense, or administer prescription drugs or
11 prescription controlled substances to an addict for purposes of maintenance on, or detoxification
12 from, prescription drugs or controlled substances only as set forth in subdivision (c) or in Sections
13 11215, 11217, 11217.5, 11218, 11219, and 11220 of the Health and Safety Code. Nothing in this
14 subdivision shall authorize a physician and surgeon to prescribe, dispense, or administer
15 dangerous drugs or controlled substances to a person he or she knows or reasonably believes is
16 using or will use the drugs or substances for a nonmedical purpose.

17 "(c) Notwithstanding subdivision (a), prescription drugs or controlled substances may also
18 be administered or applied by a physician and surgeon, or by a registered nurse acting under his
19 or her instruction and supervision, under the following circumstances:

20 "(1) Emergency treatment of a patient whose addiction is complicated by the presence of
21 incurable disease, acute accident, illness, or injury, or the infirmities attendant upon age.

22 "(2) Treatment of addicts in state-licensed institutions where the patient is kept under
23 restraint and control, or in city or county jails or state prisons.

24 "(3) Treatment of addicts as provided for by Section 11217.5 of the Health and Safety
25 Code.

26 "(d)(1) For purposes of this section and Section 2241.5, "addict" means a person whose
27 actions are characterized by craving in combination with one or more of the following:

28 "(A) Impaired control over drug use.

1 "(B) Compulsive use.

2 "(C) Continued use despite harm.

3 "(2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is primarily due
4 to the inadequate control of pain is not an addict within the meaning of this section or Section
5 2241.5."

6 9. Section 2242 of the Code states:

7 "(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022
8 without an appropriate prior examination and a medical indication, constitutes unprofessional
9 conduct.

10 "(b) No licensee shall be found to have committed unprofessional conduct within the
11 meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of
12 the following applies:

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

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

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

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

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

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

1 10. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain
2 adequate and accurate records relating to the provision of services to their patients constitutes
3 unprofessional conduct."

4 11. Section 725 of the Code states:

5 "(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering
6 of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated
7 acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of
8 the community of licensees is unprofessional conduct for a physician and surgeon, dentist,
9 podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language
10 pathologist, or audiologist.

11 "(b) Any person who engages in repeated acts of clearly excessive prescribing or
12 administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of
13 not less than one hundred dollars (\$100) nor more than six hundred dollars (\$600), or by
14 imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and
15 imprisonment.

16 "(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or
17 administering dangerous drugs or prescription controlled substances shall not be subject to
18 disciplinary action or prosecution under this section.

19 "(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section
20 for treating intractable pain in compliance with Section 2241.5."

21 **FIRST CAUSE FOR DISCIPLINE**

22 (Gross Negligence- 4 patients)

23 12. Respondent is subject to disciplinary action under section 2234, subdivision (b), of
24 the Code for the commission of acts or omissions involving gross negligence in the care and
25 treatment of Patients 1, 2, 3, 4.¹ The circumstances are as follows:

26 ///

27 _____
28 ¹ The patients are identified numerically to protect their privacy.

1 Patient 1

2 13. Respondent, a psychiatrist, treated Patient 1 from about June 11, 2012 through
3 November 26, 2012 for various conditions, but primarily for ADHD (Attention Deficit
4 Hyperactivity Disorder).² During this time period, Respondent started Patient 1 on Adderall, and
5 Ritalin, which are both stimulants used to treat ADHD. Records also indicate that Respondent
6 prescribed to Patient 1 other controlled medications such as Lorazepam (a benzodiazepine
7 medication used to treat anxiety disorder), and Daytrana (a transdermal patch often used to treat
8 pediatric patients (ages 6 to 17) with ADHD).³

9 14. As treatment began to progress, the patient would often send Respondent lengthy
10 emails describing the adverse effects she was experiencing from taking the medications, which
11 were prescribed to her by Respondent, such as Adderall and Ritalin.⁴

12 15. Despite learning that Patient 1 was using marijuana and experiencing adverse effects
13 from the medications prescribed, Respondent did not seem to take active steps to stop prescribing
14 more controlled medications to the patient, nor did Respondent immediately cease treatment of
15 the patient until about November 26, 2012, more than five months after Patient 1's first
16 visit/treatment by Respondent.⁵

17 ///

18 ///

19 ///

20 _____
21 ² Respondent diagnosed Patient 1 with ADHD, despite the patient's failure to meet
22 diagnostic criteria for this disorder. Respondent stated in his interview with the Board that "Once
23 [he] diagnose[s] ADD that is the cornerstone of my treatment."

