

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

In the Matter of the Accusation Against:)

HEATHER LENORE STONE, P.A.)

Case No. 1E-2013-233796

Physician Assistant)

License No. PA 18207)

Respondent)

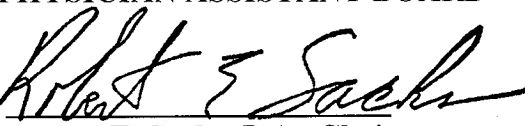
DECISION AND ORDER

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

This Decision shall become effective at 5:00 p.m. on April 15, 2016.

IT IS SO ORDERED March 18, 2016.

PHYSICIAN ASSISTANT BOARD

By: 
Robert E. Sachs, P.A., Chair

1 KAMALA D. HARRIS
Attorney General of California
2 JOSE R. GUERRERO
Supervising Deputy Attorney General
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8
9 **BEFORE THE**
PHYSICIAN ASSISTANT BOARD
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. 1E-2013-233796

12 **HEATHER STONE, P.A.**

OAH No. 2015081072

13 270 Idyllwild Circle
14 Chico, CA 95928

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

15 Physician Assistant License No. PA 18207

16 Respondent.

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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. Glenn L. Mitchell, Jr. ("Complainant") is the Executive Officer of the Physician
23 Assistant Board, Department of Consumer Affairs ("Board"). He brought this action solely in his
24 official capacity and is represented in this matter by Kamala D. Harris, Attorney General of the
25 State of California, by John S. Gatschet, Deputy Attorney General.

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2. Respondent Heather Stone, P.A. (“Respondent”) is represented in this proceeding by attorney Paul Chan, whose address is:

Law Offices of Paul Chan
2311 Capitol Avenue
Sacramento, CA 95816

3. On or about November 23, 2005, the Physician Assistant Board issued Physician Assistant License No. PA 18207 to Respondent. The Physician Assistant License was in full force and effect at all times relevant to the charges brought in Accusation No. 1E-2013-233796 and will expire on February 28, 2017, unless renewed.

JURISDICTION

4. Accusation No. 1E-2013-233796 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on July 17, 2015. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 1E-2013-233796 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 1E-2013-233796. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

9. Respondent admits the truth of each and every charge and allegation in Accusation No. 1E-2013-233796.

10. Respondent agrees that her Physician Assistant License is subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

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

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician Assistant License No. PA 18207 issued to Respondent Heather Stone, P.A. is revoked. However, the revocation is stayed and Respondent is

1 placed on probation for seven (7) years on the following terms and conditions.

2 1. CONTROLLED DRUGS - DRUG ORDER AUTHORITY

3 Respondent shall not administer, issue a drug order, or hand to a patient or possess any
4 controlled substances as defined by the California Uniform Controlled Substances Act.

5 Respondent is prohibited from practicing as a physician assistant until respondent provides
6 documentary proof to the Board or its designee that respondent's DEA permit has been
7 surrendered to the Drug Enforcement Administration for cancellation. Respondent shall
8 surrender all controlled substance order forms to the supervising physician. Thereafter,
9 respondent shall not reapply for a new DEA permit without the prior written consent of the Board
10 or its designee.

11 2. CLINICAL TRAINING PROGRAM Within 60 days of the effective date of this
12 decision, respondent shall submit to the Board or its designee for prior approval, a clinical
13 training or educational program such as the Physician Assessment and Clinical Education
14 Program (PACE) offered by the University of California – San Diego School of Medicine or
15 equivalent program as approved by the Board or its designee. The exact number of hours and
16 specific content of the program shall be determined by the Board or its designee.

17 Respondent shall pay the cost of the program.

18 If the program makes recommendations for the scope and length of any additional
19 educational or clinical training, treatment for any medical or psychological condition, or anything
20 else affecting respondent's practice as a physician assistant, respondent shall comply with the
21 program recommendations and pay all associated costs.

22 Respondent shall successfully complete the program not later than six months after
23 respondent's initial enrollment. The program determines whether or not the respondent
24 successfully completes the program.

25 Respondent **shall not** practice as a physician assistant until respondent has successfully
26 completed the program and has been so notified by the Board or its designee in writing, except
27 that respondent may practice only in the program.

28 3. ETHICS COURSE Within 60 days of the effective date of this decision, respondent

1 shall submit to the Board or its designee for its prior approval a course in ethics. The course shall
2 be limited to classroom, conference, or seminar settings. Respondent shall successfully complete
3 the course within the first year of probation.

4 Respondent shall pay the cost of the course.

5 Respondent shall submit a certification of successful completion to the Board or its
6 designee within 15 days after completing the course.

7 4. PROFESSIONAL BOUNDARIES PROGRAM Within 60 calendar days from the
8 effective date of this decision, respondent shall enroll in a professional boundaries program
9 equivalent to the Professional Boundaries Program, Physician Assessment and Clinical Education
10 Program at the University of California, San Diego School of Medicine ("Program").

