

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

**In the Matter of the Accusation
Against:**

Liliane Laurence Lebas, M.D.

**Physician's and Surgeon's
Certificate No. A 45302**

Respondent.

Case No.: 800-2021-076636

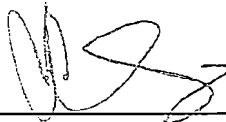
DECISION

The attached Stipulated Settlement and Disciplinary 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 May 9, 2024.

IT IS SO ORDERED: April 8, 2024.

MEDICAL BOARD OF CALIFORNIA



**Laurie Rose Lubiano, J.D., Chair
Panel A**

1 ROB BONTA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 BRIAN D. BILL
Deputy Attorney General
4 State Bar No. 239146
300 South Spring Street, Suite 1702
5 Los Angeles, California 90013
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6 Facsimile: (916) 731-2117
Attorneys for Complainant
7

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

12 In the Matter of the Accusation Against:

Case No. 800-2021-076636

13 LILIANE LAURENCE LEBAS, M.D.

OAH No. 2023010462

14 13245 Riverside Drive, Suite 507
Sherman Oaks, California 91423-2172

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

15 Physician's and Surgeon's Certificate A 45302,
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. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
22 California (Board). He brought this action solely in his official capacity and is represented in this
23 matter by Rob Bonta, Attorney General of the State of California, by Brian D. Bill, Deputy
24 Attorney General.

25 2. Respondent Liliane Laurence Lebas, M.D. (Respondent) is represented in this
26 proceeding by attorney Derek F. O'Reilly-Jones, of Bonne, Bridges, Mueller, O'Keefe & Nichols,
27 355 South Grand Avenue, Suite 1750, Los Angeles, California 90071-1562.

28 3. On September 12, 1988, the Board issued Physician's and Surgeon's Certificate No. A

1 45302 to Liliane Laurence Lebas, M.D. (Respondent). That license was in full force and effect at
2 all times relevant to the charges brought in Accusation No. 800-2021-076636, and will expire on
3 February 29, 2024, unless renewed.

4 **JURISDICTION**

5 4. Accusation No. 800-2021-076636 was filed before the Board and is currently pending
6 against Respondent. The Accusation and all other statutorily required documents were properly
7 served on Respondent on August 31, 2022. Respondent timely filed her Notice of Defense
8 contesting the Accusation.

9 5. A copy of Accusation No. 800-2021-076636 is attached as Exhibit A and is
10 incorporated herein by reference.

11 **ADVISEMENT AND WAIVERS**

12 6. Respondent has carefully read, fully discussed with counsel, and understands the
13 charges and allegations in Accusation No. 800-2021-076636. Respondent has also carefully read,
14 fully discussed with her counsel, and understands the effects of this Stipulated Settlement and
15 Disciplinary Order.

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

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

24 **CULPABILITY**

25 9. Respondent understands and agrees that the charges and allegations in Accusation
26 No. 800-2021-076636, if proven at a hearing, constitute cause for imposing discipline upon her
27 Physician's and Surgeon's Certificate.

28 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case

1 or factual basis for the charges in the Accusation, and that Respondent hereby gives up her right
2 to contest those charges.

3 11. Respondent does not contest that, at an administrative hearing, complainant could
4 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-
5 2021-076636, a true and correct copy of which is attached hereto as Exhibit A, and that she has
6 thereby subjected her Physician's and Surgeon's Certificate, No. A 45302 to disciplinary action.

7 12. Respondent agrees that her Physician's and Surgeon's Certificate is subject to
8 discipline and she agrees to be bound by the Board's probationary terms as set forth in the
9 Disciplinary Order below.

10 **CONTINGENCY**

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

21 14. Respondent agrees that if she ever petitions for early termination or modification of
22 probation, or if an accusation and/or petition to revoke probation is filed against her before the
23 Board, all of the charges and allegations contained in Accusation No. 800-2021-076636 shall be
24 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
25 other licensing proceeding involving Respondent in the State of California.

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

1 Medical Education (CME) requirements for renewal of licensure.

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

7 Respondent shall submit a certification of successful completion to the Board or its
8 designee not later than 15 calendar days after successfully completing the course, or not later than
9 15 calendar days after the effective date of the Decision, whichever is later.