24 ³ Please note that Patient 1 was not a pediatric patient. Apparently, Respondent was using
25 Daytrana as an "off-label" prescription to treat Patient 1, who was an older patient.

26 ⁴ For example, Respondent's records showed that he was aware (even from the first visit
27 on or about June 11, 2012) that Patient 1 was using marijuana. Also, Patient 1's subsequent
28 emails to Respondent in June of 2012 and thereafter, also confirmed that Patient 1 was consuming
"marijuana edibles," and "smoking pot....". Patient 1's emails, as early as June 18, 2012
(approximately one week after the first visit) also revealed that the patient was having adverse
effects from the medications prescribed, and that the patient even crashed her car into a gas
station sign.

⁵ In September 2015, Patient 1 filed a complaint against Respondent to the Board, alleging
that Respondent had overprescribed stimulants and other narcotics to her, causing severe side
effects such as a seizure, which per Patient 1, Respondent said looked "fake."

1 16. The following acts or omissions committed by Respondent in his care and treatment
2 of Patient 1 constitute an extreme departure from the standard of care:

3 a. Failure to timely terminate the doctor-patient relationship with Patient 1, upon
4 learning that she was using marijuana and experiencing adverse effects from the medications
5 prescribed.

6 b. Failure to perform a thorough psychiatric diagnostic evaluation of Patient 1.

7 c. Failure to obtain an adequate history of Patient 1's mood disorder.

8 d. Failure to obtain a thorough medication history.

9 e. Failure to obtain an adequate and complete family history of mental illness.

10 f. Failure to perform a mental status exam.

11 g. Failure to ascertain the reason lamotrigine was prescribed, and the medications that
12 were tried prior to it.

13 h. Failure to consider a differential diagnosis.

14 i. Failure to discuss Patient 1 with her previous psychiatrist or to obtain medical
15 records.

16 j. Failure to refer Patient 1 to an addiction specialist.

17 k. Failure to adequately mention all of Patient 1's communications and progress in the
18 patient's chart (e.g. Patient 1's emails to Respondent, Patient 1's weight loss, etc.).⁶

19 l. Failure to consider the risks of prescribing a stimulant to a patient with a mood
20 disorder.

21 m. Failure to recognize the mood disorder the stimulant prescriptions were producing.

22 n. Failure to provide appropriate mood stabilization treatment.

23 o. Prescribing stimulant medication at high dosages at the start of treatment rather than
24 starting at a lower dose and gradually increasing the dosage, if needed.

25 p. Failure to recognize the adverse effects caused by the stimulant and antidepressant
26 treatment, and to take effective action.

27 ⁶ Respondent notes that he would only document "glaring, important pieces of information
28 that would be valuable to anyone that's looking at the chart."

1 q. Excessively prescribed controlled substances to Patient 1.

2 Patient 2

3 17. Patient 2 was a thirty-one-year-old female who treated with Respondent from
4 approximately March 10, 2015 to approximately November 10, 2015. Patient 2 was found dead
5 in a Jacuzzi on November 11, 2015.⁷

6 18. During her first visit on March 10, 2015, Respondent had Patient 2 fill out an "ADD
7 Questionnaire" developed by Respondent, but it appeared that he never actually diagnosed Patient
8 2 with any mental or mental health disorder for which his treatment was appropriate.
9 Nevertheless, records indicate that Respondent prescribed to Patient 2 a wide variety of
10 dangerous, toxic medications, which are even more dangerous in combination, including Adderall
11 (amphetamine salts), Alprazolam (Xanax), Zaleplon (a sedative),⁸ Norco (Hydrocodone),
12 Carisoprodol (Soma), as well as other medications.

13 19. The following acts or omissions committed by Respondent in his care and treatment
14 of Patient 2 constitute an extreme departure from the standard of care:

15 a. Prescribing to Patient 2 a wide variety of dangerous, toxic medications, which are
16 even more dangerous in combination, including Adderall, Alprazolam, Zaleplon, Norco,
17 Carisoprodol, as well as other medications, without any basis, or any "good faith" examination.

18 b. Misdiagnosing Patient 2 with severe chronic back pain requiring opioids and
19 barbiturate-like medications.

20 c. Misdiagnosing Patient 2 with an insomnia disorder requiring treatment with daily
21 hypnotic sedatives.