11 Respondent shall pay the cost of the program.

12 Respondent shall, at the program's discretion, undergo and complete the program's
13 assessment of respondent's competency, mental health and/or neuropsychological performance,
14 and at a minimum, a 24 hour program of interactive education and training in the area of
15 boundaries, which takes into account data obtained from the assessment and from the decision,
16 accusation, and any other information that the Board or its designee deems relevant. The program
17 shall evaluate respondent at the end of the training and the program shall provide any data from
18 the assessment and training as well as the results of the evaluation to the Board or its designee.

19 Respondent shall successfully complete the entire program not later than six months after
20 respondent's initial enrollment. Based on respondent's performance in and evaluations from the
21 assessment, education, and training, the program shall advise the Board or its designee of its
22 recommendation(s) for additional education, training, psychotherapy and other measures
23 necessary to ensure that respondent can practice medicine safely. Respondent shall comply with
24 the program recommendations. At the completion of the program, respondent shall submit to a
25 final evaluation. The program shall provide the results of the evaluation to the Board or its
26 designee.

27 The program determines whether or not the respondent successfully completes the program.
28 If respondent fails to complete the program within the designated time period, respondent shall

1 cease practicing as a physician assistant immediately after being notified by the Board or its
2 designee.

3 5. PSYCHOLOGICAL EVALUATION/TREATMENT Within 60 days of the
4 effective date of this decision, and on a periodic basis thereafter as may be required by the Board
5 or its designee, respondent shall undergo a psychological evaluation by a Board-appointed
6 psychological evaluator who shall furnish a psychological report and recommendations to the
7 Board or its designee.

8 Following the evaluation, respondent shall comply with all restrictions or conditions
9 recommended by the evaluating physician within 15 calendar days after notification by the Board
10 or its designee.

11 Respondent may, based on the evaluator's report and recommendations, be required by the
12 Board or its designee to undergo psychological treatment. Upon notification, respondent shall
13 within 30 days submit for prior approval the name and qualifications of a psychological
14 practitioner of respondent's choice. Upon approval of the treating psychological practitioner,
15 respondent shall undergo and continue psychological treatment until further notice from the
16 Board or its designee. Respondent shall have the treating psychological practitioner submit
17 quarterly status reports to the Board or its designee indicating whether the respondent is capable
18 of practicing medicine safely.

19 Respondent shall pay the cost of all psychological evaluations and treatment.

20 If the evaluator or treating practitioner determines that the respondent is a danger to the
21 public, upon notification, respondent shall immediately cease practicing as a physician assistant
22 until notified in writing by the Board or its designee that respondent may resume practice.

23 6. PROHIBITED PRACTICE AREAS During probation, respondent is prohibited
24 from treating patients who are receiving on-going Pain Management services.

25 7. ON-SITE SUPERVISION

26 The supervising physician shall be on site at all times respondent is practicing.

27 8. APPROVAL OF SUPERVISING PHYSICIAN Within 30 days of the effective date
28 of this decision, respondent shall submit to the Board or its designee for its prior approval the

1 name and license number of the supervising physician and a practice plan detailing the nature and
2 frequency of supervision to be provided. Respondent shall not practice until the supervising
3 physician and practice plan are approved by the Board or its designee.

4 Respondent shall have the supervising physician submit quarterly reports to the Board or its
5 designee.

6 If the supervising physician resigns or is no longer available, respondent shall, within 15
7 days, submit the name and license number of a new supervising physician for approval.

8 9. NOTIFICATION OF EMPLOYER AND SUPERVISING PHYSICIAN

9 Respondent shall notify his/her current and any subsequent employer and supervising
10 physician(s) of the discipline and provide a copy of the Accusation, Decision, and Order to each
11 employer and supervising physician(s) during his/her period of probation, at the onset of that
12 employment. Respondent shall ensure that each employer informs the Board or its designee, in
13 writing within thirty days, verifying that the employer and supervising physician(s) have received
14 a copy of the Accusation, Decision, and Order.

15 10. OBEY ALL LAWS Respondent shall obey all federal, state, and local laws, and all
16 rules governing the practice of medicine as a physician assistant in California, and remain in full
17 compliance with any court ordered criminal probation, payments, and other orders.

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

21 12. OTHER PROBATION REQUIREMENTS Respondent shall comply with the
22 Board's probation unit. Respondent shall, at all times, keep the Board and probation unit
23 informed of respondent's business and residence addresses. Changes of such addresses shall be
24 immediately communicated in writing to the Board and probation unit. Under no circumstances
25 shall a post office box serve as an address of record, except as allowed by California Code of
26 Regulations 1399.523.

27 Respondent shall appear in person for an initial probation interview with committee or its
28 designee within 90 days of the decision. Respondent shall attend the initial interview at a time

1 and place determined by the Board or its designee.

2 Respondent shall, at all times, maintain a current and renewed physician assistant license.

3 Respondent shall also immediately inform the probation unit, in writing, of any travel to
4 any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than
5 thirty (30) days.

6 13. INTERVIEW WITH MEDICAL CONSULTANT Respondent shall appear in
7 person for interviews with the Board's medical or expert physician assistant consultant upon
8 request at various intervals and with reasonable notice.

