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

In the Matter of the Accusation Against: Peter Alan Fields, M.D. Physician's and Surgeon's Certificate No. A 80579 Respondent.	Case No.: 800-2019-061005

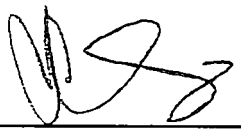
DECISION

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

This Decision shall become effective at 5:00 p.m. on June 16, 2023.

IT IS SO ORDERED: May 18, 2023.

MEDICAL BOARD OF CALIFORNIA



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

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Attorney General of California
JUDITH T. ALVARADO
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **PETER ALAN FIELDS, M.D.** **2730 Wilshire Blvd, Suite 220** **Santa Monica, CA 90403** **Physician's and Surgeon's Certificate No. A 80579,** Respondent.	Case No. 800-2019-061005 OAH No. 2022120284 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Reji Varghese (Complainant) is the Interim Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Marsha E. Barr-Fernandez, Deputy Attorney General.

2. Respondent Peter Alan Fields, M.D. (Respondent) is represented in this proceeding by attorney Douglas S. DeHeras, Esq., whose address is: Prindle, Goetz, Barnes & Reinholz LLP, One World Trade Center, Suite 1100, Long Beach, CA 90831.

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3. On or about September 25, 2002, the Board issued Physician's and Surgeon's Certificate No. A 80579 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-061005, and will expire on April 30, 2024, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-061005 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 October 27, 2022. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2019-061005 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. 800-2019-061005. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his 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 understands and agrees that the charges and allegations in Accusation No. 800-2019-061005, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

11. Respondent understands that, by signing this stipulation, he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

RESERVATION

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

CONTINGENCY

13. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his 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.

14. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2019-061005 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

15. 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.

16. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 80579 issued to Respondent PETER ALAN FIELDS, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five (35) months from the effective date of the Decision and Order, on the following terms and conditions:

1. EDUCATION COURSE. Within sixty (60) calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than thirty (30) hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for fifty-five (55) hours of CME of which thirty (30) hours were in satisfaction of this condition.

2. PRESCRIBING PRACTICES COURSE. Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The

prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

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

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4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

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

7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, legal reviews, and investigation(s), as applicable, in the amount of $8,000.00 (eight thousand dollars). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

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

The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility to repay investigation and enforcement costs, including expert review costs (if applicable).

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

Respondent shall submit quarterly declarations not later than ten (10) calendar days after the end of the preceding quarter.

9. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within fifteen (15) calendar days of any periods of non-practice lasting more than thirty (30) calendar days and within fifteen (15) calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least forty (40) hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal

jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

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

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

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

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; and Quarterly Declarations.

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

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

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

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

16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2019-061005 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Douglas S. DeHeras. Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 4/11/23

PETER ALAN FIELDS, M.D.
Respondent

I have read and fully discussed with Respondent Peter Alan Fields, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 4/12/23

DOUGLAS S. DEHERAS, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: April 13, 2023

Respectfully submitted.

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

Marsha E. Barr-Fernandez

MARSHA E. BARR-FERNANDEZ
Deputy Attorney General
Attorneys for Complainant

LA2022603075

Exhibit A

Accusation No. 800-2019-061005

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

In the Matter of the Accusation Against: **PETER ALAN FIELDS, M.D.** **2730 Wilshire Blvd., Suite 220** **Santa Monica, CA 90403** **Physician's and Surgeon's Certificate No. A 80579,** Respondent.	Case No. 800-2019-061005 **ACCUSATION**

PARTIES

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

2. On or about September 25, 2002, the Medical Board issued Physician's and Surgeon's Certificate Number A 80579 to Peter Alan Fields, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2024, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code states:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
>
> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
>
> (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

5. Section 2228 of the Code states:

> The authority of the board or the California Board of Podiatric Medicine to discipline a licensee by placing him or her on probation includes, but is not limited to, the following:
>
> (a) Requiring the licensee to obtain additional professional training and to pass an examination upon the completion of the training. The examination may be written or oral, or both, and may be a practical or clinical examination, or both, at the option of the board or the administrative law judge.
>
> (b) Requiring the licensee to submit to a complete diagnostic examination by one or more physicians and surgeons appointed by the board. If an examination is ordered, the board shall receive and consider any other report of a complete diagnostic examination given by one or more physicians and surgeons of the licensee's choice.

