

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

In the Matter of the Accusation Against:

Daniel Pedro Lopez, M.D.

**Physician's & Surgeon's
Certificate No. G 62426**

Respondent.

Case No. 800-2021-075620

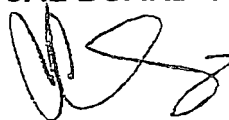
DECISION

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 6, 2024.

IT IS SO ORDERED: May 7, 2024.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 LATRICE R. HEMPHILL
Deputy Attorney General
4 State Bar No. 285973
300 So. Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 269-6198
6 Facsimile: (916) 731-2117
Attorneys for Complainant
7

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

12 In the Matter of the Accusation Against:

13 **DANIEL PEDRO LOPEZ, M.D.**
14 **625 34th Street, Suite 100**
Bakersfield, CA 93301-2307

15 **Physician's and Surgeon's Certificate**
16 **No. G 62426,**

17 Respondent.

Case No. 800-2021-075620

OAH No. 2023090278

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

18
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. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
23 California (Board). He brought this action solely in his official capacity and is represented in this
24 matter by Rob Bonta, Attorney General of the State of California, by Latrice R. Hemphill, Deputy
25 Attorney General.

26 2. Respondent Daniel Pedro Lopez, M.D. (Respondent) is represented in this proceeding
27 by attorney Albert J. Garcia, whose address is: 2001 Addison Street, Suite 300, Berkeley, CA
28 94704.

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

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

15 Respondent shall submit a certification of successful completion to the Board or its
16 designee not later than 15 calendar days after successfully completing the course, or not later than
17 15 calendar days after the effective date of the Decision, whichever is later.

18 2. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
19 ordered to reimburse the Board its costs of investigation and enforcement in the amount of
20 \$15,694.00 (fifteen thousand six hundred and ninety-four dollars). Costs shall be payable to the
21 Medical Board of California. Failure to pay such costs shall be considered a violation of
22 probation.

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

27 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
28 to repay investigation and enforcement costs.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Albert J. Garcia. 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: March 19, 2024 *Daniel P. Lopez, M.D.*
DANIEL PEDRO LOPEZ, M.D.
Respondent

I have read and fully discussed with Respondent Daniel Pedro Lopez, 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: March 19, 2024 *Albert Garcia*
ALBERT J. GARCIA
Attorney for Respondent

ENDORSEMENT

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

DATED: _____ Respectfully submitted,
ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

LATRICE R. HEMPHILL
Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Albert J. Garcia. 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: _____
DANIEL PEDRO LOPEZ, M.D.
Respondent

I have read and fully discussed with Respondent Daniel Pedro Lopez, 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: _____
ALBERT J. GARCIA
Attorney for Respondent

ENDORSEMENT

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

DATED: March 20, 2024

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



LATRICE R. HEMPHILL
Deputy Attorney General
Attorneys for Complainant

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

12 In the Matter of the Accusation Against:

Case No. 800-2021-075620

13 **DANIEL PEDRO LOPEZ, M.D.**
14 **625 34th Street, Suite 100**
Bakersfield, CA 93301

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. G 62426,**

17 Respondent.

18
19 **PARTIES**

20 1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as
21 the Executive Director of the Medical Board of California, Department of Consumer Affairs
22 (Board).

23 2. On or about March 7, 1988, the Medical Board issued Physician's and Surgeon's
24 Certificate Number G 62426 to Daniel Pedro Lopez, M.D. (Respondent). The Physician's and
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on September 30, 2023, unless renewed.

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1 **JURISDICTION**

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

5 4. Section 2227 of the Code states:

6 (a) A licensee whose matter has been heard by an administrative law judge of
7 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
8 Code, or whose default has been entered, and who is found guilty, or who has entered
9 into a stipulation for disciplinary action with the board, may, in accordance with the
10 provisions of this chapter:

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

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

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

16 (4) Be publicly reprimanded by the board. The public reprimand may include a
17 requirement that the licensee complete relevant educational courses approved by the
18 board.

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

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

27 5. Section 2234 of the Code, states:

28 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

1 appropriate for that negligent diagnosis of the patient shall constitute a single
negligent act.

2 (2) When the standard of care requires a change in the diagnosis, act, or
3 omission that constitutes the negligent act described in paragraph (1), including, but
4 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.

5 (d) Incompetence.

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

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

9 (g) The failure by a certificate holder, in the absence of good cause, to attend
10 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.

11 6. Section 2266 of the Code states: The failure of a physician and surgeon to maintain
12 adequate and accurate records relating to the provision of services to their patients constitutes
13 unprofessional conduct.

14 COST RECOVERY

15 7. Section 125.3 of the Code states:

16 (a) Except as otherwise provided by law, in any order issued in resolution of a
17 disciplinary proceeding before any board within the department or before the
18 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
19 violations of the licensing act to pay a sum not to exceed the reasonable costs of the
investigation and enforcement of the case.

20 (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.

21 (c) A certified copy of the actual costs, or a good faith estimate of costs where
22 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
23 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
24 limited to, charges imposed by the Attorney General.

25 (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
26 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
27 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
28 subdivision (a).

1 (e) If an order for recovery of costs is made and timely payment is not made as
2 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.

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

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

7 (2) Notwithstanding paragraph (1), the board may, in its discretion,
8 conditionally renew or reinstate for a maximum of one year the license of any
9 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.

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

12 (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.

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

15 DEFINITIONS

16 8. Practice Bulletins authored by the American College of Obstetricians and
17 Gynecologists (ACOG) are evidence-based documents that summarize current information on
18 techniques and clinical management issues for the practice of obstetrics and gynecology.