9 14. TOLLING FOR OUT-OF-STATE PRACTICE OR RESIDENCE The period of
10 probation shall not run during the time respondent is residing or practicing outside the jurisdiction
11 of California. If, during probation, respondent moves out of the jurisdiction of California to
12 reside or practice elsewhere, including federal facilities, respondent is required to immediately
13 notify the Board in writing of the date of departure and the date of return, if any.

14 Respondent's license shall be automatically canceled if respondent's period of temporary or
15 permanent residence or practice outside California totals two years. Respondent's license shall
16 not be canceled as long as respondent is residing and practicing as a physician assistant in another
17 state of the United States and is on active probation with the physician assistant licensing
18 authority of that state, in which case the two year period shall begin on the date probation is
19 completed or terminated in that state.

20 15. FAILURE TO PRACTICE AS A PHYSICIAN ASSISTANT – CALIFORNIA
21 RESIDENT In the event respondent resides in California and for any reason respondent stops
22 practicing as a physician assistant in California, respondent shall notify the Board or its designee
23 in writing within 30 calendar days prior to the dates of non-practice and return to practice. Any
24 period of non-practice within California, as defined in this condition, will not apply to the
25 reduction of the probationary term and does not relieve respondent of the responsibility to comply
26 with the terms and conditions of probation. Non-practice is defined as any period of time
27 exceeding 30 calendar days in which respondent is not practicing as a physician assistant.

28 All time spent in a clinical training program that has been approved by the Board or its

1 designee, shall be considered time spent in the practice of medicine. For purposes of this
2 condition, non-practice due to a Board ordered suspension or in compliance with any other
3 condition or probation, shall not be considered a period of non-practice.

4 Respondent's license shall be automatically canceled if, for a total of two years, respondent
5 resides in California and fails to practice as a physician assistant.

6 16. UNANNOUNCED CLINICAL SITE VISIT The Board or its designee may make
7 unannounced clinical site visits at any time to ensure that respondent is complying with all terms
8 and conditions of probation.

9 17. CONDITION FULFILLMENT A course, evaluation, or treatment completed after
10 the acts that gave rise to the charges in the accusation, but prior to the effective date of the
11 decision may, in the sole discretion of the Board or its designee, be accepted towards the
12 fulfillment of the condition.

13 18. COMPLETION OF PROBATION Respondent shall comply with all financial
14 obligations (e.g., cost recovery, probation costs) no later than 60 calendar days prior to the
15 completion of probation. Upon successful completion of probation, respondent's license will be
16 fully restored.

17 19. VIOLATION OF PROBATION If respondent violates probation in any respect, the
18 Board, after giving respondent notice and the opportunity to be heard, may revoke probation and
19 carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is
20 filed against respondent during probation, the Board shall have continuing jurisdiction until the
21 matter is final, and the period of probation shall be extended until the matter is final.

22 20. COST RECOVERY The respondent is hereby ordered to reimburse the Physician
23 Assistant Board the amount of \$18,576.50 prior to the end of her probationary term for its
24 investigative and prosecution costs. Failure to reimburse the Board's costs for its investigation
25 shall constitute a violation of the probation order, unless the Board agrees in writing to payment
26 by an installment plan because of financial hardship. The filing of bankruptcy by the respondent
27 shall not relieve the respondent of his/her responsibility to reimburse the Board for its
28 investigative costs.

1 Respondent agrees that her probation will not terminate until and unless all costs have
2 been reimbursed to the Board. Should Respondent fail probation, she agrees that all outstanding
3 reimbursement costs will immediately come due and payable. Respondent further agrees that the
4 Board can collect costs from Respondent that are not timely paid in any appropriate Court as set
5 forth in Business and Professions Code section 125.3, even if the Respondent fails to complete
6 probation.

7 21. PROBATION MONITORING COSTS Respondent shall pay the costs associated
8 with probation monitoring each and every year of probation, as designated by the Board, which
9 may be adjusted on an annual basis. The costs shall be made payable to the Physician Assistant
10 Board and delivered to the Board no later than January 31 of each calendar year.

11 22. VOLUNTARY LICENSE SURRENDER Following the effective date of this
12 probation, if respondent ceases practicing due to retirement, health reasons, or is otherwise unable
13 to satisfy the terms and conditions of probation, respondent may request the voluntarily surrender
14 of respondent's license to the Board. The Board reserves the right to evaluate the respondent's
15 request and to exercise its discretion whether to grant the request, or to take any other action
16 deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the
17 surrender, respondent shall within 15 days deliver respondent's wallet and wall certificate to the
18 Board or its designee and shall no longer practice as a physician assistant. Respondent will no
19 longer be subject to the terms and conditions of probation and the surrender of respondent's
20 license shall be deemed disciplinary action. If respondent re-applies for a physician assistant
21 license, the application shall be treated as a petition for reinstatement of a revoked license.

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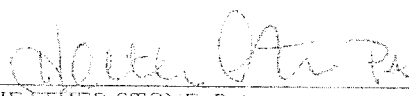
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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Paul Chan. I understand the stipulation and the effect it will have on my Physician Assistant License. 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 Physician Assistant Board.