(c) Restricting or limiting the extent, scope, or type of practice of the licensee, including requiring notice to applicable patients that the licensee is unable to perform the indicated treatment, where appropriate.

(d) Providing the option of alternative community service in cases other than violations relating to quality of care.

STATUTORY PROVISIONS

6. Section 2234 of the Code states:

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

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

(b) Gross negligence.

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

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

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

(d) Incompetence.

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

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

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

7. Section 2238 of the Code states:

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

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8. Section 2261 of the Code states:

Knowingly making or signing any certificate or other document directly or indirectly related to the practice of medicine or podiatry which falsely represents the existence or nonexistence of a state of facts, constitutes unprofessional conduct.

9. Section 2266 of the Code states:

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

10. Section 2285 of the Code states:

The use of any fictitious, false, or assumed name, or any name other than his or her own by a licensee either alone, in conjunction with a partnership or group, or as the name of a professional corporation, in any public communication, advertisement, sign, or announcement of his or her practice without a fictitious-name permit obtained pursuant to Section 2415 constitutes unprofessional conduct. This section shall not apply to the following:

(a) Licensees who are employed by a partnership, a group, or a professional corporation that holds a fictitious name permit.

(b) Licensees who contract with, are employed by, or are on the staff of, any clinic licensed by the State Department of Health Services under Chapter 1 (commencing with Section 1200) of Division 2 of the Health and Safety Code.

(c) An outpatient surgery setting granted a certificate of accreditation from an accreditation agency approved by the medical board.

(d) Any medical school approved by the division or a faculty practice plan connected with the medical school.

11. Business and Professions Code section 3502.1[1] states as follows:

In addition to the medical services authorized in the regulations adopted pursuant to Section 3502, and except as prohibited by Section 3502, a PA may furnish or order a drug or device subject to all of the following:

(a) The PA shall furnish or order a drug or device in accordance with the practice agreement and consistent with the PA's educational preparation or for which clinical competency has been established and maintained.

(b)(1) A practice agreement authorizing a PA to order or furnish a drug or device shall specify which PA or PAs may furnish or order a drug or device, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the PA's competence, including peer review, and review of the practice agreement.

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[1] While Business and Professions Code section 3502.1, effective January 1, 2020, has been reworded as compared to Business and Professions Code section 3502.1 in effect in 2017, the requirements imposed upon supervising physicians and physician assistants with respect to prescribing Schedule II drugs, are substantially similar.

(2) In addition to the requirements in paragraph (1), if the practice agreement authorizes the PA to furnish a Schedule II controlled substance, the practice agreement shall address the diagnosis of the illness, injury, or condition for which the PA may furnish the Schedule II controlled substance.

(c) The PA shall furnish or order drugs or devices under physician and surgeon supervision. This subdivision shall not be construed to require the physical presence of the physician and surgeon, but does require the following:

(1) Adherence to adequate supervision as agreed to in the practice agreement.

(2) The physician and surgeon be available by telephone or other electronic communication method at the time the PA examines the patient.

(d)(1) Except as provided in paragraph (2), the PA may furnish or order only those Schedule II through Schedule V controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) that have been agreed upon in the practice agreement.

(2) The PA may furnish or order Schedule II or III controlled substances, as defined in Sections 11055 and 11056, respectively, of the Health and Safety Code, in accordance with the practice agreement or a patient-specific order approved by the treating or supervising physician and surgeon.

(e)(1) The PA has satisfactorily completed a course in pharmacology covering the drugs or devices to be furnished or ordered under this section or has completed a program for instruction of PAs that meet the requirements of Section 1399.530 of Title 16 of the California Code of Regulations, as that provision read on June 7, 2019.

