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

In the Matter of the Accusation Against: Joel Kizner, M.D. Physician's and Surgeon's Certificate No. G 70386 Respondent.	Case No. 800-2023-102389

DECISION

The attached Stipulated Surrender of License and 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 DEC 2 6 2025.

IT IS SO ORDERED DEC 1 8 2025.

MEDICAL BOARD OF CALIFORNIA

Reji Varghese, Executive Director

ROB BONTA
Attorney General of California
TESSA L. HEUNIS
Supervising Deputy Attorney General
CATHERINE B. KIM
Deputy Attorney General
State Bar No. 201655
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6246
Facsimile: (916) 731-2117
E-mail: Catherine.Kim@doj.ca.gov
Attorneys for the People

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

In the Matter of the Accusation Against: **JOEL KIZNER, M.D.** **10861 Cherry Street, Suite 109** **Los Alamitos, CA 90720-5400** **Physician's and Surgeon's Certificate No. G 70386,** Respondent.	Case No. 800-2023-102389 **STIPULATED SURRENDER OF LICENSE AND 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 Catherine B. Kim, Deputy Attorney General.

2. JOEL KIZNER, M.D. (Respondent) is represented in this proceeding by attorney Michael A. Firestone, whose address is 1700 South El Camino Real, Suite 408, San Mateo, California 94402.

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3. On or about December 3, 1990, the Board issued Physician's and Surgeon's Certificate No. G 70386 to Respondent. That license expired on April 30, 2024, and has not been renewed.

JURISDICTION

4. On October 9, 2025, Accusation No. 800-2023-102389 was filed before the Board and is currently pending against Respondent. A true and accurate copy of the Accusation and all other statutorily required documents were properly served on Respondent on October 9, 2025. Respondent timely filed his Notice of Defense contesting the Accusation. A true and accurate copy of Accusation No. 800-2023-102389 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 800-2023-102389. Respondent also has carefully read, fully discussed with counsel, and fully understands the effects of this Stipulated Surrender of License and Order.

6. 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.

7. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 800-2023-102389, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate No. G 70386.

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9. 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.

10. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate No. G 70386 without further process.

RESERVATION

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

CONTINGENCY

12. Business and Professions Code section 2224, subdivision (b), provides, in pertinent part, that the Medical Board "shall delegate to its executive director the authority to adopt a ... stipulation for surrender of a license."

13. Respondent understands that, by signing this stipulation, he enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his Physician's and Surgeon's Certificate No. G 70386 without further notice to, or opportunity to be heard by, Respondent.

14. This Stipulated Surrender of License and Disciplinary Order shall be subject to the approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his consideration in the above-entitled matter and, further, that the Executive Director shall have a reasonable period of time in which to consider and act on this Stipulated Surrender of License and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands

and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

15. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Executive Director on behalf of the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Executive Director, the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving respondent. In the event that the Executive Director on behalf of the Board does not, in his discretion, approve and adopt this Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason by the Executive Director on behalf of the Board, Respondent will assert no claim that the Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

16. This Stipulated Surrender of License 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.

17. The parties agree that copies of this Stipulated Surrender of License and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

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

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 70386, issued to Respondent JOEL KIZNER, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2023-102389 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of $22,432.00 prior to issuance of a new or reinstated license.

6. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2023-102389 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

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ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney, Michael A. Firestone. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate NO. G 70386. Having the benefit of counsel, I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 12-09-2025

JOEL KIZNER, M.D.
Respondent

I have read and fully discussed with Respondent JOEL KIZNER, M.D., the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 12-10-2025

MICHAEL A. FIRESTONE, ESQ.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
TESSA L. HEUNIS
Supervising Deputy Attorney General

CATHERINE B. KIM
Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney, Michael A. Firestone. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate NO. G 70386. Having the benefit of counsel, I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: _____

JOEL KIZNER, M.D.
Respondent

I have read and fully discussed with Respondent JOEL KIZNER, M.D., the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: _____

MICHAEL A. FIRESTONE, ESQ.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: 12/10/25

