

Calif. medical board open to some prescription-drug-abuse reforms

By Lisa Girion and Scott Glover, Los Angeles Times

The Medical Board of California on Friday embraced a host of reforms aimed at combating prescription drug abuse and reducing overdose deaths but balked at a proposal to strip it of its authority to investigate physician misconduct.

The board, meeting in Los Angeles, voted to support proposed legislation that would upgrade the state's prescription drug monitoring system, require coroners to report prescription drug overdose deaths to the board, and give the panel new power to halt a doctor's prescribing in some cases.

The pending legislation was inspired by an investigative series published in The Times last year that revealed that nearly half of the prescription drug deaths in four Southern California counties from 2006 through 2011 included at least one drug that had been prescribed by a doctor. The medical board was unaware of the vast majority of the deaths. In some cases, patients died while investigations into their doctors dragged on for months or years.

Although the board was supportive of those reforms, a proposal by two state legislators to transfer its investigators to the state attorney general's office was met with more resistance. Sen. Curren Price (D-Los Angeles) and Assemblyman Richard Gordon (D-Menlo Park) said they think shifting investigative responsibilities to the state attorney general would foster cooperation between investigators and prosecutors and streamline the process.

Board members labeled the proposal "drastic" and "radical,"

though ultimately decided they did not have sufficient information to take a vote on the matter. Some members struck a defensive tone, blaming lawmakers and the media for failing to grasp the complexity of investigating and disciplining the state's 100,000-plus doctors.

"It's easy to assault us," said board member Reginald Low, adding, "there's no way the attorney general could take our investigators or hire their own and do what we do."

When it came to the board's performance, Low said, "I see the cup as half full, not half empty."

Fellow board member Gerrie Schipske seemed to agree.

"There's nobody who would say we can't improve," Schipske said. "But there's a witch hunt going on right now."

Others seemed to take a more introspective view.

Michael Bishop said he thought Price and Gordon were motivated by a sense of frustration with the status quo – the pair wrote a letter to the board earlier this month threatening to dissolve the panel if it did not become more proactive and show significant progress in its oversight role.

"What they are telling us is: This is your last chance. We've given you a lot of rope and you've hung yourself," Bishop told his colleagues.

"So far, the board just hasn't gotten it," Bishop added. "We need to get it."

The idea of placing investigators in the attorney general's office is not a new one.

A similar plan was proposed in 2004 by Julianne D'Angelo Fellmeth, a public interest lawyer who was appointed by the Legislature to examine the medical board's oversight of physicians. The plan was supported by then-Atty. Gen. Bill

Lockyer, the medical board, the California Medical Assn. and other key players. Ultimately, however, there was political opposition to the idea and it was dropped from proposed legislation.

On Friday, Fellmeth told the board she still considers the transfer "the last best hope" for more timely investigations.

Board members agreed to further study the issues before taking an official position. They also discussed the need to better communicate with the public – and lawmakers – about what they do and how they do it.

To that end, they asked a top staff member to set up a meeting between Price and Gordon and board president Sharon Levine so they could discuss issues, including the proposed transfer of investigators, face to face.

Board member David Serrano Sewell told Levine he thought she needed to personally tell lawmakers of the board's plan for the future and to assure them of the board's commitment to seeing it through.

"It think that's what it's going to take," Sewell said.

In other business Friday, the board voted unanimously to create a task force to develop guidelines for the treatment of pain and the prescription of narcotic painkillers.

Notably absent from the board's discussion was the question of whether it would support the use of CURES, the state's prescription drug monitoring system, to look for problem doctors as well as drug-abusing patients.

The Centers for Disease Control and Prevention has called on state medical boards to use prescription data to do so, but the idea has been controversial among physician groups that fear it could have a chilling effect on legitimate prescribing.

Board member Barbara Yaroslavsky appeared to touch on the topic, talking about “the technology out there that allows us to know who is prescribing what to whom.”

But the matter was dropped without further discussion.