(2) A physician and surgeon through a practice agreement may determine the extent of supervision necessary pursuant to this section in the furnishing or ordering of drugs and devices.

(3) PAs who hold an active license, who are authorized through a practice agreement to furnish Schedule II controlled substances, and who are registered with the United States Drug Enforcement Administration, and who have not successfully completed a one-time course in compliance with Sections 1399.610 and 1399.612 of Title 16 of the California Code of Regulations, as those provisions read on June 7, 2019, shall complete, as part of their continuing education requirements, a course that covers Schedule II controlled substances, and the risks of addiction associated with their use, based on the standards developed by the board. The board shall establish the requirements for satisfactory completion of this subdivision. Evidence of completion of a course meeting the standards, including pharmacological content, established in Sections 1399.610 and 1399.612 of Title 16 of the California Code of Regulations, as those provisions read on June 7, 2019, shall be deemed to meet the requirements of this section.

(f) For purposes of this section:

(1) "Furnishing" or "ordering" shall include the following:

(A) Ordering a drug or device in accordance with the practice agreement.

(B) Transmitting an order of a supervising physician and surgeon.

(C) Dispensing a medication pursuant to Section 4170.

(2) "Drug order" or "order" means an order for medication that is dispensed to or for an ultimate user, issued by a PA as an individual practitioner, within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations.

(g) Notwithstanding any other law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of a supervising physician; (2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by physician assistants; and (3) the signature of a PA on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

12. Health and Safety Code section 11055 states, in pertinent part, as follows:

(a) The controlled substances listed in this section are included in Schedule II.

(b) Any of the following substances, except those narcotic drugs listed in other schedules, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis:

(1) Opium, opiate, and any salt, compound, derivative, or preparation of opium or opiate, with the exception of naloxone hydrochloride (N-allyl-14-hydroxy-nordihydromorphinone hydrochloride), but including the following:

...

(I)(i) Hydrocodone.

(ii) Hydrocodone combination products with not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active nonnarcotic ingredients in recognized therapeutic amounts.

(iii) Oral liquid preparations of dihydrocodeinone containing the above specified amounts that contain, as its nonnarcotic ingredients, two or more antihistamines in combination with each other.

(iv) Hydrocodone combination products with not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium.

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13. Health and Safety Code section 11057 states, in pertinent part, as follows:

(a) The controlled substances listed in this section are included in Schedule IV.

...

(d) Depressants. Unless specifically excepted in Section 11059 or elsewhere, or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers, and salts of isomers whenever the existence of those salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Alprazolam.

...

14. Health and Safety Code section 11165.4[2] states, in pertinent part, as follows:

(a)(1)(A)(i) A health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance shall consult the patient activity report or information from the patient activity report obtained from the CURES database to review a patient's controlled substance history for the past 12 months before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time and at least once every six months thereafter if the prescriber renews the prescription and the substance remains part of the treatment of the patient.

...

(B) For purposes of this paragraph, "first time" means the initial occurrence in which a health care practitioner, in their role as a health care practitioner, intends to prescribe, order, administer, or furnish a Schedule II, Schedule III, or Schedule IV controlled substance to a patient and has not previously prescribed a controlled substance to the patient.

(2) A health care practitioner shall review a patient's controlled substance history that has been obtained from the CURES database no earlier than 24 hours, or the previous business day, before the health care practitioner prescribes, orders, administers, or furnishes a Schedule II, Schedule III, or Schedule IV controlled substance to the patient.

...

(d)(1) A health care practitioner who fails to consult the CURES database, as described in subdivision (a), shall be referred to the appropriate state professional licensing board solely for administrative sanctions, as deemed appropriate by that board.

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[2] The relevant parts of Health and Safety Code section 11165.4 in effect in 2017 were substantially similar to the current version, with the only substantive difference being that in 2017, subsection (a) required a practitioner to review a patient's controlled substance history every four months, instead of every six months.

REGULATORY PROVISIONS

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

(a) A supervising physician shall be available in person or by electronic communication at all times when the physician assistant is caring for patients.

