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

In the Matter of the Accusation Against: Nathan Daniel Ford, M.D. Physician's and Surgeon's Certificate No. A 122580 Respondent.	MBC File # 800-2020-067426

ORDER CORRECTING NUNC PRO TUNC
CLERICAL ERROR IN "CHAIRPERSON'S NAME" PORTION OF DECISION

On its own motion, the Medical Board of California (hereafter "Board") finds that there is a clerical error in the "chairperson's name" portion of the Decision in the above-entitled matter and that such clerical error should be corrected to indicate that Randy W. Hawkins, M.D. presided over this meeting.

IT IS HEREBY ORDERED that the chairperson's name "Laurie Rose Lubiano, J.D." contained on the Decision Order Page in the above-entitled matter be and hereby is amended and corrected nunc pro tunc as of the date of entry of the decision to read as "Randy W. Hawkins, M.D.".

Order Date: JUN 0 6 2024

Randy W. Hawkins, M.D., Vice Chair
Panel A

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

In the Matter of the Accusation Against: Nathan Daniel Ford, M.D. Physician's & Surgeon's Certificate No. A 122580 Respondent.	Case No. 800-2020-067426

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 28, 2024.

IT IS SO ORDERED: May 29, 2024.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
MARSHA E. BARR-FERNANDEZ
Deputy Attorney General
State Bar No. 200896
300 South Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6249
Facsimile: (916) 731-2117
Attorneys for Complainant

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

In the Matter of the Accusation Against: **NATHAN DANIEL FORD, M.D.** **435 N. Roxbury Dr., Suite 106** **Beverly Hills, CA 90210-5027** **Physician's and Surgeon's Certificate No. A 122580,** Respondent.	Case No. 800-2020-067426 OAH No. 2023100126 **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 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 Nathan Daniel Ford, M.D. (Respondent) is represented in this proceeding by attorney Derek O'Reilly-Jones, whose address is: 355 South Grand Avenue, Suite 1750, Los Angeles, CA 90071.

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3. On or about August 22, 2012, the Board issued Physician's and Surgeon's Certificate No. A 122580 to Nathan Daniel Ford, M.D. (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. 800-2020-067426, and will expire on May 31, 2024, unless renewed.

JURISDICTION

4. Accusation No. 800-2020-067426 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 May 15, 2023. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2020-067426 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. 800-2020-067426. 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 that the charges and allegations in Accusation No. 800-2020-067426, 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 terms as set forth in the Disciplinary Order below.

CONTINGENCY

12. 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.

13. 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.

14. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final, and exclusive embodiment of the agreements of the parties in the above-entitled matter.

15. 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:

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DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 122580 issued to Respondent NATHAN DANIEL FORD, M.D. shall be and is hereby publicly reprimanded pursuant to California Business and Professions Code, section 2227, subdivision (a)(4), with the following attendant terms and conditions:

A. PUBLIC REPRIMAND.

This Public Reprimand is issued in connection with Respondent's medical record keeping deficiencies as set forth in Accusation No. 800-2020-067426, is as follows:

> From approximately August 2017 to Augusto 2020, Respondent failed to maintain adequate and accurate medical records relating to the care and treatment of three patients by failing to consistently include sufficient detail in his documentation of patient encounters.

B. PRESCRIBING PRACTICES COURSE

Within 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.

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

Failure to participate in and successfully complete the prescribing practices course outlined above shall constitute unprofessional conduct and is grounds for further disciplinary action.

C. **MEDICAL RECORD KEEPING COURSE.**

IT IS FURTHER ORDERED that within 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 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

Failure to participate in and successfully complete the medical record-keeping course outlined above shall constitute unprofessional conduct and is grounds for further disciplinary action.

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D. 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 and investigation, in the amount of $53,618.70 (fifty-three thousand six hundred eighteen dollars and seventy cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall constitute unprofessional conduct and shall be grounds for further disciplinary action by the Board.

Payment must be made in full within 24 months of the effective date of the Order, pursuant to a payment plan approved by the Medical Board of California. Failure to comply with the payment plan shall constitute unprofessional conduct and shall be grounds for further disciplinary action by the Board.

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

E. FAILURE TO COMPLY WITH ORDER.

Failure to fully comply with any provision of this order shall constitute unprofessional conduct and shall be grounds for further disciplinary action by the Board. In such circumstances, the Complainant may reinstate Accusation No. 800-2020-067426 or file a supplemental accusation alleging any failure to comply with any provision of his order by Respondent as unprofessional conduct.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Derek O'Reilly-Jones. 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: 4/3/2024

NATHAN DANIEL FORD, M.D.
Respondent

I have read and fully discussed with Respondent Nathan Daniel Ford, 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: 04/03/2024

Derek O'Reilly-Jones
DEREK O'REILLY-JONES, 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: 04/03/2024

Respectfully submitted,

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

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

LA2023600770

EXHIBIT A

Accusation Case No. 800-2020-067426

ROB BONTA
Attorney General of California
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **NATHAN DANIEL FORD, M.D.** **435 North Roxbury Drive, Suite 106** **Beverly Hills, CA 90210** **Physician's and Surgeon's** **Certificate No. A 122580,** Respondent.	Case No. 800-2020-067426 **ACCUSATION**

Complainant alleges:

PARTIES

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

2. On or about August 22, 2012, the Board issued Physician's and Surgeon's Certificate Number A 122580 to Nathan Daniel Ford, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2024, unless renewed.

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 118, subdivision (b) of the Code provides:

The suspension, expiration, or forfeiture by operation of law of a license issued by a board in the department, or its suspension, forfeiture, or cancellation by order of the board or by order of a court of law, or its surrender without the written consent of the board, shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the license on any such ground.

5. Section 2004 of the Code states:

The Board shall have the responsibility for the following:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the Board.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the Board's jurisdiction.

(i) Administering the board's continuing medical education program.

6. Section 2220 of the Code states:

Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders, and the board shall have all the powers granted in this chapter for these purposes including, but not limited to:

(a) Investigating complaints from the public, from other licensees, from health care facilities, or from the board that a physician and surgeon may be guilty of unprofessional conduct. The board shall investigate the circumstances underlying a report received pursuant to Section 805 or 805.01 within 30 days to determine if an

interim suspension order or temporary restraining order should be issued. The board shall otherwise provide timely disposition of the reports received pursuant to Section 805 and Section 805.01.

(b) Investigating the circumstances of practice of any physician and surgeon where there have been any judgments, settlements, or arbitration awards requiring the physician and surgeon or his or her professional liability insurer to pay an amount in damages in excess of a cumulative total of thirty thousand dollars ($30,000) with respect to any claim that injury or damage was proximately caused by the physician's and surgeon's error, negligence, or omission.

(c) Investigating the nature and causes of injuries from cases which shall be reported of a high number of judgments, settlements, or arbitration awards against a physician and surgeon.

7. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

STATUTORY PROVISIONS

8. 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.

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 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.

11. Section 2242 of the Code states:

(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct. An appropriate prior examination does not require a synchronous interaction between the patient and the licensee and can be achieved through the use of telehealth, including, but not limited to, a self-screening tool or a questionnaire, provided that the licensee complies with the appropriate standard of care.

(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

(1) The licensee was a designated physician and surgeon or podiatrist serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of the patient's practitioner, but in any case no longer than 72 hours.

(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed vocational nurse in an inpatient facility, and if both of the following conditions exist:

(A) The practitioner had consulted with the registered nurse or licensed vocational nurse who had reviewed the patient's records.

(B) The practitioner was designated as the practitioner to serve in the absence of the patient's physician and surgeon or podiatrist, as the case may be.

(3) The licensee was a designated practitioner serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized the patient's records and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

(4) The licensee was acting in accordance with Section 120582 of the

.Health and Safety Code.

12. Section 741 of the Code states:

(a) Notwithstanding any other law, when prescribing an opioid or benzodiazepine medication to a patient, a prescriber shall do the following:

(1) Offer the patient a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression when one or more of the following conditions are present:

(A) The prescription dosage for the patient is 90 or more morphine milligram equivalents of an opioid medication per day.

(B) An opioid medication is prescribed within a year from the date a prescription for benzodiazepine has been dispensed to the patient.

(C) The patient presents with an increased risk for opioid overdose, including a patient with a history of opioid overdose, a patient with a history of opioid use disorder, or a patient at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant.

(2) Consistent with the existing standard of care, provide education to the patient on opioid overdose prevention and the use of naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression.

(3) Consistent with the existing standard of care, provide education on opioid overdose prevention and the use of naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression to one or more persons designated by the patient, or, for a patient who is a minor, to the minor's parent or guardian.

(b) A prescriber is not required to provide the education specified in paragraphs (2) or (3) of subdivision (a) if the patient receiving the prescription declines the education or has received the education within the past 24 months.

(c) This section does not apply to a prescriber under any of the following circumstances:

(1) When prescribing to an inmate or a youth under the jurisdiction of the Department of Corrections and Rehabilitation or the Division of Juvenile Justice within the Department of Corrections and Rehabilitation.

(2) When ordering medications to be administered to a patient while the patient is in either an inpatient or outpatient setting.

(3) When prescribing medications to a patient who is terminally ill, as defined in subdivision (c) of Section 11159.2 of the Health and Safety Code.

13. Health and Safety Code § 11153, subdivision (a) states:

A prescription for a controlled substance shall only be issued for a

legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. Except as authorized by this division, the following are not legal prescriptions: (1) an order purporting to be a prescription which is issued not in the usual course of professional treatment or in legitimate and authorized research; or (2) an order for an addict or habitual user of controlled substances, which is issued not in the course of professional treatment or as part of an authorized narcotic treatment program, for the purpose of providing the user with controlled substances, sufficient to keep him or her comfortable by maintaining customary use.

14. Health and Safety Code § 11165.4 states:

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

(ii) If a health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance is not required, pursuant to an exemption described in subdivision (c), to consult the CURES database the first time he or she prescribes, orders, administers, or furnishes a controlled substance to a patient, he or she shall consult the CURES database to review the patient's controlled substance history before subsequently prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient and at least once every four months thereafter if 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 his or her 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 obtain a patient's controlled substance history from the CURES database no earlier than 24 hours, or the previous business day, before he or she prescribes, orders, administers, or furnishes a Schedule II, Schedule III, or Schedule IV controlled substance to the patient.

(b) The duty to consult the CURES database, as described in subdivision (a), does not apply to veterinarians or pharmacists.

(c) The duty to consult the CURES database, as described in subdivision (a), does not apply to a health care practitioner in any of the following circumstances:

(1) If a health care practitioner prescribes, orders, or furnishes a controlled substance to be administered to a patient while the patient is admitted to any of the following facilities or during an emergency transfer between any of the following facilities for use while on facility premises:

(A) A licensed clinic, as described in Chapter 1 (commencing with Section 1200) of Division 2.

(B) An outpatient setting, as described in Chapter 1.3 (commencing with Section 1248) of Division 2.

(C) A health facility, as described in Chapter 2 (commencing with Section 1250) of Division 2.

(D) A county medical facility, as described in Chapter 2.5 (commencing with Section 1440) of Division 2.

(2) If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance in the emergency department of a general acute care hospital and the quantity of the controlled substance does not exceed a nonrefillable seven-day supply of the controlled substance to be used in accordance with the directions for use.

(3) If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient as part of the patient's treatment for a surgical procedure and the quantity of the controlled substance does not exceed a nonrefillable five-day supply of the controlled substance to be used in accordance with the directions for use, in any of the following facilities:

(A) A licensed clinic, as described in Chapter 1 (commencing with Section 1200) of Division 2.

(B) An outpatient setting, as described in Chapter 1.3 (commencing with Section 1248) of Division 2.

(C) A health facility, as described in Chapter 2 (commencing with Section 1250) of Division 2.

(D) A county medical facility, as described in Chapter 2.5 (commencing with Section 1440) of Division 2.

(E) A place of practice, as defined in Section 1658 of the Business and Professions Code.

(4) If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient currently receiving hospice care, as defined in Section 1339.40.

(5) (A) If all of the following circumstances are satisfied:

(i) It is not reasonably possible for a health care practitioner to access the information in the CURES database in a timely manner.

(ii) Another health care practitioner or designee authorized to access the CURES database is not reasonably available.

(iii) The quantity of controlled substance prescribed, ordered, administered, or furnished does not exceed a nonrefillable five-day supply of the controlled substance to be used in accordance with the directions for use and no refill of the controlled substance is allowed.

(B) A health care practitioner who does not consult the CURES database under subparagraph (A) shall document the reason he or she did not consult the database in the patient's medical record.

(6) If the CURES database is not operational, as determined by the department, or when it cannot be accessed by a health care practitioner because of a temporary technological or electrical failure. A health care practitioner shall, without undue delay, seek to correct any cause of the temporary technological or electrical failure that is reasonably within his or her control.

(7) If the CURES database cannot be accessed because of technological limitations that are not reasonably within the control of a health care practitioner.

(8) If consultation of the CURES database would, as determined by the health care practitioner, result in a patient's inability to obtain a prescription in a timely manner and thereby adversely impact the patient's medical condition, provided that the quantity of the controlled substance does not exceed a nonrefillable five-day supply if the controlled substance were used in accordance with the directions for use.

(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.

(2) This section does not create a private cause of action against a health care practitioner. This section does not limit a health care practitioner's liability for the negligent failure to diagnose or treat a patient.

