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

In the Matter of the First Amended Accusation Against:	)	
MICHAEL HIRT, M.D.	)	**Case No. 800-2016-021029**
Physician's and Surgeon's Certificate No. G 81062	)	
Respondent	)	

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 July 25, 2019.

IT IS SO ORDERED June 25, 2019.

MEDICAL BOARD OF CALIFORNIA

By: Ronald H. Lewis, MD

Ronald H. Lewis, M.D., Chair
Panel A

XAVIER BECERRA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
COLLEEN M. MCGURRIN
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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 First Amended Accusation Against: MICHAEL HIRT, M.D. 5620 Wilbur Avenue #220 Tarzana, CA 91356 Physician's and Surgeon's Certificate No. G 81062 Respondent.	Case No. 800-2016-021029 OAH No. 2018091002 **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. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Colleen M. McGurrin, Deputy Attorney General.

2. Respondent MICHAEL HIRT, M.D. (Respondent) is represented in this proceeding by attorney Gary Wittenberg, Esq. whose address is: Baranov & Wittenberg, LLP, 1901 Avenue of the Stars, Suite 1750, Los Angeles, CA 90067.

3. On or about April 26, 1995, the Board issued Physician's and Surgeon's Certificate No. G 81062 to MICHAEL HIRT, 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 First Amended Accusation No. 800-2016-021029, and will expire on January 31, 2021, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2016-021029 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on March 28, 2019. Respondent timely filed his Notice of Defense contesting the First Amended Accusation.

5. A copy of First Amended Accusation No. 800-2016-021029 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 First Amended Accusation No. 800-2016-021029. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of 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 freely, voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in First Amended Accusation No. 800-2016-021029, 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 First Amended Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a prima facie factual basis for the charges in the First Amended Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's imposition of discipline 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. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

A. PUBLIC REPRIMAND

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 81062 issued to Respondent, MICHAEL HIRT, M.D., shall be and is hereby Publicly Reprimanded, with terms

and conditions as specified below, pursuant to Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand, which is issued in connection with Respondent's violation of the Medical Practice Act in his care and treatment of Patient A as set forth in paragraphs 18, 28 and 29, of the First Amended Accusation No. 800-2016-021029, is as follows:

1. On or about January 2013 through March 2016, in caring for Patient A, Respondent utilized medical shorthand to record and document his clinical interactions with the patient. Respondent's medical records for Patient A were not legible or interpretable in violation of Business and Professions Code section 2266.

B. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

C. MEDICAL RECORD KEEPING COURSE. 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 both the Continuing Medical Education (CME) requirements for renewal of licensure and the Education Course(s) required by Condition B above.

A medical record keeping course taken after the acts that gave rise to the charges in the

First Amended 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.

D. 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 First Amended 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.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Gary Wittenberg. 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 freely, voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 3/29/19

MICHAEL HIRT, M.D.
Respondent

I have read and fully discussed with Respondent MICHAEL HIRT, 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: 3/29/19

GARY WITTENBERG
Attorney for Respondent

ENDORSEMENT

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

Dated: 4/3/19

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

COLLEEN M. MCGURRIN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2016-021029

XAVIER BECERRA
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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO March 28 20 19
BY K. Voong ANALYST

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

In the Matter of the First Amended Accusation Against: MICHAEL HIRT, M.D. 5620 Wilbur Avenue #220 Tarzana, California 91356 Physician's and Surgeon's Certificate No. G 81062, Respondent.	Case No. 800-2016-021029 OAH No. 2018091002 **FIRST AMENDED ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about April 26, 1995, the Board issued Physician's and Surgeon's Certificate Number G 81062 to Michael Hirt, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on January 31, 2021, unless renewed.

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JURISDICTION

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

4. Section 2001.1 of the Code states:

"Protection of the public shall be the highest priority for the Medical Board of California in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount."

5. 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."

6. Section 2234 of the Code, states, in pertinent part:

"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) . . . ."

"(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) . . . (h)."

7. Subdivision (a) of Section 725 of the Code states, in pertinent part: "Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, . . . as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon . . . ."

8. 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."