(b) A supervising physician shall delegate to a physician assistant only those tasks and procedures consistent with the supervising physician's specialty or usual and customary practice and with the patient's health and condition.

(c) A supervising physician shall observe or review evidence of the physician assistant's performance of all tasks and procedures to be delegated to the physician assistant until assured of competency.

(d) The physician assistant and the supervising physician shall establish in writing transport and back-up procedures for the immediate care of patients who are in need of emergency care beyond the physician assistant's scope of practice for such times when a supervising physician is not on the premises.

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

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

(2) Countersignature and dating of all medical records written by the physician assistant within thirty (30) days that the care was given by the physician assistant;

(3) The supervising physician may adopt protocols to govern the performance of a physician assistant for some or all tasks. The minimum content for a protocol governing diagnosis and management as referred to in this section shall include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be given the patient. For protocols governing procedures, the protocol shall state the information to be given the patient, the nature of the consent to be obtained from the patient, the preparation and technique of the procedure, and the follow-up care. Protocols shall be developed by the physician, adopted from, or referenced to, texts or other sources. Protocols shall be signed and dated by the supervising physician and the physician assistant. The supervising physician shall review, countersign, and date a minimum of 5% sample of medical records of patients treated by the physician assistant functioning under these protocols within thirty (30) days. The physician shall select for review those cases which by diagnosis, problem, treatment or procedure represent, in his or her judgment, the most significant risk to the patient;

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

(f) The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the physician assistant does not function autonomously. The supervising physician shall be responsible for all medical services provided by a physician assistant under his or her supervision.

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COST RECOVERY

16. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

(b) In the case of a disciplined licensee that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(g) (1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.

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(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

FACTUAL ALLEGATIONS

17. Respondent is a physician and surgeon with residency training in family medicine. Respondent is also a licensed chiropractor. Respondent is not board-certified. At all times relevant to the instant matter, Respondent was practicing exclusively in the area of regenerative orthopedics. Per Respondent during his interview with a Board investigator and medical consultant (hereinafter "Interview"), the fictitious name of Respondent's practice is OrthoRegen, and the registered name is Peter A. Fields, M.D., Inc.

18. As explained by Respondent during the Interview, regenerative orthopedics is "fixing joints and spine (sic.) without surgery." It involves "injecting blood products and/or stem cells to get things to regenerate." During the Interview, Respondent stated his training in regenerative orthopedics involved taking "a couple of lecture-type classes" and going to "an intensive one week training."

19. Patient A,[3] a then 69-year-old female, suffered from osteoarthritis of the shoulder. Osteoarthritis (OA) of the shoulder is a degenerative joint disease that leads to remodeling of bone and thickening of the joint capsule. In early OA, treatment options include pain reduction, improving shoulder function, and minimizing disease progression to more severe joint degeneration. With severe OA of the shoulder, the articular cartilage is worn away and the bones beneath the cartilage begin to rub or grind against each other.

20. On June 16, 2017, Patient A presented to Respondent for consultation and treatment of bilateral shoulder pain. She completed a Patient Registration Form and was examined by Respondent's physician assistant (PA), pursuant to a Delegation of Services Agreement dated September 26, 2016, between Respondent and the PA. Bilateral shoulder x-rays of that date, ordered by Respondent, revealed mild left and severe right glenohumeral (GH)[4] joint

[3] To protect the privacy of the patient involved, the patient's name has not been included in this pleading. Respondent is aware of the identity of the patient referred herein.

[4] The glenohumeral (GH) joint is a true synovial ball-and-socket style diarthrodial

osteoarthritis. The progress note indicates the x-rays and x-ray report were reviewed, and the plan was documented as: "No treatment. Dr. Fields suggested stem cell bilat (sic.) shoulders."

21. Respondent provided Patient A with informational materials regarding Stem Cell Prolotherapy. The informational material states Respondent is a "Board Certified Medical Physician and Chiropractor."