(e) This section is not operative until six months after the Department of Justice certifies that the CURES database is ready for statewide use and that the department has adequate staff, which, at a minimum, shall be consistent with the appropriation authorized in Schedule (6) of Item 0820-001-0001 of the Budget Act of 2016 (Chapter 23 of the Statutes of 2016), user support, and education. The department shall notify the Secretary of State and the office of the Legislative Counsel of the date of that certification.

(f) All applicable state and federal privacy laws govern the duties required by this section.

(g) The provisions of this section are severable. If any provision of this section or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

(h) This section shall become inoperative on July 1, 2021, or upon the date the department promulgates regulations to implement this section and posts those regulations on its internet website, whichever date is earlier, and, as of January 1, 2022, is repealed.

COST RECOVERY

15. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to 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, with failure of the licensee to comply subjecting the license to not being

renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

DEFINITIONS

16. As used herein, the terms below will have the following meanings:

"Acetaminophen" is a widely used over-the-counter analgesic (pain reliever) and antipyretic (fever reducer). It is also known as paracetamol, or APAP. It is typically used for mild to moderate pain relief, such as relief of headaches. It is a major ingredient in numerous cold and flu remedies. In combination with opioid analgesics, paracetamol can also be used in the management of more severe pain such as post-surgical pain and providing palliative care in advanced cancer patients. Acute overdoses of paracetamol can cause potentially fatal liver damage and, in rare individuals, a normal dose can do the same; the risk is heightened by alcohol consumption. It is sold in varying forms, including under the brand name Tylenol®.

"Adderall®" is a brand name for a combination medication used to treat attention deficit hyperactivity disorder (ADHD) which contains mixed amphetamine salts, including four salts of amphetamine. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11055(d), and a dangerous drug as defined in Code section 4022.

"Alprazolam" is a benzodiazepine drug used to treat anxiety disorders, panic disorders, and anxiety caused by depression. Alprazolam has a central nervous system depressant effect and patients should be cautioned about the simultaneous ingestions of alcohol and other central nervous system depressant drugs during treatment with it. Addiction prone individuals should be under careful surveillance when receiving alprazolam because of the predisposition of such patients to habituation and dependence. The usual starting dose of alprazolam is 0.25 mg to 0.5 mg, three times per day (for a maximum 1.5 mg per day). It is also sold under various brand names including, Intensol®, Xanax®, and Xanax XR®. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057(d)(1), and a dangerous drug as defined in Code section 4022. It is also a Schedule IV controlled substance as defined by the Code of Federal Regulations Title 21, section 1308.14 (c).

"Ambien®" is a brand name for zolpidem, which is a sedative drug primarily used to treat insomnia. It has a short half-life. Its hypnotic effects are similar to those of the benzodiazepine class of drugs. It is sold under the brand names Ambien® and Intermezzo®. It is a Schedule IV controlled substance and narcotic as defined by Health and Safety Code section 11057, subdivision (d)(32) and a dangerous drug pursuant to Code section 4022.

"Amphetamine" is a strong central nervous system stimulant that is used in the treatment of attention deficit hyperactivity disorder, narcolepsy, and obesity. It is also commonly used as a recreational drug. It is a dangerous drug as defined in Code section 4022. It is a Schedule II controlled substance, as designated by Health and Safety Code section 11055, subdivision (d)(1).

"Benzodiazepines" are a class of drugs that produce central nervous system (CNS) depression. They are used therapeutically to produce sedation, induce sleep, relieve anxiety and muscle spasms, and to prevent seizures. In general, benzodiazepines act as hypnotics in high doses, anxiolytics in moderate doses, and

sedatives in low doses, and are used for a limited time period. Benzodiazepines are commonly misused and taken in combination with other drugs of abuse. Commonly prescribed benzodiazepines include alprazolam (Xanax®), lorazepam (Ativan®), clonazepam (Klonopin®), diazepam (Valium®), and temazepam (Restoril®). Risks associated with use of benzodiazepines include: 1) tolerance and dependence, 2) potential interactions with alcohol and pain medications, and 3) possible impairment of driving. Benzodiazepines can cause dangerous deep unconsciousness. When combined with other CNS depressants such as alcoholic drinks and opioids, the potential for toxicity and fatal overdose increases. Before initiating a course of treatment, patients should be explicitly advised about the following: the goal and duration of benzodiazepine use; its risks and side effects, including risk of dependence and respiratory depression; and alternative treatment options.

"Bupropion" is an antidepressant medication used to treat major depression and to assist with smoking cessation. It is also sold under various brand names including, Wellbutrin®, Zyban®, Voxra® and Budeprion®, among others. It is a dangerous drug as defined in Code section 4022.

"Carisoprodol" is a muscle-relaxant and sedative. It is sold under the brand name "Soma®." It is a Schedule IV controlled substance pursuant to the federal Controlled Substances Act, and a dangerous drug pursuant to Code section 4022.

"Clonazepam" is a benzodiazepine-based sedative. It is generally used to control seizures and panic disorder. It is sold under the brand name Klonopin®. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d)(7), and a dangerous drug as defined in Code section 4022.

"Controlled substance agreement" or pain management agreement is agreement which outlines the joint responsibilities of the physician and patient and should include: the doctor's policies and expectations regarding the number and frequency of refills of prescriptions and replacement of lost or stolen medications; specific reasons why drug therapy may be changed or discontinued; the patient's responsibility for safe use; and the patient's agreement to share information with family or close contacts about addressing overdose, to only obtain drugs from the contracting doctor, and to undergo drug testing.

"CURES" means the Department of Justice, Bureau of Narcotics Enforcement's California Utilization, Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, III, IV and V controlled substances dispensed to patients in California pursuant to Health and Safety Code section 11165. The CURES database captures data from controlled substance prescriptions filled as submitted by pharmacies, hospitals, and dispensing physicians. Law enforcement and regulatory agencies use the data to assist in their efforts to control the diversion and resultant abuse of controlled substances. Prescribers and pharmacists may request a patient's history of controlled substances dispensed in accordance with guidelines developed by the Department of Justice.

"Diazepam" is a psychotropic drug used for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It can produce psychological and physical dependence and should be prescribed with caution particularly to addiction-prone individuals (such as drug addicts and alcoholics) because of the predisposition of such patients to habituation and dependence. It is sold under the brand name Valium®. It is a Schedule IV controlled substance as designated by Health and Safety Code section 11057(d)(1), and is a dangerous drug as designated in Health and Safety Code section 4022.

"Hydrocodone" is a semisynthetic opioid analgesic similar to but more potent than codeine. It is used as the bitartrate salt or polistirex complex, and as an oral analgesic and antitussive. It is marketed, in its varying forms, under a number of brand names, including Vicodin®, Hycodan® (or generically Hydromet®), Lorcet®, Lortab®, Norco®, and Hydrokon®, among others). Hydrocodone also has a high potential for abuse. Hydrocodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(I), and a dangerous drug pursuant to Code section 4022.