Respectfully submitted,

ROB BONTA
Attorney General of California
TESSA L. HEUNIS
Supervising Deputy Attorney General

CATHERINE B. KIM
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2023-102389

ROB BONTA
Attorney General of California
TESSA L. HEUNIS
Supervising Deputy Attorney General
CATHERINE B. KIM
Deputy Attorney General
State Bar No. 201655
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6246
Facsimile: (916) 731-2117
E-mail: Catherine.Kim@doj.ca.gov
Attorneys for Complainant

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

In the Matter of the Accusation Against: **JOEL KIZNER, M.D.** **10861 Cherry Street, Suite 109** **Los Alamitos, CA 90720-5400** **Physician's and Surgeon's Certificate No. G 70386,** Respondent.	Case No. 800-2023-102389 **ACCUSATION**

PARTIES

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

2. On or about December 3, 1990, the Medical Board issued Physician's and Surgeon's Certificate No. G 70386 to Joel Kizner, M.D. (Respondent). The Physician's and Surgeon's Certificate expired on April 30, 2024, and has not been 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 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.

5. 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.

6. Section 2227 of the Code states:

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

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

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

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

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

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

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

7. Section 2228 of the Code states:

The authority of the board or the California Board of Podiatric Medicine to discipline a licensee by placing him or her on probation includes, but is not limited to, the following:

(a) Requiring the licensee to obtain additional professional training and to pass an examination upon the completion of the training. The examination may be written or oral, or both, and may be a practical or clinical examination, or both, at the option of the board or the administrative law judge.

(b) Requiring the licensee to submit to a complete diagnostic examination by one or more physicians and surgeons appointed by the board. If an examination is ordered, the board shall receive and consider any other report of a complete diagnostic examination given by one or more physicians and surgeons of the licensee's choice.

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

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

8. Section 118 of the Code states:

(a) The withdrawal of an application for a license after it has been filed with a board in the department shall not, unless the board has consented in writing to such withdrawal, deprive the board of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground.

(b) 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 licensee on any such ground.

(c) As used in this section, "board" includes an individual who is authorized by any provision of this code to issue, suspend, or revoke a license, and "license" includes "certificate," "registration," and "permit."

STATUTORY PROVISIONS

9. 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.

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COST RECOVERY

10. Section 125.3 of the Code states:

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

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

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

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

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

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

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

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

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

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

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

FACTUAL ALLEGATIONS

11. At all times relevant to the allegations herein, Respondent was an obstetrician-gynecologist (OB-GYN) with a private practice known as Women's Health and Reproductive Center located at 10861 Cherry Street, Suite 109, Los Alamitos, California.

Patient 1[1] Prior to Initiating Care with Respondent

12. Patient 1 was diagnosed with a seizure disorder in approximately 2009.

13. Patient 1 was initially prescribed Keppra, an anticonvulsant medication, by a neurologist, but stopped taking Keppra because the medication made her have suicidal thoughts and tendencies. Patient 1 used cannabidiol (CBD) oil to help with her seizure disorder based on her own research and found it was more helpful in reducing the frequency of the seizures. Additionally, Patient 1 felt CBD oil showed better results when she was coming out of her seizures, with less memory loss and less brain fog.

14. Once Patient 1 began using the CBD oil, she experienced seizures approximately once every month-and-a-half to two months.

15. On or about December 23, 2019, prior to initiating care with Respondent, Patient 1 was examined by Dr. T.D., her primary care physician, to request a referral to an obstetrician based on a positive home pregnancy test. At that time, Patient 1 was 37 years and 7 months old.

16. During the office visit on or about December 23, 2019, Patient 1's pregnancy was confirmed through a urine test. Patient 1's medical history of epilepsy was discussed with the patient who reported ongoing intermittent seizures for which she was currently taking CBD oil. According to Patient 1, CBD oil helped reduce the frequency of seizures and she inquired whether she could continue usage during her pregnancy. According to Dr. T.D., Patient 1's medical history placed her in the category of high-risk pregnancies and an urgent referral to a

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[1] To protect the privacy of the patient involved, the patient is referred to as Patient 1 and her name is not included in this pleading. Respondent is aware of the identity of the patient referred herein.

maternal fetal medicine specialist was noted. Dr. T.D. deferred the decision on medication to the specialist.