DATED: 1/7/16


HEATHER STONE, P.A.
Respondent

I have read and fully discussed with Respondent Heather Stone, P.A. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 1/7/16


Paul Chan
Attorney for RespondentENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Physician Assistant Board.

Dated:

Respectfully submitted,

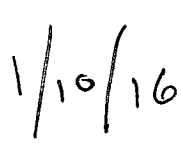
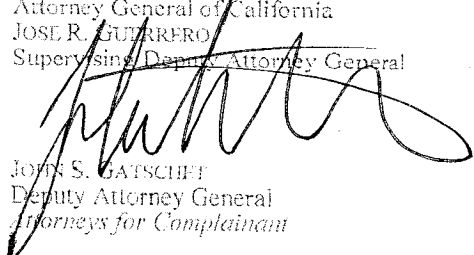

KAMALA D. HARRIS
Attorney General of California
JOSE R. GUTIERRO
Supervising Deputy Attorney General
JOHN S. GATSCHEIT
Deputy Attorney General
Attorneys for ComplainantSA2015300625
32330506.doc

Exhibit A

Accusation No. 1E-2013-233796

1 KAMALA D. HARRIS
Attorney General of California
2 CONNIE BROUSSARD
Supervising Deputy Attorney General
3 JOHN GATSCHET
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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO July 17 20 15
BY K. Voong ANALYST

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

11 In the Matter of the Accusation Against:

Case No. 1E-2013-233796

12 **HEATHER STONE, P.A.**
13 270 Idyllwild Cir.
14 Chico, CA 95928

A C C U S A T I O N

15 Physician Assistant License No. PA 18207,
16 Respondent.

17
18 Complainant alleges:

19 **PARTIES**

20 1. Glenn L. Mitchell, Jr. ("Complainant") brings this Accusation solely in his official
21 capacity as the Executive Officer of the Physician Assistant Board, Department of Consumer
22 Affairs. ("Board")

23 2. On or about November 23, 2005, the Board issued Physician Assistant License
24 Number PA 18207 to Heather Stone ("Respondent"). The Physician Assistant License was in
25 full force and effect at all times relevant to the charges brought herein and will expire on February
26 28, 2017, unless renewed

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1 “(e) The board may order the denial of an application for, or the suspension or revocation
2 of, or the imposition of probationary conditions upon, a physician assistant license, after a hearing
3 as required in Section 3528 for unprofessional conduct that includes, except for good cause, the
4 knowing failure of a licensee to protect patients by failing to follow infection control guidelines
5 of the board, thereby risking transmission of bloodborne infectious diseases from licensee to
6 patient, from patient to patient, and from patient to licensee. In administering this subdivision, the
7 board shall consider referencing the standards, regulations, and guidelines of the State
8 Department of Public Health developed pursuant to Section 1250.11 of the Health and Safety
9 Code and the standards, regulations, and guidelines pursuant to the California Occupational
10 Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the
11 Labor Code) for preventing the transmission of HIV, hepatitis B, and other bloodborne pathogens
12 in health care settings. As necessary, the board shall consult with the Medical Board of
13 California, the Board of Podiatric Medicine, the Board of Dental Examiners, the Board of
14 Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians, to
15 encourage appropriate consistency in the implementation of this subdivision.

16 The board shall seek to ensure that licensees are informed of the responsibility of licensees
17 and others to follow infection control guidelines, and of the most recent scientifically recognized
18 safeguards for minimizing the risk of transmission of blood-borne infectious diseases.

19 “(f) The board may order the licensee to pay the costs of monitoring the probationary
20 conditions imposed on the license.

21 “(g) The expiration, cancellation, forfeiture, or suspension of a physician assistant license
22 by operation of law or by order or decision of the board or a court of law, the placement of a
23 license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive
24 the board of jurisdiction to commence or proceed with any investigation of, or action or
25 disciplinary proceeding against, the licensee or to render a decision suspending or revoking the
26 license.”

27 5. Section 3502 of the Code states:

28 “(a) Notwithstanding any other provision of law, a physician assistant may perform those

1 medical services as set forth by the regulations adopted under this chapter when the services are
2 rendered under the supervision of a licensed physician and surgeon who is not subject to a
3 disciplinary condition imposed by the Medical Board of California prohibiting that supervision or
4 prohibiting the employment of a physician assistant.

5 “...

6 “(c)(1) A physician assistant and his or her supervising physician and surgeon shall
7 establish written guidelines for the adequate supervision of the physician assistant. This
8 requirement may be satisfied by the supervising physician and surgeon adopting protocols for
9 some or all of the tasks performed by the physician assistant. The protocols adopted pursuant to
10 this subdivision shall comply with the following requirements:

11 “(A) A protocol governing diagnosis and management shall, at a minimum, include
12 the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or
13 assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and
14 education to be provided to the patient.

15 “(B) A protocol governing procedures shall set forth the information to be provided to
16 the patient, the nature of the consent to be obtained from the patient, the preparation and
17 technique of the procedure, and the followup care.