22. On August 28, 2017, Respondent's PA wrote Patient A prescriptions for Xanax[5] 0.5 mg and Norco[6] 5/325. There is no documentation in Patient A's chart that Respondent consulted the Patient Activity Report or information from the Patient Activity Report from the CURES database to review Patient A's controlled substance history for the past 12 months before prescribing Schedule II and Schedule IV controlled substances to Patient A for the first time.

23. Patient A next presented to Respondent on September 13, 2017, to undergo bilateral shoulder stem cell injections consisting of bone marrow aspirate concentrate (BMAC),[7] adipose tissue,[8] platelet rich plasma (PRP),[9] and 25% dextrose.[10] Respondent did not document the specific locations of these injections, other than "inside" and "outside," nor did Respondent indicate whether any imaging (e.g., ultrasound, fluoroscopy) was used to guide the injections.

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(movable) joint that is responsible for connecting the upper extremity to the trunk.

[5] Xanax is a brand name for alprazolam and is a Schedule IV drug.

[6] Norco is in the class of drugs of analgesic opioid hydrocodone combinations and is a Schedule II drug.

[7] Bone Marrow Aspirate Stem Cell Concentrate (BMAC) is a component of bone marrow that contains growth factors and anti-inflammatory proteins.

[8] Adipose tissue, otherwise known as body fat, is a connective tissue that extends throughout the body.

[9] Platelet-rich plasma is blood that contains more platelets than normal.

[10] Twenty-five percent dextrose is a sterile, nonpyrogenic, hypertonic solution of dextrose in water for injection.

24. On October 30, 2017, Patient A presented again to Respondent's office. On this date, Patient was seen by Respondent's PA. Patient A reported no change in symptoms. Respondent's PA performed bilateral PRP treatments and trigger point injections.[11] Whether imaging was used to guide these injections was not documented.

25. On May 17, 2018, Patient A again presented to Respondent's office and was seen by Respondent's PA. Respondent's PA documented that Patient A reported not feeling "things are any better or worse." Respondent's PA performed bilateral shoulder laser treatments. There is no documentation regarding what type of machine was used to provide the laser treatments, nor where the Deep Tissue Laser Therapy was applied.

26. On October 22, 2018, after feeling no improvement of her chronic pain with progressive loss of range of motion and sleep disturbance, Patient A sought care from a different provider, Dr. K, an orthopedic surgeon. Dr. K reviewed the June 16, 2017 x-rays and ordered a right shoulder MRI with intraarticular contrast.

27. On November 29, 2018, Patient A reported slowly worsening symptoms to Dr. K. Dr. K reviewed the right shoulder MRI of November 20, 2018, which showed severe OA of the GH joint, rotator cuff tears/severe tendinosis, degenerative SLAP tear,[12] medial subluxation/severe tendinosis of biceps tendon, and large subacromial subdeltoid bursa.[13] Dr. K injected lidocaine/Kenalog in the bilateral GH joints, and ordered physical therapy.

28. On December 18, 2018, Patient A presented to Respondent reporting 10/10 shoulder pain. Respondent did not document an examination. Respondent's plan was to review the chart and MRI once it was received.

29. On February 5, 2019, Patient A was seen by a different healthcare provider, Dr. S, in the same orthopedic group as Dr. K. Dr. S reviewed the imaging studies, and based on the severe

[11] Trigger point injections are injections of local anesthetic with or without corticosteroid, botulinum toxin, or without any injection substance (dry needling), into painful muscles.

[12] A SLAP tear is an injury to the glenoid labrum. The glenoid labrum is fibrocartilaginous tissue within the glenoid cavity of the shoulder joint. SLAP is an acronym for "superior labral tear from anterior to posterior."

[13] The subacromial subdeltoid bursa is a large and consistent structure, cap-like in shape, of the glenohumeral joint.

OA and rotator cuff tears, Dr. S recommended a right reverse total shoulder replacement that was done on February 26, 2019. Patient A underwent a left reverse shoulder replacement by Dr. S on May 28, 2019.

