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Confidentiality & Reporting Requirements For Physician Well-Being Committees

Rick D. Barton

Natalie V. Mueller

Shelly A. Carder

Mitchell J. Green

Tom Curtis

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CPPPH San Diego Workshop

May 7, 2016



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Procopio, Cory, Hargreaves & Savitch LLP

Richard D. Barton
Partner
rick.barton@procopio.com
619.515.3299

Shelley A. Carder
Senior Counsel
shelley.carder@procopio.com
619.525.3811

Natalie V. Mueller
Associate
natalie.mueller@procopio.com
619.515.3262

Nossaman LLP

Mitchell J. Green
Partner
mgreen@nossaman.com
415.438.7208

Tom Curtis
Partner
tcurtis@nossaman.com
949.477.7627

Purpose of Wellbeing Committees

- CMA
 - An informal, confidential access point for persons who voluntarily seek their assistance
 - To serve as a resource to the LIP and Medical Staff for evaluating and coordinating services when there is a perceived need to address individual health related issues of LIP's
 - To serve as an advisor to the Medical Staff in addressing patient safety issues that may arise from individual health related issues

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Joint Commission MS 11.01.01

- Standard
 - The Medical Staff implements a process to identify and manage matters of individual health for licensed independent practitioners which is *separate from actions taken for disciplinary purposes*.

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Joint Commission MS 11.01.01

- Rationale
 - To fulfill the Medical Staff's obligation to protect patients, its members and other persons in the hospital from harm
 - To facilitate rehabilitation, rather than discipline, by assisting a practitioner to retain and regain optimal professional functioning that is consistent with protection of patients
 - If at any time during the process it is determined that a practitioner is unable to safely perform the privileges he or she has been granted, the matter is forwarded for appropriate corrective action that includes strict adherence to any state or federally mandated reporting requirements

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Joint Commission MS 11.01.01

- Elements of Performance- Process Design to Address
 - Education of staff about illness and impairment recognition
 - Self-referral
 - Referral by Others
 - Maintenance of confidentiality, *except as limited by applicable law, ethical obligation, or when the health and safety of a patient is threatened*
 - Evaluation of the credibility of a complaint, allegation or concern
 - Monitoring the practitioner and the safety of patients during and after rehabilitation
 - Reporting to the medical staff leadership instances of unsafe treatment

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California Title 22- Section 70703

- Standing Committee of the Medical Staff
- “The medical staff by-laws, and regulations shall include...provision for the performance of the following functions:...assisting the medical staff members impaired by chemical dependency and/or mental illness to obtain necessary rehabilitation services...”
 - Sec. 70703(d) requires reports of activities and recommendations relating to the functioning of the committee at least quarterly

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Confidentiality of Activities vs. Responsibility to MEC

- The Wellbeing Committee Dual Function
 - Maintaining a safe space for physicians in need of assistance
 - To be an effective resource to the Medical Staff to assure patient safety
- California Evidence Code Section 1157 applies to Peer Review Committees
 - Protection may be waived if information disclosed improperly

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Confidentiality of Activities

- Goodstein v. Cedars-Sinai Medical Center (1998) 66 CA 4th 1257
 - Dr. Goodstein reported by colleagues to have substance abuse problem- referred to wellbeing committee who recommends psychiatric evaluation
 - Dr. Goodstein refuses to cooperate until wellbeing divulges identity of sources
 - MEC suspends Dr. Goodstein for failure to cooperate with undergoing evaluation

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Confidentiality of Activities

- Goodstein v. Cedars-Sinai Medical Center (cont'd)
 - Dr. Goodstein alleges denial of fair procedure because of WBC refusal to identify sources of complaints
 - Court of Appeal:
 - Wellbeing Committee is a peer review committee
 - Policy of non-disclosure is appropriate and not a violation of fair procedure

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Confidentiality of Activities

- Are Wellbeing Committee Records Protected by the Physician-Patient or Psychotherapist-Patient Privileges?
 - CMA- “It is important to identify the role of the Committee as advisory in nature, and not as a substitute for a personal physician or a disciplinary body.”
 - Privileges should not apply to the communications between the physician and members of the Committee even when a member of the Committee may have a particular expertise,
 - **But**, the Committee must safeguard the confidentiality of any confidential records it receives in performing its functions.