"Including" means, including, without limitation.

"Ketamine" is a medication primarily used for induction and maintenance of anesthesia. It induces dissociative anesthesia, a trance-like state providing pain relief, sedation, and amnesia. It is abused for its hallucinogenic properties and produces effects that are similar to PCP (phencyclidine). It is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (g), and a dangerous drug pursuant to Code section 4022.

"MME" means morphine milligram equivalents, which is an opioid dosage's equivalency to morphine. The MME/day metric is often used as a gauge of the overdose potential of the amount of opioid that is being given at a particular time. Calculating the total daily dosage of opioids helps identify patients who may benefit from closer monitoring, reduction or tapering of opioids, prescribing of naloxone, or other measures to reduce risk of overdose. In the *Guidelines for Prescribing Controlled Substances For Pain,* November 2014 (p. 14) the Board recommended caution (yellow flag warning) once the morphine equivalent dose reaches 80 mg per day. In 2016, the American Society of Addiction Medicine (ASAM) in their *Public Policy Statement on Morphine Equivalent Units/ Morphine Milligram Equivalents* stated, that clinicians "should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to over 50 MME per day, and should avoid increasing dosage to greater than 90 MME per day or carefully justify a decision to titrate dosage to greater than 90 MME per day." (ASAM. 2016. p. 1). www.asam.org. Additionally, Centers for Disease Control and Prevention (CDC) guidelines of 2016, indicate that a dose greater than 50 MME places the patient at higher risk of negative outcomes. In 2017, the Veteran's Administration guidelines state greater than 20 MME can lead to negative outcomes.

"Modafinil" is a medication used to treat narcolepsy, sleep apnea, and shift work sleep disorder (sleepiness during scheduled waking hours and difficulty falling asleep or staying asleep during scheduled sleeping hours in people who work at night or on rotating shifts). It is sold under the brand name Provigil®. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (f)(3), and a dangerous drug pursuant to Code section 4022.

"Morphine" is an analgesic and narcotic drug obtained from opium and used medicinally to relieve moderate to severe pain. It can produce drug dependence and has a potential for being abused. Tolerance and psychological and physical dependence may develop upon repeated administration. Abrupt cessation or a sudden reduction in dose after prolonged use may result in withdrawal symptoms. After prolonged exposure to morphine, if withdrawal is necessary, it must be undertaken gradually. It is sold in its various forms under the brand names Kadian®, Morphabond®, MS Contin®, Oramorph SR®, and Roxanol® among others. It is a Schedule II controlled substance as designated by Health and Safety Code section 11055, subdivision (b)(1)(L), and a dangerous drug as designated in Health and Safety Code section 4022.

"Norco®" is a brand name for a combination medication that contains oxycodone and acetaminophen. This combination of hydrocodone and acetaminophen is used to relieve pain severe enough to require opioid treatment and when other pain medicines did not work well enough or cannot be tolerated. Other brand names for this combination of drugs include Hycet®, Lorcet®, Lortab®, Maxidone®, Vicodin®, Zamicet® and Zydone®.

"Oxycodone" is an opioid analgesic medication that has a high potential for abuse. Oxycodone is commonly prescribed for moderate to severe chronic pain. It is sold in its various forms under several brand names, including OxyContin® (a time-release formula) and Roxicodone®. Oxycodone is also available in combination with other drugs and sold under brand names including acetaminophen (Endocet®, Percocet®, Roxicet®, and Tylox® among others); aspirin (Endodan®, Percodan® and Roxiprin® among others); and ibuprofen (Combunox®). It is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(M), and a dangerous drug as defined in Code section 4022.

"Percocet®" is a brand name for a combination medication that contains oxycodone and acetaminophen that is used to help relieve moderate to severe pain.

"SOAP" is an acronym for Subjective, Objective, Assessment and Plan, which is a method of organizing medical records commonly used by healthcare providers. Each component is defined below:

> Subjective. This section documents the patient's "subjective" experiences and information. It includes the chief complaint (CC) or presenting problem and history of present illness reported by the patient. It may include symptoms, conditions, previous diagnoses or other statements that describes why the patient is presenting. Helpful information also includes onset, location, duration, characterization, alleviating and aggravating factors and severity of the CC. Relevant history (medical, surgical, family, social, medications, etc.) of the patient should also be discussed. A review of systems (inventory of body systems, i.e., questions arranged by organ system, designed to uncover dysfunction and disease) should be included.
>
> Objective. This section documents the objective data from the patient visit. This includes: vital signs; physical exam findings; laboratory, imaging, or other diagnostic data; and review of records by other clinicians.
>
> Assessment. This section documents the synthesis of "subjective" and "objective" evidence to arrive at a diagnosis. A differential diagnosis may list different possible diagnoses, from most to least likely, and include the practitioner's rationale.
>
> Plan. This section includes the plan for how the doctor will treat the patient's illness after taking into account all subjective and objective information.

"Testosterone" is the primary sex hormone and anabolic steroid in males. In humans, testosterone plays a key role in the development of male reproductive tissues such as testes and prostate, as well as promoting secondary sexual characteristics such as increased muscle and bone mass, and the growth of body hair. It is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (f)(30), and a dangerous drug as defined in Code section 4022.

"Tramadol" is a synthetic pain medication used to treat moderate to moderately severe pain. The extended-release or long-acting tablets are used for chronic ongoing pain. It is a centrally-acting opioid agonist and SNRI (serotonin/norepinephrine reuptake inhibitor). Tramadol is sold under various brand names, including Ultram® and ConZip®. It is a Schedule IV controlled substance pursuant to the federal Controlled Substances Act, and a dangerous drug pursuant to Code section 4022.

"Vicodin®" is a brand name for a combinations drug, namely, hydrocodone/paracetamol, also known as hydrocodone/acetaminophen or hydrocodone/APAP.

"Xanax®" is a brand name for alprazolam.

"Zolpidem" is a sedative drug primarily used to treat insomnia. It has a short half-life. Its hypnotic effects are similar to those of the benzodiazepine class of drugs. It is sold under the brand names Ambien® and Intermezzo®. It is a Schedule IV controlled substance and narcotic as defined by Health and Safety Code section 11057, subdivision (d)(32) and a dangerous drug pursuant to Code section 4022.

FACTUAL ALLEGATIONS

17. On or about January 28, 2022, investigators with the Department of Consumer Affairs, Division of Investigation, Health Quality Investigation Unit (HQIU) conducted a field visit to Respondent's address of record, La Peer Hotel at 627 N. La Peer Dr., Suite 436, West Hollywood, CA 90069. Once there, an HQIU investigator spoke to an employee at the front desk of the hotel and asked her if Respondent was located in Room 436. The hotel employee told the investigator that Respondent rented that room on a monthly basis. Later, an HQIU investigator spoke to Respondent who stated that he practiced medicine out of the hotel.