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct: Gross Negligence)

30. Respondent Peter Alan Fields, M.D. is subject to disciplinary action under section 2234, subdivisions (a) and (b), of the Code, and under California Code of Regulations, title 16, section 1399.545, subdivision (f), in that Respondent was grossly negligent in the care and treatment of Patient A. The circumstances are as follows:

31. The facts and allegations set forth in paragraphs 17 through 29 are incorporated herein by reference as if fully set forth.

Recommending Stem Cell Therapy Injections to Regenerate Severe Osteoarthritis of the Glenohumeral (Shoulder) Joint

32. The standard of care is that in patients with shoulder OA, such as Patient A, who report ongoing severe pain and functional restriction despite previous evidence-based treatments, which is documented by a thorough history, physical exam, and radiological studies, are candidates for shoulder replacement surgery.

33. On June 16, 2017, Patient A was examined by Respondent's PA, who noted "rare" oral NSAID[14] (Aleve) and "no cortisone," but no other discussion of other available treatments was documented. The note also indicates the x-rays and x-ray report were reviewed, but there is no documentation regarding by whom they were reviewed, what specific x-rays were reviewed (right, left, or bilateral), or what the x-rays showed. On the exam template, for the various ranges of motion of both shoulders, "Abn" (abnormal) is marked, but the specific ranges were not recorded. In addition, a neck exam to rule out cervical spine pathology as an etiology of shoulder pain was not documented. The diagnosis was not recorded. The plan was "No treatment. Dr. Fields suggested stem cell bilat (sic.) shoulders."

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[14] NSAID is an acronym for non-steroidal anti-inflammatory drugs.

34. There was also a failure to document that the patient was presented with all treatment options available, including, but not limited to: (1) a different NSAID (other than Aleve) or a more frequent NSAID medication could be more effective, or whether there was any contraindication to NSAID use; (2) acetaminophen use; (3) activity modifications, including workplace adaptations to decrease pain; (4) physical therapy to include isometric strengthening of the rotator cuff and scapulothoracic muscles; (5) possible use of medications to help with chronic pain; or (6) the potential harms and benefits of an intraarticular corticosteroid injection.

35. In the informational materials about Stem Cell Prolotherapy given to Patient A, Respondent asserts that: (a) "[t]he remarkable thing about stem cells is the fact that when you inject them into a specific area of the body, they know what kinds of cells your body needs – for example, meniscus cells or cartilage cells;" (b) "[s]tem cells have the ability to form tissues like bone, cartilage, labrum, menisus (sic), ligaments and more. All this allows for repair and remodeling of cartilage, bone and other soft tissue structures such as meniscus, labrums, ligaments and tendons;" (c) "[s]tem cells derived from adipose tissue can differentiate ligaments, bone, cartilage, muscle or ligaments (sic.);" (d) "[t]he success rate with traditional Prolotherapy (both Dextrose and PRP) is in the 90%+ range for all patients. However, for those cases of advanced arthritis, severe meniscus tears or labral tears, bone-on-bone, aggressive injuries or where one has been told to have their joint replaced, some may need to use Stem Cell Prolotherapy to regenerate the defective joint;" (e) "[i]n my practice I use all four types of Prolotherapy in a non-surgical procedure to regenerate joints" (emphasis in original); and, (f) "All of the above are all considered a form of Prolotherapy since the (sic) cause the tissue to proliferate or regenerate. When new tissue, whether it be cartilage, bone, ligaments, tendons, meniscus, labrums or more is regenerated, it becomes more vibrant and stronger and the joint can function well again."

36. The claims made by Respondent in the informational materials are unsubstantiated and without evidence-based support. The clinical effect of using PRP in patients with shoulder OA has not yet been proven. Publications evaluating the use of orthobiologics to treat shoulder joint OA are scarce and are either small clinical studies that are not randomized placebo-

controlled trials or are case reports. And while there are a few randomized controlled trials of PRP for knee OA, with one showing that PRP when compared to hyaluronic acid (HLA) was more effective than HLA for pain and function, there has been no evidence of cartilage regeneration. Similarly, research has thus far shown BMAC to be incapable of reversing age-related tissue degeneration, and limited studies have shown no evidence of cartilage regeneration. Similarly, while basic science studies show that adipose-derived stem cells (ADSCs) harvested from adipose tissue may be involved in tissue regeneration, there is not yet evidence of actual tissue regeneration.