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Confidentiality of Activities

- CMA (cont'd)
 - “All records of the physician should be maintained in strictest confidence, preferably in locked files to which only certain key Committee members and staff have access...”
- Disclosure responsive to subpoena
 - Must notify clinician being reviewed and, in most cases, seek to obtain a patient authorization
 - Federal law, 42 CFR 2, strictly prohibits disclosure of records of substance abuse treatment without patient’s consent

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Confidentiality of Activities

- So When Must the MEC Be Told?
 - CMA- “Except in an instance where there is a *serious* risk of harm to patients, the Committee should report only to the referral source and the physician in question.”
 - When harm likely, possible?
 - Any harm? “Serious” harm?

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Confidentiality of Activities

- California Civil Code Section 43.8
 - There can be no monetary liability for communication of information to a peer review committee so long as “the communication is intended to aid in the evaluation of the qualifications, fitness, character or insurability of a medical practitioner.”
 - Business & Professions Code Section 809.08 encourages the sharing of information
- HCQIA also protects communications between peer review committees

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Reports to the Medical Board of California

- California Business & Professions Code Sec. 805
 - Report is required for
 - Denial of application
 - Includes failure or refusal to renew a contract, or
 - Failure to renew, extend or reestablish staff privileges
 - Termination of membership, privileges or employment
 - Restrictions imposed or voluntarily accepted on membership, privileges or employment for cumulative total of 30 days or more for a 12 month period

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Reports to the Medical Board of California

- Reporting is required *only* when “the action is based on medical disciplinary cause or reason.” (subdiv. (a)(5).)
- “‘Medical disciplinary cause or reason’ means that aspect of a licentiate's competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care.” (subdiv. (a)(6).)

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Reports to the Medical Board of California

- California Business & Professions Code Sec. 805 (cont'd)
 - Report is required when any of the following occur after licensee receives “notice of a pending investigation initiated for a medical disciplinary cause or reason or after receiving notice that an application... is or will be denied for medical disciplinary cause or reason.”
 - Resignation or leave of absence from membership, privileges or employment
 - Withdrawal or abandonment of request for membership and privileges
 - Withdrawal of request for renewal

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National Practitioner Data Bank

- Health Care Quality Improvement Act (HCQIA)
 - 42 USC 11000 et seq created the NPDB to improve the quality of medical care
- Hospitals and Healthcare Entities that Conduct Peer Review Must Report
 - Adverse Professional Review Actions
 - Based on a physician or dentist’s professional competence or conduct that adversely affects or could adversely affect the health and welfare of any patient
 - That adversely affects the clinical privileges of a physician or dentist for more than 30 days
- Failure to Report can lead to sanctions, loss of peer review immunity

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National Practitioner Data Bank

- Voluntary Actions by Clinician
 - Hospitals and Healthcare Entities that Conduct Peer Review Must Report:
 - The acceptance of a physician's or dentist's surrender or restriction of clinical privileges, or the voluntary withdrawal of an application for renewal of a medical staff appointment or clinical privileges
 - While under investigation for possible professional incompetence or improper professional conduct, or
 - In return for not conducting an investigation, or
 - In return for not taking a professional review action

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2015 NPDB Guidebook

- NPDB Issues Final Revised Guidebook April 2015
 - Retains expansive definition of "investigation"
 - May look at health care entity's bylaws or
 - Other documents to assist determination of whether an investigation has started or is ongoing, *but*
 - NPDB retains the ultimate authority to determine whether an "investigation" exists
 - "In other words, an investigation is not limited to a health care entity's gathering of facts or limited to the manner in which the term 'investigation' is defined in a hospital's by-laws."

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Examples from NPDB Guidebook

32. An “impaired physician” member of a hospital’s medical staff has been repeatedly encouraged to enter a rehabilitation program. The practitioner continues to disregard the hospital’s advice and offers of assistance. If an authorized hospital official, such as the CEO or department chair, directs the practitioner to give up clinical privileges and enter a rehabilitation program or face investigation relating to possible professional competence or conduct, and the physician surrenders his privileges, must the surrender of clinical privileges be reported to the NPDB?
- *Yes. If the authorized hospital official directs the physician to surrender his or her clinical privileges or face investigation by the hospital for possible professional incompetence or improper professional conduct, the surrender must be reported to the NPDB. The surrender of clinical privileges in return for not conducting an investigation triggers a report to the NPDB, regardless of whether the practitioner is impaired.*

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Examples from NPDB Guidebook