10 4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
11 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
12 advance by the Board or its designee. Respondent shall provide the approved course provider
13 with any information and documents that the approved course provider may deem pertinent.
14 Respondent shall participate in and successfully complete the classroom component of the course
15 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
16 complete any other component of the course within one (1) year of enrollment. The medical
17 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
18 Medical Education (CME) requirements for renewal of licensure.

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

24 Respondent shall submit a certification of successful completion to the Board or its
25 designee not later than 15 calendar days after successfully completing the course, or not later than
26 15 calendar days after the effective date of the Decision, whichever is later.

27 5. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
28 the effective date of this Decision, Respondent shall enroll in a professionalism program, that

1 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
2 Respondent shall participate in and successfully complete that program. Respondent shall
3 provide any information and documents that the program may deem pertinent. Respondent shall
4 successfully complete the classroom component of the program not later than six (6) months after
5 Respondent's initial enrollment, and the longitudinal component of the program not later than the
6 time specified by the program, but no later than one (1) year after attending the classroom
7 component. The professionalism program shall be at Respondent's expense and shall be in
8 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

17 6. PSYCHIATRIC EVALUATION. Within 30 calendar days of the effective date of
18 this Decision, and on whatever periodic basis thereafter may be required by the Board or its
19 designee, Respondent shall undergo and complete a psychiatric evaluation (and psychological
20 testing, if deemed necessary) by a Board-appointed board certified psychiatrist, who shall
21 consider any information provided by the Board or designee and any other information the
22 psychiatrist deems relevant, and shall furnish a written evaluation report to the Board or its
23 designee. Psychiatric evaluations conducted prior to the effective date of the Decision shall not
24 be accepted towards the fulfillment of this requirement. Respondent shall pay the cost of all
25 psychiatric evaluations and psychological testing.

26 Respondent shall comply with all restrictions or conditions recommended by the evaluating
27 psychiatrist within 15 calendar days after being notified by the Board or its designee.

28 7. PSYCHOTHERAPY. Respondent shall participate in psychotherapy only if it is

1 recommended by the evaluating psychiatrist following the psychiatric evaluation, as described in
2 Paragraph 6 above. If psychotherapy is recommended by the evaluating psychiatrist, Respondent,
3 within 60 calendar days of the effective date of this Decision, shall submit to the Board or its
4 designee for prior approval the name and qualifications of a California-licensed board certified
5 psychiatrist or a licensed psychologist who has a doctoral degree in psychology and at least five
6 years of postgraduate experience in the diagnosis and treatment of emotional and mental
7 disorders. Upon approval, Respondent shall undergo and continue psychotherapy treatment,
8 including any modifications to the frequency of psychotherapy, until the Board or its designee
9 deems that no further psychotherapy is necessary.

10 The psychotherapist shall consider any information provided by the Board or its designee
11 and any other information the psychotherapist deems relevant and shall furnish a written
12 evaluation report to the Board or its designee. Respondent shall cooperate in providing the
13 psychotherapist with any information and documents that the psychotherapist may deem
14 pertinent.

15 Respondent shall have the treating psychotherapist submit quarterly status reports to the
16 Board or its designee. The Board or its designee may require Respondent to undergo psychiatric
17 evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of
18 probation, Respondent is found to be mentally unfit to resume the practice of medicine without
19 restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the
20 period of probation shall be extended until the Board determines that Respondent is mentally fit
21 to resume the practice of medicine without restrictions.

22 Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

23 8. PRACTICE MONITORING. Within 30 calendar days of the effective date of this
24 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
25 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
26 licenses are valid and in good standing, and who are preferably American Board of Medical
27 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
28 relationship with Respondent, or other relationship that could reasonably be expected to

1 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
2 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
3 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

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

20 The monitor(s) shall submit a quarterly written report to the Board or its designee which
21 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
22 are within the standards of practice of medicine, and whether Respondent is practicing medicine
23 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
24 that the monitor submits the quarterly written reports to the Board or its designee within 10
25 calendar days after the end of the preceding quarter.