22
23
24 ⁷ An autopsy report showed that at the time of her death, Patient 2 weighed approximately
25 seventy pounds. On her first visit of March 10, 2015, Respondent listed Patient 2 as weighing
26 105 pounds. Interestingly, Respondent had two distinct looking notes, dated November 10, 2015,
one day prior to Patient 2's death, which included many inconsistencies, including a note from
Respondent that Patient 2 weighed 93 pounds, despite the autopsy showing that Patient 2 had
weighed seventy (70) pounds.

27 ⁸ Records show that CVS Pharmacy contacted Respondent on October 26, 2015, regarding
28 his atypical use of Zaleplon, but it did not appear that Respondent made any corrections in his
prescribing.

1 d. Misdiagnosing Patient 2 with an anxiety disorder requiring treatment with chronic
2 hypnotic sedatives.

3 e. Misdiagnosing Patient 2 with Attention Deficit Hyperactivity Disorder (ADHD)
4 persisting into adulthood, requiring treatment with high dose amphetamines.

5 f. Failure to diagnose Patient 2 with iatrogenic amphetamine-induced malnutrition,
6 which was potentially fatal.

7 g. Prescribing of chronic extra-strength Hydrocodone to Patient 2 for pain, despite the
8 improper diagnosis of same by Respondent.

9 h. Prescribing of daily Zaleplon to Patient 2 for insomnia with no proper work-up for
10 possible causes of insomnia in a young adult.

11 i. Failure to make any corrections in prescribing, despite being notified by a pharmacy
12 regarding Respondent's use of Zaleplon to Patient 2.

13 j. Prescribing of chronic daily Alprazolam to Patient 2 for anxiety, without the proper
14 work-up for said condition.

15 k. Excessively prescribed Adderall, Alprazolam, Zaleplon, Norco, and Carisoprodol to
16 Patient 2.

17 Patient 3

18 20. Respondent treated Patient 3 (a sixty-two-year old female) from about 1999 through
19 2016 for various conditions, but primarily for ADHD, despite no records/data which showed that
20 Patient 3 had suffered from symptoms of ADHD, or had been treated or diagnosed with ADHD in
21 the past, or during childhood. During this time period, Respondent prescribed medications such
22 as Prozac and Celexa, which are antidepressants, to Patient 3, but the main medication which was
23 prescribed to Patient 3 during this time period was Adderall (an amphetamine/stimulant), which
24 was often specifically requested by Patient 3 for her own use, as well as for use by others in her
25 family.⁹

26 ⁹ Patient 3's case came to the attention of the Medical Board via a complaint by a
27 representative from Cigna Insurance Company, which alleged that Respondent may be
28 overprescribing Adderall to Patient 3 and her son. Apparently, Patient 3 and her family was fully
insured, but no claims were submitted for the numerous prescriptions for Adderall Patient 3 and
(continued...)

1 21. Throughout this seventeen year period, there was no history, symptom report, mental
2 status examination, or diagnoses recorded. There was no documentation that Respondent
3 inquired how Patient 3 obtained stimulant medication in the past, whether the medications were
4 prescribed or purchased illicitly, the quantities Patient 3 was taking, over what period of time,
5 Patient 3's use of other stimulants, or any general substance abuse treatment. There was also no
6 documentation that Respondent made any inquiry about possible diagnoses to support the
7 prescribing of Adderall or Ritalin to Patient 3 in the past, or how to obtain past records or to
8 request past records. There was also no documentation that Respondent made any inquiry about
9 Patient 3's deficits or symptoms. Also, there was also no documentation that Respondent ever
10 took a history of Patient 3's depressive symptoms, sleep history, family history, or her use of
11 alcohol, benzodiazepines, or other sedatives.

12 22. Respondent began prescribing dangerous controlled medications before ever
13 recording any history or other information to warrant such prescribing practices. Respondent did
14 not maintain records to explain the medical basis for the amounts of the controlled stimulants he
15 was prescribing to Patient 3. There were also no explanations for the opioids he was prescribing
16 to Patient 3.¹⁰

17 23. The following acts or omissions committed by Respondent in his care and treatment
18 of Patient 3 constitute an extreme departure from the standard of care:

19 a. Prescribing to Patient 3 dangerous drugs, including Adderall, Prozac, Celexa, and
20 opioids without any basis or any good faith examination.

21 b. Failure to perform a thorough psychiatric diagnostic evaluation of Patient 3.

22 c. Failure to obtain a thorough medication history.

23 (...continued)

24 her son had obtained from Respondent during the period ranging from January 7, 2013 through
25 July 29, 2015.