33. If an “impaired practitioner” takes a leave of absence and enters a rehabilitation program, must it be reported?
- *The fact that an impaired practitioner voluntarily enters a rehabilitation program should not be reported to the NPDB if no professional review action was taken and the practitioner did not relinquish clinical privileges while under investigation or in return for not conducting an investigation.*
 - *If a professional review action is taken against an impaired physician’s or dentist’s clinical privileges (e.g., suspension of clinical privileges), and the physician or dentist is required to involuntarily enter a rehabilitation program, the suspension must be reported to the NPDB. The reporting entity should explain in the narrative that the practitioner’s privileges were suspended for reasons related to professional competence and conduct. The fact that the practitioner entered a rehabilitation program should not be reported.*

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Examples from NPDB Guidebook

34. A physician who holds clinical privileges at a hospital tests positive for a nonprescribed drug. He enters into a treatment plan, but he continues to practice while gradually working to modify his addictive behavior. Is this reportable to the NPDB?
- *It depends. If there was a professional review action taken by the hospital that limits the physician's privileges while he seeks treatment, the restriction or limitation of clinical privileges must be reported to the NPDB. If there is no restriction or limitation, but the practitioner must be interviewed and screened periodically for a relapse, this would not be reportable to the NPDB.*

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Examples from NPDB Guidebook

35. Laws related to drug and alcohol treatment programs have confidentiality provisions. Won't a report concerning a practitioner in a treatment program violate those provisions?
- *No. Only the adverse actions affecting privileges must be reported to the NPDB; the fact that a practitioner entered a treatment or rehabilitation program should not be reported.*

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Accommodation vs. Restriction

- Americans with Disabilities Act requires accommodations for practitioners with a disability
 - Independent contractors are protected from discrimination by **Title III of the ADA**, which applies to public accommodations (such as hospitals, schools, restaurants, hotels, movie theaters, daycare facilities, and recreation centers), **and Section 504 of the Rehabilitation Act of 1973**, which applies to any program or activity receiving federal funding
 - Alcohol addiction & drug addiction can be considered a disability
- Reasonable accommodation vs. surrender/restriction of privileges
 - Reasonable accommodations reportable?
 - What are reasonable accommodations?

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Endangered Species?



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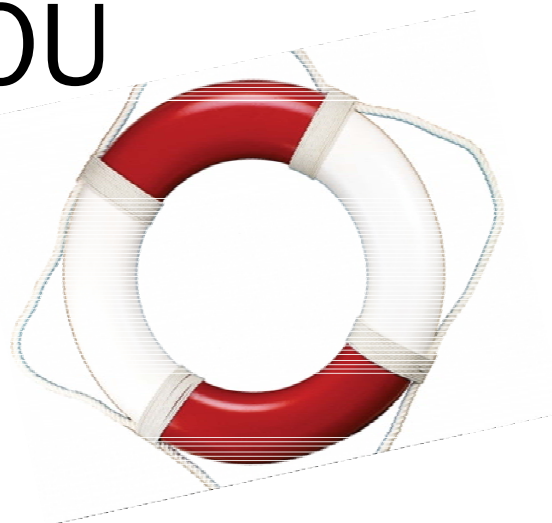
Where Do We Go From Here?

- Bylaws
 - Definition of “Investigation” should explicitly exclude referral to Well-Being Committee
 - Also consider addressing definition of investigation in bylaws
 - Role of Well-Being Committee and relationship with Medical Staff should be clearly defined
 - When should conduct be reported, when should referrals be made, what information will be shared between the two committees, etc.

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THANK YOU

QUESTIONS?
COMMENTS?
DISCUSSION.



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Richard D. Barton, Partner

Practice Areas Health Care
 Litigation
 Native American Law

Admissions California

Direct Phone 619.515.3299

Direct Fax 619.744.5499

Email rick.barton@procopio.com

Professional Summary

Richard D. Barton has represented healthcare providers and health systems for more than 30 years. Richard's consulting and litigation practice focuses on health systems, hospitals, health associations, physician groups and individual healthcare providers. He is experienced in assisting provider organizations with their quality oversight compliance obligations and governance. He also serves as an Adjunct Professor of Law for the University of San Diego School of Law teaching Health Law and Policy.