17. On or about January 2, 2020, Patient 1 was examined by Dr. C.C., an OB-GYN, for an initial visit. They discussed her pregnancy and her medical history of seizure disorder, which she had managed using CBD oil until pregnancy. Dr. C.C. deemed her a high-risk pregnancy due to her advanced maternal age and her seizure disorder, and Patient 1 and her husband were informed that she would be referred to a maternal-fetal specialist.

18. After the initial visit, Patient 1 decided she would not return to Dr. C.C. and did not schedule or attend any appointments with a maternal-fetal specialist referred by Dr. C.C.

19. Dr. C.C. had described Patient 1's pregnancy as a high-risk pregnancy and had provided a referral to a maternal-fetal specialist. According to Patient 1's husband, S.S., the referral was not processed because his wife did not remain under Dr. C.C.'s care.

Respondent's Care and Treatment of Patient 1

20. On or about January 23, 2020, Patient 1 first came under Respondent's care for the care and management of her pregnancy. At that time, Patient 1's gestation was estimated at 10 weeks with an estimated delivery date of August 20, 2020. Patient 1 is described as a transfer patient. Patient 1 remained under Respondent's care as her primary obstetrician for the remainder of her pregnancy.

21. Respondent's chart for Patient 1 includes a seven-page antepartum[2] form that begins on January 23, 2020. In this form, Patient 1's "Medical History" includes a history of neurological/epilepsy condition of seizures since 2009 with the last seizure occurring in October 2019. The form states Patient 1 uses no anticonvulsant medication other than CBD oil for the past two years. The "Problems/Past History" section lists history of seizure disorder, advanced maternal age, and obesity as of January 23, 2020.

22. There is no documentation in Respondent's chart that Respondent counseled Patient 1 regarding the risks of seizures during pregnancy or labor, or any documentation that Respondent referred or offered to refer the patient to a specialist to discuss the risks. There is no

[2] Antepartum is defined as during pregnancy, prior to childbirth.

documentation of any referrals to specialists regarding Patient 1's seizure disorder during her pregnancy.

23. Respondent did not know whether Patient 1 was under the care of a neurologist, did not ask Patient 1 whether she was under the care of a neurologist, and did not refer Patient 1 for a neurology evaluation while she was under his care. In fact, Patient 1 last saw a neurologist in or about 2016 or 2017.

24. Respondent understood Patient 1 had been referred to a perinatologist[3] by her previous obstetrician, Dr. C.C., and was aware that the patient did not see the perinatologist; however, Respondent did not refer Patient 1 to another perinatologist while she was under his care.

25. S.S. accompanied Patient 1 to her initial examination with Respondent on or about January 23, 2020. Respondent discussed the general plan for pregnancy, and Patient 1's medical history of cysts and seizure disorder. S.S. recalls Respondent asked when Patient 1 last experienced a seizure and indicated that, if the seizures had stopped, he would be able to provide care for Patient 1. S.S. recalls no discussions between Respondent and Patient 1 about referring her to a maternal-fetal specialist or a neurologist and received no such referrals from Respondent.

26. According to the antepartum form, Patient 1 was seen by Respondent for follow-up visits in his office at four-week, two-week, then one-week intervals, namely, February 20, March 19, April 16, May 14, June 11, June 25, July 09, July 23, July 30, and August 6, 2020. On most of these dates, Patient 1 is noted on the antepartum form to be "doing well" and there are no entries in Patient 1's chart relating to any discussion of seizures.

27. On April 2, 2020, at 20 weeks gestation, an ultrasound was performed per Respondent's order. The indication for the ultrasound is "Advanced Maternal Age – Primigravida"[4] and the study noted a single viable IUP (intrauterine pregnancy), normal anatomic survey, size consistent with dates, and normal appearing cervix. The fetus was noted to be in

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[3] Perinatologist, also called maternal-fetal medicine specialist, is an obstetrician-gynecologist who specializes in high-risk pregnancies.