26 ¹⁰ Throughout this time period, Respondent continued to prescribe dangerous controlled
27 substances (sometimes increasing the dosage) to Patient 3, and Respondent seemed to ignore
28 many signs that Patient 3 may have been abusing drugs and/or diverting same (e.g. Patient 3
would request medications for her mother and children; Patient 3 would also use some of her
daughter's Adderall, Patient 3 would, at times, request, the doses she wanted, the amounts, and
the "brand name" medication, etc.). Patient 3, at one point, also claimed that her meds were
stolen.

- 1 d. Failure to make a differential diagnosis.
- 2 e. Failure to take an adequate past medical and social history.
- 3 f. Failure to obtain medical records.
- 4 g. Failure to recognize that Patient 3 was exhibiting drug-seeking behavior.
- 5 h. Failure to recognize that Patient 3 was abusing her medication.
- 6 i. Failure to recognize that Patient 3 was diverting medication.
- 7 j. Allowing Patient 3 to dictate the course of her medical care.
- 8 k. Excessively prescribed Adderall, Prozac, Celexa, and opioids to Patient 3.

9 Patient 4

10 24. Patient 4 is a twenty-seven-year-old male who treated with Respondent from
11 approximately 1998 to approximately 2015.¹¹ Per records, Patient 4 was on Dexadrine given to
12 Patient 4 by his mother, but Respondent does not document how Patient 4's mother obtained the
13 Dexadrine, or why the Dexadrine was given to Patient 4. Respondent also did not document any
14 diagnosis or treatment plan, nor did he request to speak with Patient 4's teachers or obtain any of
15 Patient 4's school records, and pediatric records. Throughout this time period, Respondent
16 prescribed controlled medications to Patient 4, including Ritalin, Vyvanse, and Adderall.¹²

17 25. Respondent was apparently treating Patient 4 for ADHD, but Respondent did not
18 obtain any history of Patient 4's time in utero, any toxic substances to which Patient 4's mother
19 may have been exposed, any perinatal history, any description of Patient 4's relations with his
20 family, or any indication of Patient 4's strengths, weaknesses, and emerging personality. There is
21 no documentation that Respondent ever performed the most basic psychological or
22 neuropsychological testing on Patient 4 to confirm his diagnosis of ADHD. There is no

23
24 ¹¹ Patient 4 began treating with Respondent at around age 7. Apparently, Respondent had
25 been treating Patient 4 for ADHD, despite no objective testing by Respondent to confirm said
26 diagnosis other than Respondent's dependence on the account of Patient 3, who was Patient 4's
27 mother.

28 ¹² Throughout Respondent's treatment of Patient 4, most of Respondent's assessments
were that Patient 4 was "doing great" or "doing well." Despite these assessments, Respondent
often increased the dosages of the meds prescribed to Patient 4, often at the suggestion of Patient
4's mother, and without explanation by Respondent justifying the change in meds and/or the
change in dosing.

1 documentation that Respondent ever obtained objective testing of the severity of Patient 4's
2 hyperactivity, impulsivity, or attentional problems.

3 26. Also, Respondent never obtained any metabolic testing to determine why he believed
4 that Patient 4 needed the doses of medications which were often many times above the
5 recommended maximum dosage. There is no documentation that Respondent ever considered,
6 discussed, or referred Patient 4 to a treatment program for non-medication treatments for the
7 alleged ADHD.¹³ There is no documentation that Respondent ever considered any treatment for
8 Patient 4 other than stimulant medications.

9 27. Respondent's records are extremely inadequate. There is no documentation
10 explaining or justifying any dose increases or decreases. There is no report of any attempt to
11 verify Patient 4's symptoms. It is unclear if Patient 4 ever had symptoms of ADHD, or whether
12 the medications prescribed to Patient 4 was ever justified or indicated.¹⁴

13 28. The following acts or omissions committed by Respondent in his care and treatment
14 of Patient 4 constitute an extreme departure from the standard of care:

- 15 a. Failure to perform a thorough diagnostic evaluation of Patient 4.
- 16 b. Failure to take a complete medical history of Patient 4.
- 17 c. Failure to have psychological and neuropsychological testing performed on Patient 4.
- 18 d. Failure to obtain any testing on Patient 4 regarding the severity of hyperactivity,
19 impulsivity, and attentional problems.
- 20 e. Failure to obtain a full medical history from Patient 4's mother.
- 21 f. Failure to obtain Patient 4's pediatric records.
- 22 g. Failure to obtain Patient 4's school records.