26 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
27 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
28 name and qualifications of a replacement monitor who will be assuming that responsibility within

1 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
2 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
3 notification from the Board or its designee to cease the practice of medicine within three (3)
4 calendar days after being so notified. Respondent shall cease the practice of medicine until a
5 replacement monitor is approved and assumes monitoring responsibility.

6 In lieu of a monitor, Respondent may participate in a professional enhancement program
7 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
8 review, semi-annual practice assessment, and semi-annual review of professional growth and
9 education. Respondent shall participate in the professional enhancement program at Respondent's
10 expense during the term of probation.

11 9. PROHIBITED PRACTICE. During probation, Respondent is prohibited from
12 practicing medicine on any person outside of the normal course of her employment as an
13 emergency psychiatrist at Exodus Recovery, located at 21012 South Wilmington Avenue, Los
14 Angeles, CA 90059, or any similar emergent psychiatric facility. Additionally, during probation,
15 Respondent is prohibited from practicing medicine on her adult children, or any other member of
16 Respondent's family. For purposes of this stipulation, the practice of medicine includes but is not
17 limited to, diagnosing, treating, operating on, or prescribing medication for any ailment, blemish,
18 deformity, disease, disfigurement, disorder, injury, or other physical or mental condition.

19 10. 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 11. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE

1 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
2 advanced practice nurses.

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

6 13. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
7 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
8 limited to, expert review, legal reviews, and investigation(s), in the amount of \$23,315.80 (twenty
9 three thousand three hundred fifteen dollars and eighty cents). Costs shall be payable to the
10 Medical Board of California. Failure to pay such costs shall be considered a violation of
11 probation.

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

16 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
17 repay investigation and enforcement costs, including expert review costs.

18 14. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
19 under penalty of perjury on forms provided by the Board, stating whether there has been
20 compliance with all the conditions of probation.

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

23 15. GENERAL PROBATION REQUIREMENTS.

24 Compliance with Probation Unit

25 Respondent shall comply with the Board's probation unit.

26 Address Changes

27 Respondent shall, at all times, keep the Board informed of Respondent's business and
28 residence addresses, email address (if available), and telephone number. Changes of such

1 addresses shall be immediately communicated in writing to the Board or its designee. Under no
2 circumstances shall a post office box serve as an address of record, except as allowed by Business
3 and Professions Code section 2021, subdivision (b).

4 Place of Practice

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

8 License Renewal

9 Respondent shall maintain a current and renewed California physician's and surgeon's
10 license.

11 Travel or Residence Outside California

12 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
13 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
14 (30) calendar days.

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

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

21 17. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
22 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
23 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
24 defined as any period of time Respondent is not practicing medicine as defined in Business and
25 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
26 patient care, clinical activity or teaching, or other activity as approved by the Board. If
27 Respondent resides in California and is considered to be in non-practice, Respondent shall
28 comply with all terms and conditions of probation. All time spent in an intensive training

1 program which has been approved by the Board or its designee shall not be considered non-
2 practice and does not relieve Respondent from complying with all the terms and conditions of
3 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
4 on probation with the medical licensing authority of that state or jurisdiction shall not be
5 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
6 period of non-practice.

7 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
8 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
9 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
10 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
11 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

14 Periods of non-practice for a Respondent residing outside of California will relieve
15 Respondent of the responsibility to comply with the probationary terms and conditions with the
16 exception of this condition and the following terms and conditions of probation: Obey All Laws;
17 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
18 Controlled Substances; and Biological Fluid Testing..

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

25 19. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
26 of probation is a violation of probation. If Respondent violates probation in any respect, the
27 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
28 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,

1 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
2 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
3 the matter is final.

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

14 21. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
15 with probation monitoring each and every year of probation, as designated by the Board, which
16 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
17 California and delivered to the Board or its designee no later than January 31 of each calendar
18 year.

19 22. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
20 a new license or certification, or petition for reinstatement of a license, by any other health care
21 licensing action agency in the State of California, all of the charges and allegations contained in
22 Accusation No. 800-2021-076636 shall be deemed to be true, correct, and admitted by
23 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
24 restrict license.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Derek F. O'Reilly-Jones. 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.