Patient A[1]

18. Respondent saw and treated Patient A (male) for several years (multiple times a year), including from on or about May 26, 2017, including August 23, 2017 (when Patient A was age 49) through at least on or about July 29, 2020. During that time period, Respondent continuously treated the patient for complaints that included bilateral knee pain, neck pain, low back pain and multiple other joints pains. Patient A was involved in a motor vehicle accident in or around May 2017. He had also reported numerous falls while seeing Respondent. The patient's mental health diagnoses included anxiety, an adjustment disorder, depressed mood, and attention deficit

[1] The patients are designated by letters to address privacy concerns. The identities of the patients are known to Respondent.

hyperactivity disorder (ADHD). Respondent also diagnosed the patient with chronic fatigue, a sleep disorder, hypogonadism, vitamin D disorder, low testosterone, and excess estrogen. During his treatment of Patient A, Respondent prescribed controlled substances to the patient, including hydrocodone (Norco 10/325), oxycodone (Percocet 10/325), alprazolam, diazepam, carisoprodol, ketamine, zolpidem, and testosterone. During the time Respondent treated Patient A, the patient's MMEs ranged from 40 mg per day up to 70 mg per day.[2]

19. During the time he treated Patient A, Respondent prescribed controlled substances, including opioids, stimulants, and benzodiazepines to the patient (who was at risk of misuse and or abuse due to his age and the combination of controlled medications), and negligently failed to enter into a controlled substances agreement with the patient. Respondent also negligently failed to timely offer or consider an opioid reversal drug, such as naloxone (until on or about December 3, 2020) despite prescribing a benzodiazepine contemporaneously with an opioid medication. During the years of 2019 and 2020, Respondent had prescribed an opioid medication to Patient A within a year from the date a prescription for benzodiazepine had been dispensed to the patient. However, Respondent negligently failed to consider or recommend a reversal of opioid-induced respiratory depression medication (e.g. naloxone), to the patient, including on or about each of the following dates: January 9, 2019 (hydrocodone and alprazolam); January 20, 2019 (oxycodone); February 8, 2019 (hydrocodone); February 22, 2019 (oxycodone); March 7, 2019 (hydrocodone and alprazolam); April 4, 2019 (hydrocodone); May 2, 2019 (hydrocodone and alprazolam); May 30, 2019 (hydrocodone); June 18, 2019 (oxycodone); June 27, 2019 (alprazolam and hydrocodone); July 22, 2019 (oxycodone); July 25, 2019 (hydrocodone); August 23, 2019 (alprazolam and hydrocodone); September 9, 2019 (oxycodone); September 20, 2019 (hydrocodone and diazepam); November 6, 2019 (oxycodone); November 23, 2019 (hydrocodone and diazepam); November 26, 2019 (oxycodone); December 9, 2019 (oxycodone); December 16, 2019 (oxycodone); December 19, 2019 (hydrocodone); January 8, 2020 (oxycodone); January 16, 2020 (hydrocodone); February 7, 2020 (oxycodone); February 14, 2020 (hydrocodone); March 5, 2020 (oxycodone); March 13, 2020 (diazepam); March 13, 2020

[2] Hydrocodone 40 mg per day + oxycodone 20 mg per day equals total daily of 70 MME.

(hydrocodone); April 10, 2020 (hydrocodone); April 20, 2020 (oxycodone); April 24, 2020 (hydrocodone); May 7, 2020 (hydrocodone); May 21, 2020 (hydrocodone); June 5, 2020 (diazepam); June 5, 2020 (hydrocodone); June 18, 2020 (hydrocodone); July 1, 2020 (hydrocodone); July 15, 2020 (diazepam); July 15, 2020 (hydrocodone); July 29, 2020 (oxycodone); August 12, 2020 (oxycodone); August 26, 2020 (diazepam); September 9, 2020 (oxycodone); September 24, 2020 (oxycodone); October 7, 2020 (diazepam); October 7, 2020 (oxycodone); October 21, 2020 (hydrocodone); and November 11, 2020 (diazepam).

Patient B

20. Respondent saw and treated Patient B (male) for several years, including from on or about August 8, 2017 (when Patient B was age 42) through at least on or about November 5, 2020. During that time period, Respondent continuously prescribed controlled substances to Patient B. Patient B's complaints included chronic neck, low back, knee, and shoulder pain. He was also diagnosed with a sleep disorder, sleep apnea, anxiety, ADHD, hypogonadism, vitamin D deficiency, estrogen excess, and hypothyroidism. Patient B was prescribed medical foods (Trepadone, Percura, Sentra PM, and Thyrotain), NSAIDs (naproxen), topical lidocaine, omeprazole, bupropion, liothyronine and anastrazole. Patient B was also prescribed multiple controlled substances, including hydrocodone, Adderall®, alprazolam, ketamine, and testosterone. During the time Respondent treated Patient B, his MME was approximately 30 mg per day. The patient underwent platelet rich plasma injections, laser therapy, electroacupuncture, muscle stimulation, chiropractic care, and physical therapy.

21. During the years 2019 and 2020, Respondent prescribed an opioid medication to Patient B within a year from the date a prescription for benzodiazepine had been dispensed to the patient. However, Respondent negligently failed to consider or recommend a reversal of opioid-induced respiratory depression medication to the patient (e.g. naloxone), including on or about each of the following dates: January 3, 2019 (hydrocodone and alprazolam); January 30, 2019 (alprazolam and hydrocodone); March 1, 2019 (hydrocodone and alprazolam); April 10, 2019 (hydrocodone and alprazolam); May 16, 2019 (alprazolam and hydrocodone); June 16, 2019 (alprazolam and hydrocodone); July 10, 2019 (alprazolam); July 15, 2019 (hydrocodone); August

15, 2019 (alprazolam and hydrocodone); September 16, 2019 (alprazolam and hydrocodone); October 22, 2019 (alprazolam and hydrocodone); November 22, 2019 (alprazolam and hydrocodone); December 19, 2019 (alprazolam and hydrocodone); January 22, 2020 (alprazolam and hydrocodone); February 28, 2020 (alprazolam and hydrocodone); March 27, 2020 (alprazolam and hydrocodone); April 27, 2020 (alprazolam and hydrocodone); May 28, 2020 (alprazolam and hydrocodone); July 1, 2020 (alprazolam and hydrocodone); July 30, 2020 (alprazolam and hydrocodone); August 28, 2020 (alprazolam and hydrocodone); October 1, 2020 (hydrocodone); and November 5, 2010 (hydrocodone). An opioid agreement (referred to in the records as a Narcotic Medication Consent Form) was signed on October 1, 2020.