Recognitions

- *The Best Lawyers in America*® – 2007-2015
- Martindale-Hubbell® AV Preeminent Rating
- *San Diego Super Lawyers*® – 2007-2015 (Health Care)
- *San Diego Magazine's Best Lawyers*
- ADL Torch of Liberty Award
- "Top Lawyers," *San Diego Magazine*, 2013 - 2015
- "Southern California Super Lawyers," *Super Lawyers Magazine*, Southern California 2014

Community

- University of California President's Advisory Council on Campus Climate, Culture, and Inclusion (2010-2012)
- American Board of Trial Advocates
- Anti-Defamation League - San Diego Regional Advisory Board Chairman (1998-2002), ADL National Commissioner (2000 to present), National Executive Committee (2002 to present), Vice Chair of International Affairs (2003-2006), National Chair of Leadership (2006-2009), National Chair of Education (2009-2012), Chair Education Equity Task Force (2012 to present)
- Litigation Counsel of America – Fellow
- San Diego County Bar Association and San Diego County Medical Society – Co-Founder Joint Medical Legal Committee
- National Immigrant Women's Advocacy Project – Board Member
- International Association of Judicial Independence and World Peace International Project of Judicial Independence – Member

Education

- JD, University of Southern California Gould School of Law, 1981
- BA, University of California, Los Angeles, 1977

News Coverage

- Clark, Cheryl. "Out to Pasture: Age-Based Personnel Policies Rankle With Docs," *MedPage Today*, July 30, 2015.

Seminars

Rick has been a guest lecturer at the University of San Diego Law School, California Western School of Law, University of Vermont School of Law, Dartmouth College, San Diego State University and is a regular guest speaker on health care issues at venues around the country. He has lectured and is a regular speaker on the conflict in the Middle East, Anti-Semitism, Holocaust, Religious Freedom in the U.S. and Church-State issues.

- Panelist. "When Age Becomes Impairment: Issues Involving Older Physicians," Administrators in Medicine 2016 Annual Meeting, San Diego, CA, April 27, 2016.
- Co-presenter. "Impact of Recent Regulatory Changes on Medical Staff Bylaws: Proposed Amendments and Best Practices," Strafford Productions, San Diego, CA, March 3, 2016.
- Sharp Healthcare Medical Staff Leadership Retreat, January 22, 2016.
- Co-presenter - "Navigating Health and Safety Code Section 1278.5," ACC-SD, San Diego, CA, August 26, 2015.
- "Managing the Multiple Layers of Physician Oversight," CAMSS Desert Chapter, 16th Annual Educational Conference, August 14, 2015.
- "Legal Aspects of Assessing the Aging Physician", Federation of State Physician Health Programs, Inc. - Annual Education Conference & Business Meeting - April 25, 2015.
- Medical Staff Boot Camp - Sharp Memorial Hospital - New Department Chair Orientation, February 10, 2015.
- "Managing the Multiple Layers of Physician Oversight," 2015 CAMSS 44th Annual Education Forum, Universal City, CA, May 20, 2015.
- "Legal Aspects of Assessing the Aging Physician," CMA OMSS Assembly, San Diego, CA, December 4, 2014.
- "Legal Aspects of Assessing the Aging Physician," CSHA Annual Fall Seminar, Los Angeles, CA, November 7, 2014.
- "Medical Staff Bootcamp – Representing Healthcare Clients," California Western School of Law, San Diego, CA, October 20, 2014.
- Co-presenter. "SD Health Law Roundtable: To Report or Not Report - Ending Relationships with the Employed or Contract Providers," ACC-SD, San Diego, CA, September 30, 2014.
- "Legal Aspects of Assessing the Aging Physician," SCCMA Workshop, San Jose, CA, September 27, 2014.
- Co-presenter. "Dismantling the School-to-Prison Pipeline," KPBS, San Diego, CA, September 16, 2014.
- Co-presenter. "Medical Staff Bylaws: Meeting New Medicare Conditions of Participation and Joint Commission Requirements," Strafford, Webinar, September 11, 2014.
- "Medical Records Training" Southern Indian Health Council, Alpine, CA, July 29 and August 14, 2014
- "Assessing the Aging Physician – Legal Aspects," CPPPH, Los Angeles, CA, July 26, 2014.
- Co-presenter. "Meet Your Counterpart: Landmark Healthcare Legislation – Revealing the Real Impact of the ACA – 2014 Update," Association of Corporate Counsel, San Diego, CA, June 19, 2014.
- "Assessing the Aging Physician – Legal Aspects," CPPPH, Oakland, CA, June 7, 2014.
- "The Dilemma of the Aging Physician: Legal and Practical Challenges," 43rd Annual CAMSS Education Forum, Sacramento, CA, May 9, 2014.