DATE 7/28/2023

DocuSigned by:

LILIANE LAURENCE LEBAS, M.D.
Respondent

I have read and fully discussed with Respondent Liliane Laurence Lebas, 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: 7/28/2023

DocuSigned by:

DEREK F. O'REILLY-JONES
Attorney for Respondent

ENDORSEMENT

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

DATED: _____

Respectfully submitted,
ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

BRIAN D. BILL
Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Derek F. O'Reilly-Jones. 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: _____
LILIANE LAURENCE LEBAS, M.D.
Respondent

I have read and fully discussed with Respondent Liliane Laurence Lebas, 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: _____
DEREK F. O'REILLY-JONES
Attorney for Respondent

ENDORSEMENT

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

DATED: July 28, 2023

Respectfully submitted,
ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

Brian D. Bill
BRIAN D. BILL
Deputy Attorney General
Attorneys for Complainant

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Facsimile: (916) 731-2117
7 *Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:

Case No. 800-2021-076636

12 **Liliane Laurence Lebas, M.D.**
13 **13245 Riverside Dr. Suite 507**
Sherman Oaks, CA 91423-2172

A C C U S A T I O N

14 **Physician's and Surgeon's Certificate**
15 **No. A 45302,**

16 Respondent.

17 **PARTIES**

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

21 2. On or about September 12, 1988, the Board issued Physician's and Surgeon's
22 Certificate Number A 45302 to Liliane Laurence Lebas, M.D. (Respondent). The Physician's and
23 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
24 herein and will expire on February 29, 2024, unless renewed.

25 **JURISDICTION**

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

1 STATUTORY PROVISIONS

2 4. Section 2001.1 of the Code states:

3 Protection of the public shall be the highest priority for the Medical Board of
4 California in exercising its licensing, regulatory, and disciplinary functions.
5 Whenever the protection of the public is inconsistent with other interests sought to be
6 promoted, the protection of the public shall be paramount.

7 5. Section 2004 of the Code states:

8 The board shall have the responsibility for the following:

9 (a) The enforcement of the disciplinary and criminal provisions of the Medical
10 Practice Act.

11 (b) The administration and hearing of disciplinary actions.

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

14 (d) Suspending, revoking, or otherwise limiting certificates after the conclusion
15 of disciplinary actions.

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

18 (f) Approving undergraduate and graduate medical education programs.

19 (g) Approving clinical clerkship and special programs and hospitals for the
20 programs in subdivision (f).

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

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

23 6. Section 2227 of the Code states:

24 A. A licensee whose matter has been heard by an administrative law judge of
25 the Medical Quality Hearing Panel as designated in Section 11371 of the
26 Government Code, or whose default has been entered, and who is found guilty, or
27 who has entered into a stipulation for disciplinary action with the board, may, in
28 accordance with the provisions of this chapter:

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

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

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

(4) Be publicly reprimanded by the board. The public reprimand may include a

1 requirement that the licensee complete relevant educational courses approved by the
board,

2 (5) Have any other action taken in relation to discipline as part of an order of
3 probation, as the board or an administrative law judge may deem proper.

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

7. Section 2234 of the Code, states:

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

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

12 (b) Gross negligence.

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

15 (1) An initial negligent diagnosis followed by an act or omission medically
16 appropriate 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
18 omission that constitutes the negligent act described in paragraph (1), including, but
19 not limited to, a reevaluation of the diagnosis or a change in treatment, and the
licensee's conduct departs from the applicable standard of care, each departure
constitutes a separate and distinct breach of the standard of care.

20 (d) Incompetence.

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

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

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

26 8. Section 2242 of the Code states:

27 (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section
28 4022 without an appropriate prior examination and a medical indication, constitutes
unprofessional conduct. An appropriate prior examination does not require a

1 synchronous interaction between the patient and the licensee and can be achieved
2 through the use of telehealth, including, but not limited to, a self-screening tool or a
3 questionnaire, provided that the licensee complies with the appropriate standard of
4 care.

5 ...

6 9. Section 2266 of the Code states:

7 The failure of a physician and surgeon to maintain adequate and accurate
8 records relating to the provision of services to their patients constitutes unprofessional
9 conduct.