18 “(C) Protocols shall be developed by the supervising physician and surgeon or
19 adopted from, or referenced to, texts or other sources.

20 “(D) Protocols shall be signed and dated by the supervising physician and surgeon
21 and the physician assistant.

22 “(2) The supervising physician and surgeon shall review, countersign, and date a sample
23 consisting of, at a minimum, 5 percent of the medical records of patients treated by the physician
24 assistant functioning under the protocols within 30 days of the date of treatment by the physician
25 assistant. The physician and surgeon shall select for review those cases that by diagnosis,
26 problem, treatment, or procedure represent, in his or her judgment, the most significant risk to the
27 patient.

28 “(3) Notwithstanding any other provision of law, the Medical Board of California or board

1 may establish other alternative mechanisms for the adequate supervision of the physician
2 assistant.

3 "..."

4 6. Section 3502.1 of the Code states:

5 "(a) In addition to the services authorized in the regulations adopted by the Medical Board
6 of California, and except as prohibited by Section 3502, while under the supervision of a licensed
7 physician and surgeon or physicians and surgeons authorized by law to supervise a physician
8 assistant, a physician assistant may administer or provide medication to a patient, or transmit
9 orally, or in writing on a patient's record or in a drug order, an order to a person who may
10 lawfully furnish the medication or medical device pursuant to subdivisions (c) and (d).

11 "(1) A supervising physician and surgeon who delegates authority to issue a drug
12 order to a physician assistant may limit this authority by specifying the manner in which the
13 physician assistant may issue delegated prescriptions.

14 "(2) Each supervising physician and surgeon who delegates the authority to issue a
15 drug order to a physician assistant shall first prepare and adopt, or adopt, a written, practice
16 specific, formulary and protocols that specify all criteria for the use of a particular drug or device,
17 and any contraindications for the selection. Protocols for Schedule II controlled substances shall
18 address the diagnosis of illness, injury, or condition for which the Schedule II controlled
19 substance is being administered, provided, or issued. The drugs listed in the protocols shall
20 constitute the formulary and shall include only drugs that are appropriate for use in the type of
21 practice engaged in by the supervising physician and surgeon. When issuing a drug order, the
22 physician assistant is acting on behalf of and as an agent for a supervising physician and surgeon.

23 "(b) "Drug order," for purposes of this section, means an order for medication that is
24 dispensed to or for a patient, issued and signed by a physician assistant acting as an individual
25 practitioner within the meaning of Section 1306.02 of Title 21 of the Code of Federal
26 Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this
27 section shall be treated in the same manner as a prescription or order of the supervising physician,
28 (2) all references to "prescription" in this code and the Health and Safety Code shall include drug

1 orders issued by physician assistants pursuant to authority granted by their supervising physicians
2 and surgeons, and (3) the signature of a physician assistant on a drug order shall be deemed to be
3 the signature of a prescriber for purposes of this code and the Health and Safety Code.

4 “(c) A drug order for any patient cared for by the physician assistant that is issued by the
5 physician assistant shall either be based on the protocols described in subdivision (a) or shall be
6 approved by the supervising physician and surgeon before it is filled or carried out.

7 “(1) A physician assistant shall not administer or provide a drug or issue a drug order
8 for a drug other than for a drug listed in the formulary without advance approval from a
9 supervising physician and surgeon for the particular patient. At the direction and under the
10 supervision of a physician and surgeon, a physician assistant may hand to a patient of the
11 supervising physician and surgeon a properly labeled prescription drug prepackaged by a
12 physician and surgeon, manufacturer as defined in the Pharmacy Law, or a pharmacist.

13 “(2) A physician assistant may not administer, provide, or issue a drug order to a
14 patient for Schedule II through Schedule V controlled substances without advance approval by a
15 supervising physician and surgeon for that particular patient unless the physician assistant has
16 completed an education course that covers controlled substances and that meets standards,
17 including pharmacological content, approved by the board. The education course shall be
18 provided either by an accredited continuing education provider or by an approved physician
19 assistant training program. If the physician assistant will administer, provide, or issue a drug order
20 for Schedule II controlled substances, the course shall contain a minimum of three hours
21 exclusively on Schedule II controlled substances. Completion of the requirements set forth in this
22 paragraph shall be verified and documented in the manner established by the board prior to the
23 physician assistant's use of a registration number issued by the United States Drug Enforcement
24 Administration to the physician assistant to administer, provide, or issue a drug order to a patient
25 for a controlled substance without advance approval by a supervising physician and surgeon for
26 that particular patient.

27 “(3) Any drug order issued by a physician assistant shall be subject to a reasonable
28 quantitative limitation consistent with customary medical practice in the supervising physician

1 and surgeon's practice.