19 9. Category I fetal heart rate tracings are normal, which are not associated with fetal
20 asphyxia. These fetal heart rate patterns may be managed in a routine manner with either
21 continuous or intermittent monitoring.

22 10. Category II fetal heart rate tracings are indeterminate and include a wide variety of
23 possible tracings that do not fit in either Category I or Category III. Category II tracings include,
24 but are not limited to, minimal variability, marked variability, recurrent variable decelerations
25 with minimal or moderate baseline variability, and prolonged decelerations.

26 11. Trial of labor after cesarean (TOLAC) is a planned or attempted vaginal birth after
27 cesarean. A birth is officially considered a vaginal birth after cesarean (VBAC) once the TOLAC
28 results in vaginal delivery.

1 FACTUAL ALLEGATIONS

2 12. On or about September 27, 2017, Patient 1¹ presented to the labor and delivery unit at
3 Kaiser Permanente South Bay Medical Center. Patient 1 was one (1) centimeter (cm) dilated at
4 39 weeks gestation and complained of contractions. Patient 1 was admitted into the hospital due
5 to spontaneous rupture of membranes (SROM).² Patient 1's obstetric history included a prior
6 cesarean section and testing positive for Group B streptococcus.³ Despite the previous cesarean
7 section, Patient 1 consented to a trial of labor after caesarean.

8 13. Respondent was one of three obstetricians on call on September 27, 2017.
9 Respondent assumed care for Patient 1 around midnight on September 28, 2017. Respondent was
10 attending to at least one other patient during the night.

11 14. After a nurse was unable to get a readable fetal heart rate and noticed variability
12 changes in Patient 1's labor, Respondent was called to the delivery room. Patient 1's labor
13 progressed rapidly and by 3:25 a.m., Patient 1 reached nine (9) cm dilation. Around 3:30 a.m.,
14 Respondent placed a fetal scalp electrode⁴ on Patient 1's fetus. After which, Respondent returned
15 to another patient's room.

16 15. Around 4:30 a.m., Respondent was again called to Patient 1's room. Respondent
17 evaluated the fetal heart rate monitor and Patient 1 was found to have deep variable decelerations
18 of the fetal heart rate, and the fetal heart rate tracings were noted to be Category II.

19 16. Respondent questioned why the attending nurse failed to call another physician, since
20 he was back and forth with another patient. Respondent also questioned why the nurse failed to
21 give Patient 1 the necessary antibiotics to address her Group B streptococcus, before the delivery.

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23 _____
24 ¹ The patient is identified as "Patient 1" in this Accusation to protect her privacy.

25 ² The spontaneous rupture of membranes is when a woman leaks amniotic fluid before
26 labor begins. If the membranes rupture too soon, the fetus is at risk for premature birth or
27 infection.

28 ³ Group B streptococcus is a bacterium that is normally found in the intestines and genital
tract of some pregnant women. It is typically not harmful to the woman, but it can cause serious
infections to the baby, including infections of the blood, spinal fluid and lungs.

⁴ A fetal scalp electrode, also known as a fetal heart rate monitor, is a spiral wire that can
be placed on the scalp of the fetus to monitor their heart rate.

1 17. Respondent quickly examined Patient 1 and instructed her to begin pushing. Due to
2 the severe variable decelerations and maternal exhaustion, Respondent placed a vacuum on the
3 baby to expedite the delivery. The baby was born at 4:55 a.m. Respondent noted complications
4 associated with a tight nuchal cord.⁵

5 18. The baby's Apgar⁶ scores at one minute, five minutes, and 10 minutes after birth
6 were 3, 5, and 7, respectively. After a neurological exam and a diagnosis of metabolic acidosis,⁷
7 the baby was transferred to the neonatal intensive care unit at Kaiser Permanente Downey
8 Medical Center. The baby underwent further testing and was discharged on or about October 12,
9 2017, with a diagnosis of neonatal hypoxic ischemic encephalopathy⁸ and convulsions.

10 **FIRST CAUSE FOR DISCIPLINE**

11 **(Repeated Negligent Acts)**

12 19. Respondent is subject to disciplinary action under Code section 2234, subdivision (c)
13 in that he was repeatedly negligent in his care and treatment of Patient 1. The circumstances are
14 as follows:

15 20. Complainant hereby re-alleges the facts set forth in paragraphs 12 through 17, above,
16 as though fully set forth.

17 21. The ACOG Practice Bulletin No. 116 (2010), Management of Intrapartum Fetal Heart
18 Rate Tracings, provides that Category II tracings require evaluation, continued surveillance,
19 initiation of appropriate corrective measures when indicated, and reevaluation. Once identified,
20 these tracings may require more frequent evaluation, documentation, and continued surveillance,
21 unless they revert to Category I.

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23 _____
24 ⁵ A nuchal cord happens when a baby's umbilical cord becomes wrapped around their
25 neck in the womb. This can cause obstruction of blood flow and the fetus essentially experiences
26 respiratory distress, among other things.

27 ⁶ Apgar is a test performed on a baby immediately at birth to determine how well the baby
28 tolerated the birthing process. The provider examines the baby's breathing effort, heart rate,
muscle tone, reflexes, and skin color, assigning a score of 0-2 to each category, for a total
maximum score of 10.

⁷ Metabolic acidosis is a condition in which too much acid accumulates in the body.

⁸ Neonatal hypoxic-ischemic encephalopathy is a type of brain damage, which is caused
by a lack of oxygen to the brain before or shortly after birth.