10 COST RECOVERY

11 10. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
12 administrative law judge to direct a licensee found to have committed a violation or violations of
13 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
14 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
15 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
16 included in a stipulated settlement.

17 DEFINITIONS

18 As used herein, the terms below will have the following meanings:

19 "Atorvastatin" is a medication used to treat high cholesterol and triglyceride
20 levels, which may reduce the risk of angina, stroke, heart attack, and heart and blood
21 vessel problems. It is sold under the brand name "Lipitor®." It is a dangerous drug
22 pursuant to Code section 4022.

23 "Azithromycin" is an antibiotic medication used to treat various types of
24 infections, including pink eye (bacterial conjunctivitis). It is sold under the brand
25 names Zithromax®, Z-Pak®, Zmax®, AzaSite®, and Zithromax TRI-PAK®. It is a
26 dangerous drug as defined in Code section 4022.

27 "Benzodiazepines" are a class of drugs that produce central nervous system
28 (CNS) depression. They are used therapeutically to produce sedation, induce sleep,
relieve anxiety and muscle spasms, and to prevent seizures. In general,
benzodiazepines act as hypnotics in high doses, anxiolytics in moderate doses, and
sedatives in low doses, and are used for a limited time period. Benzodiazepines are
commonly misused and taken in combination with other drugs of abuse. Commonly
prescribed benzodiazepines include alprazolam (Xanax®), lorazepam (Ativan®),
clonazepam (Klonopin®), diazepam (Valium®), and temazepam (Restoril®). Risks
associated with use of benzodiazepines include: 1) tolerance and dependence, 2)
potential interactions with alcohol and pain medications, and 3) possible impairment
of driving. Benzodiazepines can cause dangerous deep unconsciousness. When
combined with other CNS depressants such as alcoholic drinks and opioids, the
potential for toxicity and fatal overdose increases. Before initiating a course of
treatment, patients should be explicitly advised about the following: the goal and
duration of benzodiazepine use; its risks and side effects, including risk of

1 dependence and respiratory depression; and alternative treatment options.

2 "CURES" means the Department of Justice, Bureau of Narcotics
3 Enforcement's California Utilization, Review and Evaluation System (CURES) for
4 the electronic monitoring of the prescribing and dispensing of Schedule II, III, IV
5 and V controlled substances dispensed to patients in California pursuant to Health
6 and Safety Code section 11165. The CURES database captures data from
7 controlled substance prescriptions filled as submitted by pharmacies, hospitals, and
8 dispensing physicians. Law enforcement and regulatory agencies use the data to
9 assist in their efforts to control the diversion and resultant abuse of controlled
10 substances. Prescribers and pharmacists may request a patient's history of
11 controlled substances dispensed in accordance with guidelines developed by the
12 Department of Justice.

13 "Fenofibrate" is a medication used to lower high cholesterol and high
14 triglyceride (fatty acid) levels in the blood. It works by increasing the breaking
15 down and removal of triglycerides from the blood. It belongs to a class of
16 medications called "antilipemic agents." It works by speeding the natural processes
17 that remove cholesterol from the body. It is a dangerous drug pursuant to Code
18 section 4022.

19 "Lorazepam" is a benzodiazepine medication. It is used to treat anxiety
20 disorders, trouble sleeping, active seizures including status epilepticus, alcohol
21 withdrawal, and chemotherapy induced nausea and vomiting, as well as for surgery
22 to interfere with memory formation and to sedate those who are being mechanically
23 ventilated. It is sold under the brand name Ativan® among others. It is a Schedule
24 IV controlled substance pursuant to Health and Safety Code section 11057,
25 subdivision (d)(16), and a dangerous drug pursuant to Code section 4022.

26 "Metoprolol" is a medication used to treat high blood pressure, chest pain
27 (angina), and heart failure. It belongs to a class of drugs known as beta-blockers. It
28 is sold under the brand names Toprol XL® and Lopressor®. It is a dangerous drug
pursuant to Code section 4022.