2 “(d) A written drug order issued pursuant to subdivision (a), except a written drug order in a
3 patient's medical record in a health facility or medical practice, shall contain the printed name,
4 address, and telephone number of the supervising physician and surgeon, the printed or stamped
5 name and license number of the physician assistant, and the signature of the physician assistant.
6 Further, a written drug order for a controlled substance, except a written drug order in a patient's
7 medical record in a health facility or a medical practice, shall include the federal controlled
8 substances registration number of the physician assistant and shall otherwise comply with the
9 provisions of Section 11162.1 of the Health and Safety Code. Except as otherwise required for
10 written drug orders for controlled substances under Section 11162.1 of the Health and Safety
11 Code, the requirements of this subdivision may be met through stamping or otherwise imprinting
12 on the supervising physician and surgeon's prescription blank to show the name, license number,
13 and if applicable, the federal controlled substances registration number of the physician assistant,
14 and shall be signed by the physician assistant. When using a drug order, the physician assistant is
15 acting on behalf of and as the agent of a supervising physician and surgeon.

16 “(e) The medical record of any patient cared for by a physician assistant for whom the
17 physician assistant's Schedule II drug order has been issued or carried out shall be reviewed and
18 countersigned and dated by a supervising physician and surgeon within seven days.

19 “(f) All physician assistants who are authorized by their supervising physicians to issue
20 drug orders for controlled substances shall register with the United States Drug Enforcement
21 Administration (DEA).

22 “(g) The board shall consult with the Medical Board of California and report during its
23 sunset review required by Division 1.2 (commencing with Section 473) the impacts of exempting
24 Schedule III and Schedule IV drug orders from the requirement for a physician and surgeon to
25 review and countersign the affected medical record of a patient.”

26 7. Section 2234 of the Code, states:

27 “The board shall take action against any licensee who is charged with unprofessional
28 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not

1 limited to, the following:

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

4 “(b) Gross negligence.

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

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

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

15 “(d) Incompetence.

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

18 “...”

19 8. Section 2238 of the Code, states:

20 “A violation of any federal statute or federal regulation or any of the statutes or regulations
21 of this state regulating dangerous drugs or controlled substances constitutes unprofessional
22 conduct.”

23 9. California Code of Regulations, title 16, section 1399.525, states:

24 “For the purposes of the denial, suspension or revocation of a license or approval pursuant
25 to division 1.5 (commencing with section 475) of the code, a crime or act shall be considered to
26 be substantially related to the qualifications, functions or duties of a person holding a license or
27 approval under the Physician Assistant Practice Act if to a substantial degree it evidences present
28 or potential unfitness of a person holding such a license or approval to perform the functions

1 authorized by the license or approval in a manner consistent with the public health, safety or
2 welfare. Such crimes or acts shall include, but are not limited to, the following:

3 “(a) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the
4 violation of, or conspiring to violate any provision or term of the Medical Practice Act.

5 “(b) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the
6 violation of, or conspiring to violate any provision or term of the Physician Assistant Practice
7 Act.

8 “...

9 “(c) Any crime or act involving the sale, gift, administration, or furnishing of narcotics or
10 dangerous drugs or dangerous devices, as defined in Section 4022 of the code.

11 “...”

12 10. California Code of Regulations, title 16, section 1399.545, states:

13 “...

14 “(c) A physician assistant and his or her supervising physician shall establish in writing
15 guidelines for the adequate supervision of the physician assistant which shall include one or more
16 of the following mechanisms:

17 “(1) Examination of the patient by a supervising physician the same day as care is given by
18 the physician assistant;

19 “(2) Countersignature and dating of all medical records written by the physician assistant
20 within thirty (30) days that the care was given by the physician assistant.”

21 “(3) The supervising physician may adopt protocols to govern the performance of a
22 physician assistant for some or all tasks. The minimum content for a protocol governing diagnosis
23 and management as referred to in this section shall include the presence or absence of symptoms,
24 signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or
25 studies to order, drugs to recommend to the patient, and education to be given the patient. For
26 protocols governing procedures, the protocol shall state the information to be given the patient,
27 the nature of the consent to be obtained from the patient, the preparation and technique of the
28 procedure, and the follow-up care. Protocols shall be developed by the physician, adopted from,

1 or referenced to, texts or other sources. Protocols shall be signed and dated by the supervising
2 physician and the physician assistant. The supervising physician shall review, countersign, and
3 date a minimum of 5% sample of medical records of patients treated by the physician assistant
4 functioning under these protocols within thirty (30) days. The physician shall select for review
5 those cases which by diagnosis, problem, treatment or procedure represent, in his or her
6 judgment, the most significant risk to the patient;

7 “(4) Other mechanisms approved in advance by the board.

8 “...”

9 11. California Code of Regulations, title 16, section 1399.541, states:

10 “Because physician assistant practice is directed by a supervising physician, and a
11 physician assistant acts as an agent for that physician, the orders given and tasks performed by a
12 physician assistant shall be considered the same as if they had been given and performed by the
13 supervising physician. Unless otherwise specified in these regulations or in the delegation or
14 protocols, these orders may be initiated without the prior patient specific order of the supervising
15 physician.

16 “In any setting, including for example, any licensed health facility, out-patient settings,
17 patients' residences, residential facilities, and hospices, as applicable, a physician assistant may,
18 pursuant to a delegation and protocols where present:

19 “...”