[4] Primigravida refers to a woman who is pregnant for the first time.

breech. No subsequent ultrasounds were ordered by Respondent during Patient 1's antenatal course.

28. Respondent ordered blood tests for Patient 1, including a one-hour glucose tolerance test that was performed on or about May 14, 2020, at 26 weeks of gestation. The result is noted as being in range. No subsequent glucose testing was ordered by Respondent.

29. On or about July 23, 2020, at 36 weeks of gestation, Respondent ordered a Group B Streptococcus test for Patient 1 that returned a positive result. Notes indicate "needs penicillin during labor."

30. There is no documentation that Respondent prescribed or offered low dose baby aspirin to Patient 1 or that Patient 1 took low dose baby aspirin while under Respondent's care.

31. There is no documentation that Respondent ordered antenatal non-stress testing[5] during the third trimester to assess the health of the fetus during the third trimester.

32. Respondent last examined Patient 1 at his office on or about August 6, 2020. The chart states "doing well" on this date and the estimated delivery date is noted as August 20, 2020.

33. During the morning hours on or about August 13, 2020, at 39 weeks gestation, Respondent was informed that Patient 1 was "leaking fluid from the vagina." Believing Patient 1's membrane had ruptured, Respondent instructed S.S. to take Patient 1 to the hospital. Respondent was later informed that Patient 1's membranes had not ruptured, that she was not in labor, and had been discharged home.

34. Respondent signed out the care of Patient 1 to his associate, Dr. V.A., and left town later on August 13, 2020.

35. Patient 1 returned to the hospital late in the evening on August 15, 2020, after experiencing an absence[6] seizure. While in triage, Patient 1 experienced another absence seizure at or about 0225 on August 16, 2020. After the seizure resolved, Patient 1 experienced acute

[5] Non-stress test in pregnancy monitors the health of the fetus by monitoring fetal heart rate and how the heart rate changes with fetal movement or uterine contractions.

[6] Absence seizure, formerly known as petit mal seizure, involves brief sudden lapses of awareness that last no more than 10 to 30 seconds, and is not usually associated with headaches, confusion, or drowsiness after the seizure.

respiratory failure with loss of oxygen down to 50 percent despite being on an oxygen mask, and was taken to the OR for an emergency cesarean section (C-section). While being transferred to the OR table, Patient 1 experienced a grand mal seizure[7] and suffered a cardiac arrest, and was intubated. Patient 1's baby was delivered by C-section at or about 0249 and CPR was started on Patient 1 for cardiac arrest. Patient 1 was resuscitated within approximately 3 minutes; however, she never regained consciousness and remained on a ventilator for the remainder of her hospitalization.

36. After unsuccessful attempts to transfer Patient 1 to another facility, and after a second neurology opinion, the decision was made to remove Patient 1 from life support on or about September 2, 2020. Patient 1 passed away on September 3, 2020, at or around 2310 hours.

37. Patient 1's death certificate lists her cause of death as (1) cardiorespiratory arrest; (2) anoxic encephalopathy; (3) status epilepticus; and (4) seizure disorder.

38. A civil litigation for medical malpractice was initiated on behalf of Patient 1's husband and daughter as Plaintiffs, against several defendants. A settlement was negotiated between the Plaintiffs and Respondent, which was reported to the Board pursuant to Business and Professions Code section 801.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

39. Respondent Joel Kizner, M.D. is subject to disciplinary action under section 2234, subdivision (b), of the Code in that Respondent committed gross negligence in his care and treatment of Patient 1. The circumstances are as follows:

40. The facts and allegations set forth in paragraphs 11 through 41 are incorporated herein by reference as if fully set forth.

41. The standard of care in providing prenatal care includes recognizing and understanding what risk the patient will have during her pregnancy and delivery, and having and documenting a discussion of the personal risks involved and available ways to mitigate that risk.

[7] Grand mal seizure, now referred to as tonic-clonic seizure, causes a loss of consciousness and violent muscle contractions.