23
24
25 ¹³ At one point, Patient 4 was involved in non-medication treatment, yet there is no
26 documentation that Respondent ever sought those records or any information about the treatment
27 that was being provided.

28 ¹⁴ As stated above, Patient 3 and 4's health care insurer filed a complaint with the Board
after noticing signs often associated with substance abuse (i.e. paying for the prescriptions in
cash, despite having insurance, as well as the large amounts of high dose abusable medications
that were being prescribed).

1 h. Failure to follow up with laboratory screening/testing while Patient 4 was on
2 stimulant medication.

3 i. Failure to render a differential diagnosis.

4 j. Failure to render an adequate treatment plan.

5 k. Failure to refer Patient 4 to a treatment program for non-medication treatment of
6 ADHD.

7 l. Failure to perform an ongoing evaluation of Patient 4 that would justify
8 symptomology for long-term use of stimulant medication.

9 m. Excessively prescribed medications to Patient 4.

10 29. Respondent's acts and/or omissions as set forth in paragraphs 12 through 28,
11 inclusive, above, whether proven individually, jointly, or in any combination thereof, constitute
12 gross negligence pursuant to section 2234, subdivision (b), of the Code. Therefore, cause for
13 discipline exists.

14 **SECOND CAUSE FOR DISCIPLINE**

15 **(Repeated Negligent Acts-4 patients)**

16 30. By reason of the facts and allegations set forth in the First Cause for Discipline above,
17 Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code in
18 that he committed repeated negligent acts in his care of Patients 1 through 4 above.

19 32. Respondent also committed a simple departure from the standard of care by using an
20 invalidated rating scale of his own creation to make the diagnosis of ADHD in Patients 1 through
21 4.

22 **THIRD CAUSE FOR DISCIPLINE**

23 **(Incompetence-4 patients)**

24 33. By reason of the facts and allegations set forth in the First and Second Causes for
25 Discipline above, Respondent is subject to disciplinary action under section 2234, subdivision (d),
26 of the Code, in that Respondent showed a lack of knowledge in his care and treatment of Patients
27 1 through 4.

28 ///

1 **FOURTH CAUSE FOR DISCIPLINE**

2 (Prescribing Without Exam/Indication-4 patients)

3 34. By reason of the facts and allegations set forth in the First Cause for Discipline above,
4 Respondent is subject to disciplinary action under section 2242 of the Code, in that Respondent
5 prescribed dangerous drugs to Patients 1 through 4 without an appropriate prior examination or
6 medical indication therefor.

7 **FIFTH CAUSE FOR DISCIPLINE**

8 (Excessive Prescribing- 4 patients)

9 35. By reason of the facts and allegations set forth in the First Cause for Discipline above,
10 Respondent is subject to disciplinary action under section 725 of the Code, in that Respondent
11 excessively prescribed dangerous drugs to Patients 1 through 4.

12 **SIXTH CAUSE FOR DISCIPLINE**

13 (Prescribing to an Addict-Patient 3)

14 36. Respondent is subject to disciplinary action under section 2241 of the Code in that
15 Respondent prescribed controlled substances to Patient 3, a patient who had signs of substance
16 abuse/dependency.

17 37. The facts and circumstances in paragraphs 20 through 23, above, are incorporated by
18 reference as if set forth in full herein.

19 **SEVENTH CAUSE FOR DISCIPLINE**

20 (Inadequate Records-4 patients)

21 38. By reason of the facts and allegations set forth in the First and Second Causes for
22 Discipline above, Respondent is subject to disciplinary action under section 2266 of the Code, in
23 that Respondent failed to maintain adequate and accurate records of his care and treatment of
24 Patients 1 through 4.

25 **CAUSE TO REVOKE PROBATION**

26 (Incompetence/Failure to Pass CPEP)

27 39. At all times after the effective date of Respondent's probation, Condition 7 of the
28 2016 Decision states in pertinent part:

1 "Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in
2 a clinical training or educational program equivalent [e.g. Center for Personalized
3 Education for Physicians (CPEP)] to the Physician Assessment and Clinical Education
4 ("PACE") Program offered at the University of California - San Diego School of Medicine
5 ("Program").

6 ...
7 ... Respondent shall comply with Program recommendations.

8 At the completion of any additional educational or clinical training, Respondent
9 shall submit to and pass an examination. Determination as to whether Respondent
10 successfully completed the examination or successfully completed the program is solely within
11 the program's jurisdiction...