"Modafinil" is a medication used to treat narcolepsy, sleep apnea, and shift
work sleep disorder (sleepiness during scheduled waking hours and difficulty falling
asleep or staying asleep during scheduled sleeping hours in people who work at
night or on rotating shifts). It is sold under the brand name Provigil®. It is a
Schedule IV controlled substance pursuant to Health and Safety Code section
11057, subdivision (f)(3), and a dangerous drug pursuant to Code section 4022.

"Naproxen" is a medication used to relieve symptoms of arthritis
(osteoarthritis, rheumatoid arthritis, or juvenile arthritis) such as inflammation,
swelling, stiffness, and joint pain. It is a nonsteroidal anti-inflammatory drug
(NSAID). It is sold under various brand names, including Aleve® and Naprosyn®.
It is a dangerous drug as defined in Code section 4022.

"Quetiapine" is an atypical antipsychotic drug used for the treatment of
schizophrenia, bipolar disorder, and major depressive disorder. It is sold under the
brand name Seroquel®. It is a dangerous drug pursuant to Code section 4022.

"Tramadol" is a synthetic pain medication used to treat moderate to
moderately severe pain. The extended-release or long-acting tablets are used for
chronic ongoing pain. It is a centrally-acting opioid agonist and SNRI
(serotonin/norepinephrine reuptake inhibitor). Tramadol is sold under various brand
names, including Ultram® and ConZip®. It is a Schedule IV controlled substance

1 pursuant to federal Controlled Substances Act, and a dangerous drug pursuant to
2 Code section 4022.

3 "Zolpidem" is a sedative drug primarily used to treat insomnia. It has a
4 short half-life. Its hypnotic effects are similar to those of the benzodiazepine class
5 of drugs. It is sold under the brand name Ambien® and Intermezzo®. It is a
6 schedule IV controlled substance and narcotic as defined by Health and Safety Code
7 section 11057, subdivision (d)(32) and a dangerous drug pursuant to Code section
8 4022.

9 FACTUAL ALLEGATIONS

10 11. The Board's Central Complaint Unit received an online complaint from Patient 1¹, a
11 32-year-old female who is also a relative of Respondent. Patient 1's complaint was regarding
12 Respondent's prescribing of the psychotropic medication, modafinil to her. During the
13 investigation of the complaint, Board investigators discovered that between April 14, 2018 and
14 April 14, 2021, (hereinafter "Treatment Period")² Respondent treated and/or prescribed
15 medications, including controlled substances, to two additional adult relatives, Patients 2 and 3,
16 without proper examination and without maintaining proper medical records. Patient 2 is a 36-
17 year-old female and Patient 3 is a 32-year-old male.

18 Board Investigation.

19 12. According to a CURES report dated April 14, 2021, during the Treatment Period,
20 Respondent prescribed the following drugs to the following patients:

- 21 a. As to Patient 1, Respondent wrote four prescriptions for modafinil and one
22 prescription for lorazepam.
- 23 b. As to Patient 2, Respondent wrote three prescriptions for zolpidem tartrate, nine
24 prescriptions for modafinil, and one prescription for tramadol. In addition to the
25 controlled substances documented in the CURES report, Respondent also prescribed
26 naproxen, atorvastatin, fenofibrate, metoprolol and quetiapine fumarate.
- 27 c. As to Patient 3, Respondent wrote 16 prescriptions for lorazepam, two
28 prescriptions for modafinil, and one for zolpidem tartrate.

¹ Patients herein are identified by numbers to protect their privacy.

² These are approximate dates based upon the records available for review. Patients 1, 2,
and 3 may have treated with Respondent before or after these dates.

1 13. On or about June 15, 2021, Board investigators spoke to Respondent via telephone.
2 Respondent stated that she never treated Patients 1, 2, or 3. However, later during the call,
3 Respondent stated that she has treated Patients 1, 2, and 3 with antibiotics.