20 “(h) Administer or provide medication to a patient, or issue or transmit drug orders orally or
21 in writing in accordance with the provisions of subdivisions (a)-(f), inclusive, of Section 3502.1
22 of the Code.

23 “...”

24 12. California Code of Regulations, title 16, section 1399.546, states”

25 “Each time a physician assistant provides care for a patient and enters his or her name,
26 signature, initials, or computer code on a patient’s record, chart or written order, the physician
27 assistant shall also enter the name of his or her supervising physician who is responsible for the
28 patient. When a physician assistant transmits an oral order, he or she shall also state the name of

1 the supervising physician responsible for the patient.”

2 13. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
3 administrative law judge to direct a licentiate found to have committed a violation or violations of
4 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
5 enforcement of the case, with failure of the licentiate to comply subjecting the license to not being
6 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
7 included in a stipulated settlement.

8 DRUGS

9 14. **OxyContin**, a trade name for the opiate, oxycodone hydrochloride, is a Schedule II
10 controlled substance as designated in Health and Safety Code section 11055, subdivision
11 (b)(1)(M), and a Schedule II controlled substance as defined by Section 1308.12, subdivision
12 (b)(1), of Title 21 of the Code of Federal Regulations, and is a dangerous drug as defined in
13 section 4022 of the Code. It is a pure agonist opioid which is indicated for the management of
14 pain severe enough to require daily, around-the-clock, long term opioid treatment and for which
15 alternative treatment options are inadequate. Other therapeutic effects of oxycodone include
16 reducing anxiety, euphoria, and feelings of relaxation. Oxycodone can produce drug dependence
17 of the morphine type and, therefore, has the potential for being abused.

18 15. **Adderall**, a trade name for amphetamine salts, is a Schedule II controlled substance
19 as designated in Health and Safety Code section 11055, subdivision (d), and a Schedule II
20 controlled substance as defined by Section 1308.12, subdivision (d), of Title 21 of the Code of
21 Federal Regulations, and is a dangerous drug as defined in section 4022 of the Code.

22 16. **Ambien**, a brand name for zolpidem tartrate, which is a non-benzodiazepine
23 hypnotic, is a Schedule IV controlled substance as designated in Health and Safety Code section
24 11057, subdivision(d)(32), and a Schedule IV controlled substance as defined by Section
25 1308.14 of Title 21 of the Code of Federal Regulations, and a dangerous drug as defined in
26 section 4022 of the Code. It is indicated for the short-term treatment of insomnia.

17. **Testosterone Cypionate**, an anabolic steroid, is a Schedule III controlled substance as designated in Health and Safety Code section 11056, subdivision (f)(6), and is a dangerous drug as defined in section 4022 of the Code.

FIRST CAUSE FOR DISCIPLINE

(Bus. & Prof. Code, §§ 2234(b), 3502.1 (c)(1)(2)(3), 3502.1 (c), 3527-Concealment
of Medical Records)

18. Respondent's license is subject to disciplinary action under sections 2234 subdivision (b), 3502.1 subdivision (c)(1)(2)(3), 3502.1 subdivision (e), and 3527, in that she committed unprofessional conduct by concealing medical records of her treatment of her husband such that no supervising physician was aware of her prescribing opiates to her husband and no supervisor countersigned the chart. The circumstances are as follows:

19. On or about July 22, 2013, the Board received a complaint from a Dr. S., a Pain Management Specialist who was treating patient R.C. Dr. S. discovered that patient R.C. had been obtaining additional controlled substance prescriptions from another provider, since September 3, 2012, which contravened the "Narcotic Agreement" the patient had with Dr. S. The other provider who had been prescribing oxycodone hydrochloride to patient R.C. was Respondent, the patient's wife.

20. On or about September 4, 2013, the board received two more complaints regarding Respondent from two of her employers. The first complaint came from the Director of Outpatient Midlevel Providers for Oroville Hospital, K.O., who discovered Respondent was prescribing controlled substances to her husband from December 30, 2011, through June 13, 2013. The Oroville Clinic, (also known as Comprehensive Care), did not have Respondent's husband registered as a patient during this time period and Respondent's supervising physician was unaware of Respondent's prescribing activity. The second complaint came from Dr. H., Respondent's supervising physician, from the Comprehensive Care Clinic, who stated that Respondent prescribed Schedule II controlled substances to her husband over a three year period. Further investigation revealed that Respondent had prescribed multiple controlled substances on 43 separate occasions from November 11, 2011, through July 10, 2013, to her husband.

1 21. Oroville Hospital system began an investigation of Respondent, and initially no
2 patient records of patient R.C. were found at the clinic. However, some time later, Respondent
3 "found" patient R.C.'s chart in a pile of charts "to be filed." Respondent admitted she kept her
4 own temporary file on her husband so that her supervisor would not be able to see, review or
5 countersign the patient chart. She also admitted to prescribing controlled substances to her
6 husband on multiple occasions and claimed to have examined him at the clinic without
7 receiving any payment.