- “Assessing the Aging Physician – Legal Aspects,” CPPPH, Sacramento, CA, May 3, 2014.
- “Medical Staff Boot Camp,” Sharp Chula Vista Medical Center, Chula Vista, CA, February 27, 2014.
- “The Dilemma of the Aging Physician: Legal and Practical Challenges,” Association of Corporate Counsel, San Diego, CA, February 20, 2014.
- “Age-Based Policies for Physician Faculty: Legal and Practical Challenges,” Legal Issues Affecting Academic Medical Centers and Other Teaching Institutions Conference, Washington, DC, January, 23, 2014.
- “Legal Aspects of Assessing the Aging Physician,” CPPPH, San Diego, CA, November 16, 2013.
- “Pursuing Quality Through Medical Staff and Physician Oversight: A Report from the Trenches,” September 12, 2013.
- “Pursuing Quality through Medical Staff and Physician Oversight,” Tri-City Board Training, San Diego, CA, July 10, 2013.
- “Promoting Quality Medical Management in Multi-Hospital Systems: A View from the Front Lines,” CSHA Annual Meeting and Spring Seminar, Newport Beach, CA, April 13, 2013.
- “Pursuing Quality Through Medical Staff and Physician Oversight - A Report from the Trenches,” ACC-SD/Procopio Health Law Roundtable, San Diego, CA, January 31, 2013.

Publications

Rick served as the primary author of an Amicus Curiae brief to the California Supreme Court on behalf of Jewish and Islamic medical ethics scholars in *Benitez vs. North Coast Women's Group* in a nationally publicized matter involving the right of a physician to refuse treatment on religious grounds on the basis of a patient's sexual orientation. In his role in the Anti-Defamation League, Rick has traveled to the Middle East and Europe for meetings with officials of the Israeli Government, the Palestinian Authority, the United Nations and European Governments. He has served as a contributor to the San Diego Union Tribune on the Israeli Palestinian conflict and Anti-Semitism.

- Contributor. “Assessing Late Career Practitioners: Policies and Procedures for Age-based Screening,” California Public Protection and Physician Health, Inc., 2015.
- “Whistleblowers and the California Supreme Court’s Decision in *Fahlen v. Sutter Central Valley* – Toward a Workable Balance for Promoting Advocacy for Patient Care,” *The Legal Secretary*, February 2015.
- Co-author with Jamie D. Quient. “The Single Shared Governing Body in Multi-Hospital Systems – CMS Revisions to 42 CFR 482.12 in a Climate of Change,” *The American Health Lawyers Association - MedStaff News*, April 2013.



Shelley A. Carder, Senior Counsel

Practice Areas	Health Care Litigation Native American Law
Admissions	California
Direct Phone	619.525.3811
Email	shelley.carder@procopio.com

Professional Summary

Shelley brings more than twenty-five years of experience to the Procopio Health Care team. She has extensive litigation experience representing physicians, medical staffs and health care entities. Her areas of practice include: peer review, professional licensing, employment, professional contracts, civil rights, retaliation, government claims and anti-SLAPP actions. Shelley has participated in numerous trials, arbitrations, mediations and administrative proceedings. She has authored more than twenty appellate briefs and argued before several of the California Courts of Appeal, as well as the Ninth Circuit Court of Appeals. Shelley is listed as an approved hearing officer on the California Society of Healthcare Attorneys Website and has served as a temporary judge in the San Diego Superior Court.

Recognitions

- Outstanding Service Award from the Legal Aid Society of San Diego, Inc., 2015

Community

- AHLA (American Health Lawyers Association)
- CAAHP (California Academy of Attorneys for Healthcare Professionals), Education Chair
- CPPPH (California Public Protection & Physician Health, Inc.), Attorney Advisory Group
- CSHA (California Society of Healthcare Attorneys)
- Civil Appellate Self-Help Workshop, Volunteer
- San Diego County Bar, Law & Medicine and Appellate Practice Sections Member
- SCAHRM (Southern California Association of Healthcare Risk Managers)
- SDAHRM (San Diego Association of Healthcare Risk Managers), Exec. Comm.
- William L. Todd, Jr. American Inn of Court: President 2015-2016; Founding Member
- USC Gould School of Law, San Diego Alumni Board Representative
- Social Advocates for Youth - Teen Court, Adult Advisor