4 14. On or about August 21, 2021, Board investigators interviewed Respondent, who
5 stated:

- 6 a. Respondent is a psychiatrist who treats patients at an emergency psychiatry
7 clinic.
- 8 b. Patients 1, 2, and 3 are Respondent's adult relatives, and that she had prescribed
9 medications to them over the course of several years. However, Respondent could
10 not specifically remember prescribing medications to Patient 3.
- 11 c. Respondent has prescribed modafinil, as an off-label use, to Patient 2 and 3 to
12 treat attention deficit hyperactivity disorder (ADHD).
- 13 d. Prescriptions filled for Patients 2 and 3 were often delivered to Respondent's
14 residence, as Patients 2 and 3 intermittently resided with her.
- 15 e. Respondent did not create and/or maintain medical records to document her
16 treatment of the Patients.
- 17 f. Respondent completed an "informal examination" of Patient 3 prior to
18 prescribing controlled substances. However, Respondent did not do the same for
19 Patients 1 or 2.
- 20 g. Respondent admitted that prescribing medications without proper examinations
21 is "not appropriate." As a result of the investigation, Respondent changed her
22 prescribing and charting practices with respect to her care and treatment of Patients 1,
23 2 and 3.
- 24 h. Respondent admitted that her prescribing and charting practices with respect to
25 her care and treatment of the Patients 1, 2 and 3 was neither "justified," nor
26 "appropriate."

27 15. On or about October 4, 2021, Board investigators spoke with Patient 2, who stated
28 that Respondent has prescribed medications for her, but Patient 2 could not recall any specific

1 information. Patient 2 could not articulate why she sought treatment from Respondent rather than
2 a physician who was not a family member.

3 16. On or about October 4, 2021, Board investigators spoke with Patient 3, who stated
4 that Respondent has prescribed medications to him for approximately four years. Patient 3 also
5 stated that Respondent is his treating psychiatrist out of convenience.

6 17. On or about October 5, 2021, Board investigators spoke with Patient 1, who stated
7 that she filed the complaint because she was concerned about Respondent's prescribing
8 medications in her and Patient 2's name. Additionally, Patient 1 stated that she has not taken
9 modafinil as she would experience negative side effects as the medication acts as a stimulant.
10 However, she was aware that Respondent took modafinil to "control [Respondent's] [ADHD]."

11 **FIRST CAUSE FOR DISCIPLINE**

12 **(Failure to Maintain Adequate Medical Records)**

13 18. Respondent Liliane Laurence Lebas, M.D. is subject to disciplinary action under
14 Code section 2266, in that Respondent failed to maintain adequate and accurate records relating
15 to the provision of services to Patients 1, 2 and 3. The circumstances are as follows:

16 19. The facts set forth in paragraphs 11 through 17, above, are incorporated by reference
17 as if set forth in full herein.

18 **SECOND CAUSE FOR DISCIPLINE**

19 **(Prescribing Medications without Medical Indication)**

20 20. Respondent Liliane Laurence Lebas, M.D. is subject to disciplinary action under Code
21 section 2242, subdivision (a), in that she prescribed controlled substances and dangerous drugs to
22 Patients 1, 2 and 3, without performing an appropriate prior examination and a medical
23 indication. The circumstances are as follows:

24 21. The allegations of the First Cause for Discipline are incorporated herein by reference
25 as if fully set forth

26 **THIRD CAUSE FOR DISCIPLINE**

27 **(Repeated Negligent Acts)**

28 22. Respondent Liliane Laurence Lebas, M.D. is subject to disciplinary action under

1 Code section 2234, subdivision (c), in that Respondent committed multiple negligent acts in the
2 course of treating the Patients. The circumstances are as follows:

3 23. The allegations of the First and Second Causes for Discipline, inclusive, are
4 incorporated herein by reference as if fully set forth. Respondent's acts and/or omissions as set
5 forth in the First and Second Causes for Discipline, whether proven individually, jointly, or in any
6 combination thereof, constitute repeated negligent acts.

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:

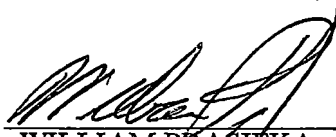
10 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 45302,
11 issued to Liliane Laurence Lebas, M.D.;

12 2. Revoking, suspending or denying approval of Liliane Laurence Lebas, M.D.'s
13 authority to supervise physician assistants and advanced practice nurses;

14 3. Ordering Liliane Laurence Lebas, M.D., to pay the Board the costs of the
15 investigation and enforcement of this case, and if placed on probation, the costs of probation
16 monitoring; and

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

18
19 DATED: AUG 31 2022



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

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