Whether or not to take anti-epileptic drugs (AED) or any other neuroprotective or antiseizure product during pregnancy is a complex question that deserves an in-depth discussion. If the clinician does not feel competent to engage in such a discussion, then the standard of care requires that appropriate referrals be made to specialists.

42. Respondent was aware as of the date of his initial examination of Patient 1 on or about January 23, 2020, that she had a longstanding history of seizures with the last one having occurred in or about October 2019, approximately three months prior to his examination. Respondent was also aware that Patient 1 had been using CBD oils to help with seizures prior to her pregnancy but had stopped using the CBD oils, and that she was not taking any antiseizure medication since the onset of her pregnancy.

43. Despite knowledge of Patient 1's medical history and of the fact that she was on no antiseizure medication, Respondent did not counsel or attempt to counsel Patient 1 on the risks of Patient 1's seizure disorder and/or on the available ways to mitigate the risks at any time during his care and treatment of Patient 1 from January 2020 through August 2020.

44. Despite knowledge of Patient 1's medical history and of the fact that she was on no antiseizure medication, Respondent did not refer Patient 1 to a maternal-fetal specialist for counseling and/or management of Patient 1's prenatal course at any time during his care and treatment of Patient 1 from January 2020 through August 2020.

45. Despite knowledge of Patient 1's medical history and of the fact that she was on no antiseizure medication, Respondent did not refer Patient 1 to a neurologist for counseling and/or management of Patient 1's seizure disorder at any time during his care and treatment of Patient 1 from January 2020 through August 2020.

46. Despite knowledge of Patient 1's medical history and of the fact that she was on no antiseizure medication, Respondent did not inquire whether Patient 1 was under the care of a neurologist at any time during his care and treatment of Patient 1 from January 2020 through August 2020.

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47. Respondent's failure to counsel or even attempt to counsel Patient 1 on the risks of her seizure disorder, and/or his failure to refer Patient 1 to a maternal-fetal specialist and/or a neurologist to counsel and manage her risks, constitute gross negligence.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

48. Respondent Joel Kizner, M.D., is further subject to disciplinary action under section 2234, subdivision (c), of the Code in that Respondent committed repeated negligent acts in the care and treatment of Patient 1. The circumstances are as follows:

49. The facts and allegations set forth in paragraphs 11 through 47 are incorporated herein by reference as if fully set forth.

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

51. The alleged act of gross negligence set forth in the First Cause for Discipline above is also a negligent act.

Failure to Prescribe Baby Aspirin for Prevention of Pre-Eclampsia or Eclamptic Seizures

52. It is the standard of care to prescribe or provide low dose baby aspirin to pregnant individuals in high risk groups as a measure to help prevent pre-eclampsia and eclamptic seizures.

53. Patient 1, at age 37-38 years, was of advanced maternal age during her pregnancy and was considered primiparous[8], both of which increase the risk of pre-eclampsia and placed her pregnancy in the high-risk category.

54. There is no record in Respondent's chart for Patient 1 that low dose baby aspirin was recommended or provided.

55. Respondent was negligent in his care and treatment of Patient 1 in failing to recommend or provide low dose baby aspirin to Patient 1, a high risk patient.

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[8] Primiparous refers to a woman delivering her first baby.

THIRD CAUSE FOR DISCIPLINE

(Incompetence)

56. Respondent Joel Kizner, M.D., is further subject to disciplinary action under section 2234, subdivision (d), of the Code in that Respondent was incompetent in his care and treatment of Patient 1. The circumstances are as follows:

57. Paragraph 11 through 41 are incorporated by reference as though fully set forth herein.

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

59. By not recognizing, discussing, and documenting Patient 1's pregnancy risks and possible intervention, and/or by not referring Patient 1 to a specialist to have that discussion, Respondent demonstrated incompetence and displayed lack of knowledge to the idea that Patient 1 had a continuing risk of seizure(s) and that risk assessment should be ongoing.

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 No. G 70386, issued to Respondent Joel Kizner, M.D.;

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

3. Ordering Respondent Joel Kizner, 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

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

DATED: OCT 09 2025

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

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