22. A urine drug screen was performed on October 1, 2020. On or about November 5, 2020, Respondent saw Patient B and documented that he called the patient on or about November 4, 2020 to discuss the aberrant results, including a discussion about Patient B's denial of cocaine use (but his admission that he was at a birthday party where he saw other people using cocaine) and the patient's allegation that he ran out of alprazolam and hydrocodone because he had to take "the meds every 6 hours since he had a pain flare due to a job," and that he was "shorted by 5 tabs at Walgreens." However, a copy of the actual lab results was not included in Respondent's medical chart for Patient B. At this same visit, there is a statement that a urine drug screen from a sample taken on or about August 28, 2020 was also reviewed. However, neither the results of that test, nor any prior discussion about this test, were documented in Respondent's chart for Patient B. Although there was a recommendation to do a urine drug test again in two weeks, clinical records for this follow up appointment and testing were not found in Respondent's chart. Nevertheless, thereafter Respondent negligently continued to refill Patient B's prescriptions for controlled substances, including hydrocodone, amphetamine and alprazolam.

Patient C

23. Respondent saw and treated Patient C (male) for several years, including from on or about May 31, 2017, including on or about August 16, 2017 (when Patient C's age was 43), through on or about June 11, 2021. During that time period, Respondent continuously prescribed controlled substances to Patient C. During the time Respondent treated the patient, Patient C had

complaints about pain, including low back pain, shoulder pain and muscle spasms. Although Respondent treated the patient in or around 2020 and 2021, there are no clinical chart notes in Respondent's medical records for Patient C that reflect that adequate evaluations, assessments and plans took place, including SOAP notes. The patient also suffered from hypogonadism, hypothyroidism, vitamin D deficiency, fatigue, anxiety, depression, sleep disorder and ADHD. Patient C's prescribed medications included multiple medical foods (Theramine, Trepadone, GABADone), bupropion, esomeprazole, lidocaine, cyclobenzaprine, and naproxen. Patient C's prescribed controlled substance medications included hydrocodone (Norco 10/325), oxycodone (Percocet 10/325), tramadol, alprazolam, diazepam, amphetamine (Adderall, Vyvanse), modafinil, amphetamines, and testosterone.

24. During the years 2019 and 2020, Respondent prescribed an opioid medication to Patient C within a year from the date a prescription for benzodiazepine had been dispensed to the patient. However, Respondent negligently failed to consider or recommend a reversal of opioid-induced respiratory depression medication to the patient (e.g., naloxone), including on or about the following dates: February 7, 2019 (alprazolam); April 16, 2019 (hydrocodone and acetaminophen); May 14, 2019 (acetaminophen and hydrocodone); June 24, 2019 (tramadol, diazepam, oxycodone and acetaminophen); July 3, 2019 (tramadol); July 11, 2019 (alprazolam); August 6, 2019 (hydrocodone and acetaminophen); August 27, 2019 (alprazolam); September 10, 2019 (acetaminophen and hydrocodone); September 27, 2019 (alprazolam); December 11, 2019 (hydrocodone, acetaminophen, and alprazolam); February 20, 2020 (hydrocodone and acetaminophen); March 26, 2020 (oxycodone and acetaminophen); April 30, 2020 (oxycodone and acetaminophen); May 21, 2020 (alprazolam); June 13, 2020 (alprazolam, oxycodone and acetaminophen); and July 30, 2020 (hydrocodone and acetaminophen).

25. The standard of care requires that physicians maintain adequate and accurate medical records in connection with the care and treatment of their patients. Medical record keeping of patient encounters with doctors should include SOAP notes. With respect to doctors who are treating patients with opioids for chronic, non-cancer pain, during the time when Respondent treated Patient C, adequate medical records for such patient care should include documentation

of: the patient's medical history; results of the physical examination and laboratory testing ordered by the physician; patient consent; a pain management agreement; a risk assessment, including results of any screening instruments used; description of treatment provided, including all medications prescribed or administered (including the date, type, dose and quantity); discussion of risks and benefits with the patient or any significant others; results of ongoing monitoring of a patient's progress (or lack of progress) in terms of pain management and functional improvement; notes on evaluations by, and consultation with, specialist(s); any other information used to support the initiation, continuation, revision, or termination of treatment as well as the steps taken in response to any aberrant medication use behaviors (these may include actual copies of, or references to, medical records of past hospitalizations or treatments by other providers); authorization for release of information to other treatment providers as appropriate and/or legally required; results of CURES/PDMP data searches. The medical record should also include all prescription orders for opioid analgesics and other controlled substances, whether written, by telephone or electronic. In addition, written instructions for the proper use of all medications should be given to the patient and documented in the record. The name, telephone number, and address of the patient's pharmacy should also be recorded. The medical records should be up-to-date and maintained in an accessible manner so that they can be readily available for review.

26. Respondent failed to adequately document his patient encounters in or around 2020 and 2021 (i.e., there are records that show that the patient saw Respondent, but there are no clinic notes from these visits which provide a full clinical examination, assessment, and plan), including on or about the following dates when he prescribed controlled substances: February 6, 2020 (Adderall®, Norco®, and Xanax®), March 26, 2020 (Adderall® and Percocet®), April 30, 2020 (Adderall® and Percocet®), May 14, 2020 (Xanax®), May 21, 2020 (alprazolam), June 4, 2020 (Adderall® and Percocet®), June 25, 2020 (testosterone injection), July 8, 2020 (Adderall® and Norco®), January 14, 2021 (Adderall® and Percocet®), January 19, 2021 (Nexium and Wellbutrin®), February 10, 2021 (Percocet®), February 26, 2021, (Adderall®) April 7, 2021 (Norco®, Adderall®, and Xanax®), June 10, 2021 (Wellbutrin®), and July 8, 2021

(Wellbutrin®).

Patient D

27. Respondent saw and treated Patient D (male) for several years, including from on or about December 26, 2016, including on or about August 24, 2017, (when Patient D's age was 36), through on or about July 24, 2020. During that time period, Respondent continuously prescribed controlled substances to Patient D. During the time Respondent treated the patient, Patient D had a diagnosis of ADHD, low testosterone, hypogonadism, obesity, and hypertension. Respondent's medical records for this patient are very limited and primarily consist of copies of prescriptions, "Doctor Orders", and lab work. Respondent's medical records for Patient D indicate that he prescribed the following drugs to the patient: amphetamines (Schedule II), testosterone (Schedule III), modafinil (Schedule IV), human chorionic gonadotrophin (HCG), insulin, thyroid medication, Ipamorelin, Oxycontin®, bupropion, and metformin. There are several dates that intravenous medications were administered as well.