12 If Respondent fails to....successfully complete the clinical training
13 program....Respondent shall.....cease the practice of medicine within three (3) calendar days
14 after being so notified....Respondent shall not resume the practice of medicine until a final
15 decision has been rendered on the accusation and/or a petition to revoke probation. The cessation
16 of practice shall not apply to the reduction of the probationary time period."

17 40. Respondent has failed to pass the CPEP program, thus violating his probation.
18 The circumstances are as follows:

19 A. Respondent enrolled in CPEP program on July 31 through August 1, 2017, after
20 settlement of an Accusation concerning Respondent's care and treatment of patient MC, which is
21 more fully described in the 2016 Decision.

22 B. Overall, CPEP found that Respondent's medical knowledge and patient care was
23 not at the level of a practicing psychiatrist. Per CPEP'S assessment, Respondent's most
24 significant weaknesses were in the areas of psychopharmacology, evaluation of suicidal ideation,
25
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28

1 and ADD/ADHD evaluation components.

2 C. Respondent completed a Psychiatry Clinical Science Subject Test examination and
3 achieved a score of 58% correct with a total test percentile rank of 1%. Overall, Respondent's
4 performance on the examination was poor with need for further study in psychiatry.

5 D. CPEP also assessed Respondent's clinical judgment and reasoning and identified
6 significant concerns regarding Respondent's controlled substance prescribing. For example,
7 CPEP consultants opined that Respondent was not applying evidence-based principles to his
8 patient care, and that Respondent rarely considered or used non-controlled substances in his
9 ADD/ADHD patients. CPEP consultants also found that Respondent prescribed
10 benzodiazepines in several of his simulated patients without clear indication, and the consultants
11 opined that Respondent needs to be more cautious in his prescribing of benzodiazepines. There
12 was no indication that Respondent was reviewing the prescription drug monitoring program
13 (CURES) to see if his patients were receiving controlled substances from other providers.

14 E. CPEP reviewed Respondent's documentation of simulated patient charts, as well
15 as evaluated Respondent's physician-patient communication. Overall, CPEP found that the
16 quality of documentation in Respondent's outpatient charts was poor, and that Respondent's
17 physician-patient communication skills during the exercise were poor.

18 41. Respondent's lack of basic medical knowledge as shown by objective and
19 subjective factors shows that he is incompetent and subjects his license to discipline.

20
21
22 **DISCIPLINE CONSIDERATIONS**

23 42. To determine the degree of discipline, if any, to be imposed on Respondent,
24 Complainant alleges that effective December 2, 2016 (the "2016" Decision), in a prior
25 disciplinary action entitled *In the Matter of the Accusation Against David E. Sosin, M.D.*, case no.
26 8002013000597, before the Medical Board of California, Respondent's license was placed on five
27

1 years probation, with terms and conditions. The 2016 Decision is now final and is incorporated
2 by reference as if fully set forth.

3 43. Effective June 14, 1999 (the "1999" Decision), in a prior disciplinary action entitled
4 *In the Matter of the Accusation Against David E. Sosin, M.D.*, case no. 04-1996-66892, before the
5 Medical Board of California, Respondent's license was placed on three (3) years probation with
6 terms and conditions. Moreover, on February 24, 2012, a Public Letter of Reprimand (PLR) was
7 issued against Respondent's physician's and surgeon's certificate for
8 overprescribing stimulants to a patient. The "1999" Decision and PLR are now final and are
9 incorporated by reference as if fully set forth.

10 PRAYER

11 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
12 and that following the hearing, the Medical Board of California issue a decision:

13 1. Revoking the probation that was granted by the Board in Case No. 8002013000597
14 and imposing the disciplinary order that was stayed, thereby revoking Physician's and Surgeon's
15 Certificate No. G13099 issued to Respondent;

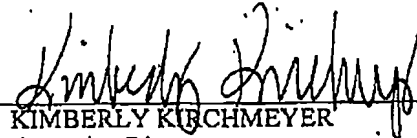
16 2. Revoking or suspending Physician's and Surgeon's Certificate Number G13099,
17 issued to David E. Sosin, M.D.;

18 3. Revoking, suspending or denying approval of David E. Sosin, M.D.'s authority to
19 supervise physician assistants, pursuant to section 3527 of the Code and advanced practice
20 nurses;

21 4. Ordering David E. Sosin, M.D., if placed on probation, to pay the Board the costs of
22 probation monitoring; and

23 5. Taking such other and further action as deemed necessary and proper.

24
25 DATED: April 15, 2019


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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