Education

- Juris Doctor, University of Southern California, 1988
- B.A, History, High Honors, University of California, Berkeley 1985

Seminars

- Litigation Update - Substance Abuse and the CURES system," Medical Staff Legal Conference, California Association of Medical Staff Services ("CAMSS"), Desert Chapter, Parkview Community Hospital, Riverside, CA, March 18, 2016.
- "Protecting the Public: Public and Private Regulation of Health Care Professionals," William L. Todd, Jr., American Inn of Court, San Diego, March 19, 2014.
- "Litigation Update - The Year of the Whistleblower," Medical Staff Legal Conference, California Association of Medical Staff Services ("CAMSS"), Desert Chapter, Parkview Community Hospital, Riverside, CA, March 13, 2015.
- ACC Health Law Roundtable "Peer Review and Whistleblowers in a Post-Fahlen world", July 10, 2014.
- "The Whistleblower – More Protections Than For Peer Reviewers?" Board of Directors, Hi-Desert Medical Center, April 8, 2014.
- "The California Confidentiality of Medical Information Act," Lorman Education Services, Medical Records Law in California, Riverside, CA, March 25, 2014.
- "The HCQIA and Federal Peer Review," Medical Staff Legal Conference, California Association of Medical Staff Services ("CAMSS"), Desert Chapter, Riverside , CA, March 21, 2014.

Publications

- Petition For Writ Of Mandate, Prohibition and/or Other Appropriate Relief And Request For Immediate Stay on behalf of Southern Indian Health Council, Inc., Roff v. Tran, D069169 (Cal. App. 4th Dist.) November 4, 2015.
- Amicus Curiae Brief of Sharp Healthcare In Support of Appellant John Muir Health, *Jatinder Dhillon V. John Muir Health*, et al., Case No. S224472, filed Nov. 4, 2015.
- "Healthcare Reporting Requirements," California Health Law News, Summer/Fall 2015.
- "When Hospital Bylaws And Whistleblower Protection Collide," Law 360, July 15, 2015.
- "New Developments on Interplay between Whistleblower Actions and Other Attacks on Hospital Discipline," July 1, 2015.
- *Kibler* Five Years Later – The Use of anti-SLAPP in Peer Review Litigation, August 20, 2012.

Natalie Valdes Mueller, Attorney



Practice Areas	Health Care Native American Law Education and Charter Schools
Admissions	California
Foreign Languages	Spanish
Direct Phone	619.515.3262
Direct Fax	619.398.0107
Email	natalie.mueller@procopio.com

Professional Summary

Natalie Valdes Mueller provides counsel for several hospitals and health systems. Natalie's practice focuses on developing bylaws, advising medical staffs with credentialing and privileging decisions, and creating policies for medical staffs. She is also experienced in representing medical staffs throughout the judicial review hearing process and assisting in investigations and reviews of practitioners with clinical and behavioral issues. Natalie also advises hospitals, medical groups, and Native American health clinics with quality oversight compliance and governance.

Community

- State Bar of California
- San Diego County Bar Association
- Lawyers Club of San Diego

Education

- JD, University of San Diego School of Law, 2013 (*San Diego International Law Journal* – Member and Senior Associate Editor)
- BA (History, minor in Philosophy), University of San Diego, cum laude, 2009

Seminars

- Co-presenter. "Navigating Health and Safety Code Section 1278.5," ACC-SD, San Diego, CA, August 26, 2015.
- Co-presenter. "Flu Vaccines - Legal & Practical Implications for Medical Staffs and Employees," ACC Health Law Roundtable, San Diego, CA, June 17, 2015.

Publications

- Co-Author. "Indian Health Service 2016 Annual California Tribal Consultation: 'Can You Hear Us Now?'" *Blogging Circle, Sharing Ideas About Native American Legal Happenings*, March 16, 2016.
- Co-Author. "Peering into the IHS Physician Review Requirement" *Blogging Circle, Sharing Ideas About Native American Legal Happenings*, September 17, 2015.
- Contributor. "Assessing Late Career Practitioners: Policies and Procedures for Age-based Screening," California Public Protection and Physician Health, Inc., 2015.