Patient E

28. Respondent saw and treated Patient E (female) for several years, including from in or around January 2017 (when Patient E's age was 33) through July 2020. Respondent prescribed testosterone, somatropin, DHEA, insulin, and thyroid medication to Patient E. CURES data indicates that on or about October 9, 2019, Patient E filled a prescription for hydrocodone (10/325, 14 tablets) written for her by Respondent. The next day, on or about October 10, 2019 another prescription for hydrocodone, to dispense 28 tablets, was written by a second provider and was filled by Patient E.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

29. Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code in that Respondent engaged in repeated negligent acts in the care and treatment of Patients A, B, C, D, and E. The circumstances are as follows:

30. Paragraphs 15 through 28, inclusive, are incorporated herein by reference as if fully set forth.

Patient A

31. In or around the year of 2017 and thereafter, Respondent committed the following acts of negligence (individually and/or collectively) in connection with his care and treatment of Patient A:

Pain Management Agreement

A. Respondent failed to enter into and/or amend or revise, a controlled substance agreement with Patient A despite his ongoing use of controlled substances (including opioids, stimulants, and benzodiazepines). The patient was at risk of misuse and or abuse.

Opioid Reversal Medication

B. Respondent failed to consider or recommend to Patient A, a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression, despite the fact that an opioid medication was prescribed within a year from the date a prescription for benzodiazepine had been dispensed to the patient. During the time Respondent treated Patient A, he failed to timely offer or consider an opioid reversal drug, such as naloxone despite prescribing a benzodiazepine contemporaneously with an opioid medication.

Patient B

32. In or around the year of 2017 and thereafter, Respondent committed the following acts of negligence (individually and/or collectively) in connection with his care and treatment of Patient B:

Opioid Reversal Medication

A. Respondent failed to consider or recommend to Patient B, a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression, despite the fact that an opioid medication was prescribed within a year from the date a prescription for benzodiazepine had been dispensed to the patient.

Compliance Monitoring and Controlled Substance Refills

B. Respondent refilled Patient B's prescriptions for hydrocodone, amphetamine,

and alprazolam after the patient submitted to a urine toxicology drug screening test on or about October 1, 2020, despite the fact the circumstances surrounding Patient B's recent drug toxicology tests, including that Respondent discussed the results of that drug screen test with the patient on or about November 5, 2020, about the patient's allegation of running out of alprazolam and hydrocodone (including allegedly partially due to Walgreen "shorting" him 5 pills) and cocaine use.

Patient C

33. In or around the year of 2017 and thereafter, Respondent committed the following acts of negligence (individually and/or collectively) in connection with his care and treatment of Patient C:

Opioid Reversal Medication

A. Respondent failed to consider or recommend to Patient C, a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression, despite the fact that an opioid medication was prescribed within a year from the date a prescription for benzodiazepine had been dispensed to the patient.

Medical Record Keeping

B. Respondent failed to adequately document each of his patient encounters with Patient C in or around 2020 through 2021 (i.e., there are records that show that the patient saw Respondent, but there are no clinic notes from these visits which provide a full clinical examination, assessment, and plan), including on or about the following dates (when the following drugs were prescribed): February 6, 2020 (Adderall®, Norco®, and Xanax®), March 26, 2020 (Adderall® and Percocet®), April 30, 2020 (Adderall® and Percocet®), May 14, 2020 (Xanax®), May 21, 2020 (alprazolam), June 4, 2020 (Adderall® and Percocet®), June 25, 2020 (testosterone injection), July 8, 2020 (Adderall® and Norco®), January 14, 2021 (Adderall® and Percocet®), January 19, 2021 (Nexium and Wellbutrin®), February 10, 2021 (Percocet®), February 26, 2021 (Adderall®), April 7, 2021 (Norco®, Adderall®, and Xanax®), June 10, 2021 (Wellbutrin®), and July 8, 2021 (Wellbutrin®).

Patient D

34. In or around the year of 2016 and thereafter, Respondent committed the following acts of negligence (individually and/or collectively) in connection with his care and treatment of Patient D:

Controlled Substance Prescribing

A. Respondent prescribed controlled substances to Patient D while the patient was residing outside of California, including: June 12, 2018 (testosterone, HCG, and ipamorelin (a growth hormone)); June 29, 2018 (testosterone, HCG, and ipamorelin); July 12, 2018 (testosterone, HCG, and ipamorelin); July 24, 2018 (testosterone, HCG, and ipamorelin); August 20, 2018 (testosterone, HCG, and ipamorelin); September 12, 2018 (ipamorelin, HCG, and testosterone); October 11, 2018 (HCG and testosterone); November 2, 2018 (ipamorelin, HCG, and testosterone); November 26, 2018 (ipamorelin, HCG, and testosterone); December 27, 2018 (ipamorelin, HCG, and testosterone); February 25, 2019 (HCG and testosterone); April 1, 2019 (HCG, ipamorelin, and testosterone); and April 30, 2019 (HCG, ipamorelin, and testosterone). Patient D received prescriptions for these dangerous drugs from Respondent, including multiple controlled substance prescriptions for testosterone (Schedule III) when he was not living in the State of California. CURES data listed controlled substance prescriptions filled in California by Patient D from on or about August 4, 2017 through August 4, 2020, including eight prescriptions for testosterone provided by Respondent. The patient's medical record shows additional prescriptions for testosterone using an address outside of California, including on or about: April 30, 2019, February 25, 2019, January 9, 2019, December 27, 2018, November 26, 2018, November 2, 2018, October 11, 2018, September 12, 2018, August 20, 2018, July 24, 2018, June 29, 2018, and June 12, 2018. A handwritten note on a prescription dated May 10, 2019, states "Patient is still moving and not sure which address he will be at when shipped. To be safe please ship his order to clinic if possible . . ." There are no adequate medical records of patient encounters corresponding to the prescriptions, including any with a medical indication for prescribing the medications to the patient.

Medical Record Keeping

B. Respondent failed to adequately document each of his patient encounters with

Patient D in or around 2016 through 2021, including on or about each of the following dates: September 25, 2017; October 30, 2017; December 27, 2017; January 3, 2018; May 10, 2019; May, 29, 2019; June 26, 2019; July 26, 2019; July 29, 2019; August 2, 2019; August 26, 2019; October 3, 2019; November 3, 2019; February 4, 2020; April 28, 2020; May 20, 2020; May 21, 2020; June, 9, 2020; July 23, 2020; and January 13, 2021. Additionally, there are multiple dates of service with nothing more than a check-in sheet with "Doctor Orders". Respondent cared for this patient since at least in or around December 2016. However, a SOAP note is not found until on or about July 26, 2019, and this note is handwritten, documents a limited physical exam, and does not contain any patient identifiers to clearly link the note to the patient.

Adderall® Prescribing

C. Respondent prescribed Adderall® to Patient D, including on or about May 29, 2019 where the clinic records from this date of service only document the prescription. There is no documentation of a medical necessity for prescribing Adderall® to Patient D in the patient's chart.