37. Respondent's acts and omissions with respect to Patient A in his failure to conduct an adequate history and physical exam, to document x-ray findings or a working diagnosis, or to discuss options for treatment, followed then by Respondent making unsubstantiated claims that the severe OA and tissue damage already present in the shoulder would be regenerated by his stem cell prolotherapy treatment, and to recommend stem cell therapy injections to regenerate severe osteoarthritis of the shoulder, was an extreme departure from the standard of care.

Deficiencies in Medical Record Documentation

38. The standard of care for medical record documentation requires documentation to include, but is not limited to, the following: (1) problem list indicating significant medical conditions and illnesses; (2) allergies and adverse reactions to medications, or no known allergies and adverse reactions to medications; (3) diagnostic studies showing documented evidence of physician review with the physician's initials or signature on the report or notation in the progress notes, with abnormal results having explicit notation in the medical record; (4) working diagnosis(es) consistent with findings; (5) treatment plans consistent with the working diagnosis(es); (6) specific follow-up instructions and a definite time for return visit or other follow-up care definitively stated in number of days, weeks, months, or PRN (as needed); (7) no evidence that the patient is placed at inappropriate risk by a diagnostic or therapeutic procedure; (8) all entries signed, dated and legible and the signature includes the first initial, last name and title, and date includes the month/day/year. Initials may be used only if signatures are specifically identified elsewhere in the medical record.

39. Patient A filled out a Patient Registration Form on June 16, 2017, but there was no signature on the two-page form to indicate that the details of the form were reviewed, nor was there any written notation on the initial visit note of June 16, 2017, that the form was reviewed. None of the office notes or procedure note documented a problem list or the presence or absence of allergies to medication. The formal x-ray report, dated June 16, 2017, of the x-rays ordered by Respondent, does not show documented evidence of physician review with Respondent's initials or signature on the report. There is also no explicit notation in the initial note or subsequent progress notes of the abnormal x-ray results. None of the office notes document a working diagnosis(es), and the documented treatment plans are not associated with, and therefore are inconsistent with, any working diagnosis(es). There is no documentation in the office notes or procedure note of specific follow-up instructions and a definite time for a return visit. There is no documentation discussing whether Patient A would be placed at inappropriate risk by the multi-injection procedure involving the harvesting of her blood, adipose tissue, and bone marrow. None of the patient care notes have a signature of first initial, last name, and title with an accompanying date of month, day, and year, despite not having their complete signatures specifically identified elsewhere in the medical record. Respondent's deficiencies in medical record documentation were an extreme departure from the standard of care of medical documentation.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

40. Respondent Peter Alan Fields, M.D. is subject to disciplinary action under section 2234, subdivisions (a) and (c), of the Code, and under California Code of Regulations, title 16, section 1399.545, subdivision (f), in that Respondent provided negligent care and treatment to Patient A. The circumstances are as follows:

41. The facts and allegations set forth in paragraphs 17 through 29 are incorporated herein by reference as if fully set forth.

42. The facts and allegations set forth in the First Cause for Discipline are incorporated herein by reference as if fully set forth.

43. Each of the alleged acts of gross negligence set forth in the First Cause for Discipline, above, are also negligent acts.

44. The Delegation of Services Agreement (DSA) between Respondent and his PA is signed and dated September 26, 2016. The DSA contains language that the PA is authorized to write and sign drug orders for Scheduled drugs without advance approval, but the DSA does not set forth the date of the passage of the approved drug course, nor does it include as an attachment the certificate showing the PA had taken and passed a drug course approved by the board. In addition, the DSA does not specify the Scheduled drugs for which the PA is authorized to write and sign drug orders.