8 22. According to Dr. H., patient R.C.'s medical records appeared to be newly created,
9 were not filed with other records and were handwritten despite the fact that the Oroville
10 Hospital system had gone to an electronic medical record keeping system 2 to 3 years before
11 Respondent began prescribing controlled substances to her husband. Oroville Hospital
12 suspended Respondent pending the investigation. Respondent then resigned.

13 23. Respondent's license is subject to disciplinary action because she concealed the
14 medical records of R.C. from her supervising physician¹, and failed to obtain physician
15 countersignatures after prescribing Schedule II controlled substances, which constitutes gross
16 negligence in violation of sections 2234 subdivision (b), 3502.1 subdivision (c)(1)(2)(3), 3502.1
17 subdivision (e), and 3527 of the Code.

18 **SECOND CAUSE FOR DISCIPLINE**

19 (Bus. & Prof. Code, §§ 2234(c), 3527-Dangerous Prescribing)

20 24. Respondent's license is subject to disciplinary action under sections 2234 subdivision
21 (c), and 3527 in that she committed unprofessional conduct by engaging in repeated negligent
22 acts when she increased the dosage of oxycodone hydrochloride and provided respiratory
23 depressants to a patient with a history of sleep apnea. The circumstances are as follows:

24 25. Complainant realleges paragraphs 19 through 24, and those paragraphs are
25 incorporated by reference as if fully set forth herein.

26 26. Patient R.C. was prescribed 80,000 pills of a combination of OxyContin and

27 ¹ Concealment of the medical records constitutes an extreme departure even if the chart
28 was not fabricated by Respondent in response to the investigation by Oroville Hospital.

1 oxycodone over a three year period (August, 2010 through August, 2013), and while Respondent
2 did not initiate this massive prescribing to her husband, she did contribute to his tolerance by
3 increasing the frequency of the prescriptions of OxyContin and oxycodone from monthly to every
4 three weeks in the period of November 11, 2011, through July 10, 2012. Respondent claimed
5 she was only refilling R.C.'s prescriptions, to avoid him having withdrawal symptoms, yet this
6 explanation fails to explain why she increased the frequency of oxycodone renewals.²

7 27. Respondent's explanation also failed to explain why she prescribed an entire months
8 supply of respiratory depressants (Ambien), with refills, to R.C. when this patient had a history of
9 sleep apnea.

10 28. Respondent's license is subject to disciplinary action because she committed
11 unprofessional conduct by increasing the dosing of oxycodone from July, 2011, through
12 December, 2012, for R.C., and she renewed R.C.'s prescriptions for Ambien despite a history of
13 sleep apnea in December, 2011, and January, 2012, which constitutes repeated negligent acts in
14 violation of sections 2234 subdivision (c) and 3527 of the Code.

15 THIRD CAUSE FOR DISCIPLINE

16 (Bus. & Prof. Code, §§ 2234(b), 3527-Prescribing Controlled Substances to Family Members)

17 29. Respondent's license is subject to disciplinary action under sections 2234 subdivision
18 (b) and 3527 in that she committed unprofessional conduct by prescribing controlled substances
19 repeatedly to her husband. The circumstances are as follows:

20 30. Complainant hereby incorporates paragraphs 19 through 29 of the instant Accusation
21 as though fully set forth herein.

22 31. Oroville Hospital, which runs the Oroville Clinic, had a policy against providers
23 caring for family members. In addition it is not ethically appropriate for physicians or physician
24

25 ² After complaints were made to the Board, Respondent could no longer provide medication
26 refills for her husband. Thereafter, R.C. was arrested for attempting to submit forged
27 prescriptions for oxycodone to pharmacies on two occasions. On November 19, 2013, R.C.
28 entered a plea of guilty to Health and Safety Code, section 11368, (forgery of a prescription to
obtain controlled substances for personal use), a felony. The Entry of Judgment was deferred to
allow R.C. to enter a Substance Abuse Program (a Diversion Program).

1 assistants to write prescriptions for controlled substances for themselves or their immediate
2 family members.³ From the period of November 11, 2011, through March 30, 2012, Respondent,
3 in effect became her husband's principal care provider, and then became his occasional care
4 provider after March 30, 2012, through July 10, 2013.

5 32. Respondent's license is subject to disciplinary action because she committed
6 unprofessional conduct by prescribing massive quantities of narcotic medications to her husband
7 over a prolonged duration which constitutes gross negligence in violation of 2234 subdivision (b)
8 and 3527 of the Code.

9 **PRAYER**

10 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
11 and that following the hearing, the Physician Assistant Board issue a decision:

12 1. Revoking or suspending Physician Assistant Number PA 18207, issued to Heather
13 Stone, P.A.;

14 2. Ordering Heather Stone, P.A. to pay the Physician Assistant Board the reasonable
15 costs of the investigation and enforcement of this case, pursuant to Business and Professions
16 Code, section 125.3;

17 3. Taking such other and further action as deemed necessary and proper.
18
19

20 DATED: July 17, 2015



GLENN L. MITCHELL, JR.
Executive Officer
Physician Assistant Board
Department of Consumer Affairs
State of California
Complainant

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27 _____
28 ³ American Medical Association Opinion 8.19. Issued June, 1993.