Patient E

35. In or around 2016 and thereafter, Respondent committed the following acts of negligence (individually and/or collectively) in his care and treatment of Patient E:

Controlled Substance Prescribing

A. Respondent prescribed controlled substances to Patient E while she was outside of California on or about the following dates: October 30, 2017; November 28, 2017; June 12, 2018; June 29, 2018; July 24, 2018; August 20, 2018; September 12, 2018; October 10, 2018; November 2, 2018; November 26, 2018; December 27, 2018; February 25, 2019; March 5, 2019; and April 1, 2019. Respondent prescribed multiple controlled substances for testosterone (Schedule III) to Patient E when she was not living in the State of California. CURES data shows all controlled substance prescriptions filled in California from on or about August 4, 2017 through August 4, 2020, and reveals that Respondent wrote eight prescriptions for testosterone - seven of which were filled from on or about April 30, 2018 to August 25, 2018, and one of which was filled on or about July 17, 2019. Respondent's medical records for Patient E document prescriptions for

testosterone for her, with a request that the prescriptions be mailed to an address for Patient E outside of California. However, there is a discrepancy between the CURES data and Respondent's chart notes, viz., the filled prescriptions for testosterone dated June 12, 2018, June 29, 2018, July 24, 2018, and August 20, 2018, found on the CURES PAR for this patient list a California address (in Los Angeles) which is different from the address listed in Respondent's patient records for these same prescriptions. Additionally, the prescriptions dated September 12, 2018, October 10, 2018, November 2, 2018, November 26, 2018, December 27, 2018, February 25, 2019, March 5, 2019, and April 1, 2019, listed in Respondent's medical record are not found in the CURES PAR report for this patient (and likely were not filled in California). Respondent's medical records also note the fact that the patient was not living in California since she is documented as having moved back to California. A prescription dated April 30, 2019 includes a handwritten note stating "Patient is moving to California but has not found her place yet. Need this Rx to be shipped to office..." In addition, a billing statement dated May 10, 2019 indicates the first in-person visit since August 24, 2017.

Medical Record Keeping

B. Respondent failed to adequately document each of his patient encounters with Patient E in or around 2016 through 2021, including on or about each of the following dates: January 2, 2017, January 15, 2017, January 25, 2017, January 31, 2017, August 24, 2017, June 9, 2019, July 29, 2019, September 4, 2019, September 6, 2019, September 26, 2019, October 3, 2019, October 9, 2019, January 8, 2020, February 28, 2020, May 28, 2020, and July 21, 2020. In addition, there is evidence of clinic care in 2018, but clinic notes are lacking the necessary documentation. Respondent's chart note for the patient encounter dated January 1, 2017 does not contain a history, vital signs, physical exam, or diagnosis. Identical admissions omissions are found on the chart notes dated January 25, 2017 and January 31, 2017. The clinic visit record dated February 8, 2017, is missing documentation of vital signs and a physical exam. The last documented SOAP note for the year 2017 is dated April 5, 2017. Although the records show on going care by Respondent for Patient E, there is a two-year gap until the next documented SOAP note which is dated May 29, 2019. The uncertainty in this note is that it is not dated, nor does it include patient identification

clearly linking it to the patient. There is also no record of the hydrocodone prescription filled on or about October 9, 2019, found in the patient's CURES data.

SECOND CAUSE FOR DISCIPLINE

(Record Keeping)

36. Respondent is subject to disciplinary action under section 2266 of the Code in that he failed to maintain adequate and accurate records relating to the provision of medical services to Patients A, B, C, D and E. The circumstances are as follows:

37. The allegations of the First Cause for Discipline are incorporated herein by reference as if fully set forth, and represent unprofessional conduct.

THIRD CAUSE FOR DISCIPLINE

(Offer of Opioid Reversal Drug)

38. Respondent is subject to disciplinary action under section 741 of the Code, in that Respondent failed to offer Patients A, B, and C a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression. The circumstances are as follows:

39. The allegations of the First and Second Causes for Discipline, inclusive, are incorporated herein by reference as if fully set forth.

FOURTH CAUSE FOR DISCIPLINE

(Prescribing Without Appropriate Examination/Indication)

40. Respondent is subject to disciplinary action under section 2242 of the Code, in that Respondent prescribed drugs to Patients A, B, C, D, and E above, without appropriate prior examinations and/or medical indications. The circumstances are as follows:

41. The allegations of the First through Third Causes for Discipline, inclusive, are incorporated herein by reference as if fully set forth.

42. Respondent's prescribing of controlled substances also reflects that they were not made with a legitimate purpose in light of all the circumstances surrounding the issuance of such prescriptions and the lack of adequate medical records justifying such prescriptions.

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FIFTH CAUSE FOR DISCIPLINE

(Violation of Drug Statute; CURES)

43. Respondent is subject to disciplinary action under section 2238 of the Code and sections 11153 and 11165.4 of the Health and Safety Code, in that he failed to issue legitimate prescriptions and failed to consult the CURES database to review a patient's controlled substance history before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time and/or at least once every four months thereafter while the substances remained part of the treatment of the patient. The circumstances are as follows:

44. The allegations of the First through Fourth Causes for Discipline, inclusive, are incorporated herein by reference as if fully set forth.

45. On or about October 2, 2018 and thereafter, with respect to Patients A, B, C, D and E, Respondent failed to periodically check the CURES database at least once every four months while the patients continued to be prescribed, and fill their prescriptions for, controlled substances.

46. Respondent's prescribing of controlled substances also reflects that they were not made with a legitimate purpose in light of all the circumstances surrounding the issuance of such prescriptions and the lack of adequate medical records justifying such prescriptions.

SIXTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

47. Respondent is subject to disciplinary action under section 2234 of the Code in that Respondent has engaged in unprofessional conduct, generally. The circumstances are as follows:

48. The allegations of the First through Fifth Causes for Discipline, inclusive, are incorporated herein by reference as if fully set forth, and represent unprofessional conduct.

DISCIPLINE CONSIDERATIONS

49. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that, in another disciplinary action titled *In the Matter of the First Amended Accusation Against Nathan Daniel Ford, M.D.*, Case No. 800-2016-021520, the Board issued a Decision, effective April 30, 2021, wherein Respondent's license was publicly reprimanded for

failing to timely discover and remedy fraudulent acts committed by a nurse practitioner and employees of a clinic supervised by him and Respondent was ordered to complete an ethics course. That Decision is now final and is incorporated 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 122580, issued to Respondent, Nathan Daniel Ford, M.D.;

2. Revoking, suspending or denying approval of Respondent, Nathan Daniel Ford, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent, Nathan Daniel Ford, 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: MAY 15 2023

REJI VARGHESE
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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