45. Patient A's prescriptions for Xanax and Norco were written and signed by the PA on August 28, 2017. There is no documentation in the medical records of the diagnosis of illness, injury, or condition for which the Schedule II controlled substance (Norco) was being provided; there is no documentation regarding at whose request these medications were prescribed or why they were prescribed; there is no documentation regarding whether there was a history of narcotic or anxiolytic use or misuse or allergic reaction by Patient A in the past; and no documentation regarding whether Respondent consulted the Patient Activity Report or information from the Patient Activity Report obtained from the CURES database to review Patient A's controlled substance history for the past 12 months before prescribing Norco, a Schedule II controlled substance, and Xanax, a Schedule IV controlled substance, to Patient A for the first time. In addition, Respondent did not countersign and date Patient A's medical record after his PA issued a Schedule II drug order.

46. Respondent's acts and omissions in failing to provide accurate and complete information and documentation for the DSA, and of prescribing controlled substances and failing to document consultation of the CURES database was a simple departure from the standard of care.

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THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct: Failure to Maintain Adequate and Accurate Records)

47. Respondent Peter Alan Fields, M.D. is subject to disciplinary action under section 2234, subdivision (a), and section 2266 of the Code, and under California Code of Regulations, title 16, section 1399.545, subdivision (f), in that Respondent failed to maintain adequate and accurate records relating to the provision of services to Patient A. The circumstances are as follows:

48. The facts and allegations set forth in paragraphs 17 through 29 are incorporated herein by reference as if fully set forth.

49. The facts and allegations set forth in the Second Cause for Discipline are incorporated herein by reference as if fully set forth.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct: Dishonest Act)

50. Respondent Peter Alan Fields, M.D. is subject to disciplinary action under section 2234, subdivisions (a) and (e), and section 2261 of the Code, in that Respondent knowingly made a false representation regarding the existence or nonexistence of a state of facts. The circumstances are as follows:

51. The facts and allegations set forth in paragraphs 17 through 29 are incorporated herein by reference as if fully set forth.

52. Respondent provided Patient A with informational materials regarding Stem Cell Prolotherapy. The informational material states Respondent is a "Board Certified Medical Physician and Chiropractor." During Respondent's Interview, Respondent stated that he was not board certified. The representation on the informational materials that Respondent is a Board Certified Medical Physician is a knowingly false representation of Respondent's Board certification status.

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FIFTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct: Practicing Under a Fictitious Name Without a Permit)

53. Respondent Peter Alan Fields, M.D. is subject to disciplinary action under section 2234, subdivision (a), and section 2285 of the Code, in that Respondent is practicing under a fictitious name without a permit. The circumstances are as follows:

54. The facts and allegations set forth in paragraphs 17 through 29 are incorporated herein by reference as if fully set forth.

55. Per Respondent during his Interview, the fictitious name of Respondent's practice is OrthoRegen, and the registered name is Peter A. Fields, M.D., Inc. There is no record of Respondent having applied for or having been issued, a fictitious name permit to practice under the name OrthoRegen by the Division of Licensing of the Board.

SIXTH CAUSE FOR DISCIPLINE

(Failure to Comply with Statutes and Regulations for Prescribing and Dispensing Controlled Substances)

56. Respondent Peter Alan Fields, M.D. is subject to disciplinary action under section 2234, subdivision (a), section 2238, and section 3502.1 of the Code, and under California Code of Regulations, title 16, section 1399.545, subdivision (f), in that Respondent failed to comply with statutes and regulations for prescribing and dispensing controlled substances. The circumstances are as follows:

57. The facts and allegations set forth in paragraphs 17 through 29 are incorporated herein by reference as if fully set forth.

58. The facts and allegations set forth in paragraphs 44 through 46 are incorporated herein by reference as if fully set forth.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 80579, issued to Peter Alan Fields, M.D.;

2. Revoking, suspending or denying approval of Peter Alan Fields, M.D.'s authority to supervise PAs and advanced practice nurses;

3. Ordering Peter Alan Fields, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: OCT 27 2022

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

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