50 California Street
34th Floor
San Francisco, CA 94111
T 415.438.7208
F 415.398.2438
mgreen@nossaman.com

Practice Areas & Industries

- Healthcare
- Litigation

Mitchell J. Green | Partner

Mitchell Green has more than 25 years of experience representing individual physicians, medical groups, and medical staffs in a variety of civil, regulatory and administrative matters. Mr. Green has represented clients in medical staff proceedings, Medical Board of California disciplinary actions, and managed care delistments.

In addition, Mr. Green has also worked on partnership and employment disputes, as well as ancillary business matters such as lease disputes, practice appraisals, and enforcement of covenants not to compete.

He is AV Preeminent® Peer Review Rated by Martindale-Hubbell.

Representative Work

- ***Ambrosino v. Metropolitan Life Ins.*** Establishing application of disability discrimination laws to managed care payors.
- ***Castellanos v. Coastal Providers of San Luis Obispo.*** Establishing the limited hearing rights available in Independent Practice Association delistments and terminations.
- ***Medical Staff Doctors v. Kamil.*** Establishing scope of arbitration agreements between physicians and managed cares payors.

Awards & Honors

Named a Northern California "Super Lawyer" in the area of Healthcare Law by *San Francisco* magazine, 2011-2015.

AV Preeminent® Peer Review Rated by Martindale-Hubbell.

Professional Affiliations

California Society for Healthcare Attorneys

Publications

Editor, "Employment Discrimination" chapter of the *Physician Legal Handbook*, California Medical Association, 2010

Education

J.D., University of Texas at Austin, *with honors, Order of the Coif, Law Review*, 1982

B.A., University of Texas at Austin, *with honors, Phi Beta Kappa*, 1979

Admitted

California

Texas (inactive)

United States Courts of Appeal for the Ninth Circuit

United States Court of Appeal for the Fifth Circuit

United States District Courts for the Northern and Eastern District of California



18101 Von Karman Avenue
Suite 1800
Irvine, CA 92612
T 949.477.7627
F 949.833.7878
tcurtis@nossaman.com

Practice Areas & Industries

- Healthcare
- Litigation

Tom Curtis, Partner

Tom Curtis is Chair of Nossaman's Healthcare Practice Group. With more than 40 years of experience, Mr. Curtis represents clients in the healthcare sector on a wide range of issues including, medical staff peer review proceedings, licensing proceedings, writ proceedings, State and Federal Court civil litigation, and related appellate proceedings. Mr. Curtis represents hospitals, health systems, health plans, medical staffs, medical groups, and other healthcare providers on regulatory and compliance issues and the development of long range plans.

Mr. Curtis is a Fellow of the American Bar Foundation. This recognition is limited to one third of one percent of lawyers licensed to practice in each jurisdiction. Members are nominated by Fellows in their jurisdiction and elected by the Board of the American Bar Foundation.

He is also an AV Preeminent® Peer Review Rated by Martindale-Hubbell attorney and a frequent lecturer and author on current health law issues.

Awards & Honors

American Bar Foundation, Fellow
AV Preeminent® Peer Review Rated by Martindale
Named a Southern California "Super Lawyer" for healthcare law for nine years

Professional Affiliations

American Bar Association; Chair, Health Law Section's Physician Interest Group, 2008-2010
American Health Lawyers Association
American Society of Medical Association Counsel
California Academy of Attorneys for Healthcare Professionals
California Society for Healthcare Attorneys
CPPPH Advisory Group of Attorneys

Community Activities

Member, La Canada-Flintridge City Council, 1980-1985
Mayor Pro Tem, La Canada-Flintridge, 1984
Mayor, La Canada-Flintridge, 1985

Publications

Co-Author, "The American Board of Obstetrics and Gynecology Reverses Its Unlawful Ban on Treating Male Patients," *Orange County Lawyer*, June 2014.
Editor-in-Chief, *California Physician's Legal Handbook*, California Medical Association, 2007- 2008
Editor, *Treatise on Health Care Law, Chapter Six, "The Medical Staff,"* Matthew Bender Publishing Company (1991-1995)

Education

J.D., Georgetown University Law Center, 1974
B.S., Santa Clara University, 1971; *Ryland Prize*, 1968-1971; *Foch Medal*, 1968-1971

Admitted

California
United States Courts of Appeal for the Fourth and Ninth Circuits
United States District Courts for the Central, Eastern, Northern, and Southern Districts of California
United States Supreme Court