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HEALTH AND SAFETY CODE

9. Section 11165, subdivision (d) of the Health and Safety Code states:

"For each prescription for a Schedule II, Schedule III, or Schedule IV controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21 of the Code of Federal Regulations, the dispensing pharmacy, clinic, or other dispenser shall report the following information to the Department of Justice as soon as reasonably possible, but not more than seven days after the date a controlled substances is dispensed, in a format specified by the Department of Justice:

"(1) Full name, address, and, if available, telephone number of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services, and the gender, and date of birth of the ultimate user.

"(2) The prescriber's category of licensure, license number, national provider identifier (NPI) number, if applicable, the federal controlled substance registration number, and the state medical license number of any prescriber using the federal controlled substance registration number of a government-exempt facility.

"(3) Pharmacy prescription number, license number, NPI number, and federal controlled substance registration number.

"(4) National Drug Code (NDC) number of the controlled substance dispensed.

"(5) Quantity of the controlled substance dispensed.

"(6) International Statistical Classification of Diseases, 9th revision (ICD-9) or 10th revision (ICD-10) Code, if available.

"(7) Number of refills ordered.

"(8) Whether the drug was dispensed as a refill of a prescription or as a first-time request.

"(9) Date of origin of the prescription.

"(10) Date of dispensing of the prescription."

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FACTUAL SUMMARY

10. Between June 2001 and April 2016, Respondent treated Patient A[1] as her primary care physician. During this period of time, Patient A had several health conditions including: mood disorder; chronic fatigue syndrome; hypothyroidism; hypoadrenalism; attention deficit disorder; irritable bowel syndrome; and eating disorder. Respondent treated Patient A at the Center for Integrative Medicine in Tarzana, California.

Respondent's Prescribing and Dispensing of Didrex

11. Patient A was initially treated by Respondent with Xanical and a nutritional program for her eating disorder. However, Respondent added Didrex[2] in 2002 when the original treatment plan was deemed insufficient. Patient A reported that Didrex was used to treat not only her eating disorder, but it also alleviated her symptoms of chronic fatigue and mentation. Respondent consulted with Patient A and decided to continue the "off-label" use of Didrex "because of her significantly positive, multi-symptom response," in November 2002. For many years, Patient A's typical dose of Didrex was 200 milligrams. Other sympathomimetic anorexic agents were tried including Tenuate and Bontril; however, Patient A reportedly preferred Didrex. After several attempts to utilize alternative medications, Patient A initially discontinued Didrex in 2009.

12. On July 26, 2011, Patient A returned to Respondent's office, Respondent decided in conjunction with Patient A to restart "Didrex therapy" at the dose range of 200 milligrams to 400 milligrams daily. Patient A's daily dose range escalated on average to between 400 milligrams and 500 milligrams daily between March 2012 and January 2014. Patient A's dose range declined to approximately 200 milligrams daily between February 2014 and September 2015. Patient A finally discontinued Didrex in September 2015.

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[1] The patient herein is referred to as Patient A to protect her privacy.

[2] Benzphetamine hydrochloride, commonly referred to by its brand name "Didrex," is classified as a Schedule III controlled substance under the Controlled Substance Act. Didrex is an appetite suppressant that is indicated in the management of obesity as a short term adjunct in a regimen of weight reduction based on caloric restriction, exercise, and behavioral changes in patient with a body mass index (BMI) of 30.0 kg/m^2 or higher who have not responded to an appropriate weight reducing regimen alone. Although the dosage should be individualized according to the response of the patient, the suggested dosage ranges from 25 to 50 milligrams to be taken three times daily, for a maximum dosage of approximately 150 milligrams per day. Didrex is usually taken for only a few weeks at a time. The possibility of serious side effects (e.g. pulmonary hypertension, heart valve problems) increases with longer use of this medication.

13. Between November 2013 and February 2016, Patient A's body mass index (BMI) ranged from 20.2 kg/m^2 to 22.1 kg/m^2 which would be categorized as "normal or healthy weight" pursuant to the Center for Disease Control standard weight categories.

14. Between January 2013 and September 2015, Respondent prescribed, sold, and dispensed Didrex to Patient A at his office. Ordinarily, Patient A was sold a bottle of Didrex containing 120 tablets at a cost of approximately $260.00, although there was some fluctuation in the number of pills sold and the out of pocket cost to Patient A. In total, Respondent prescribed and Patient A purchased approximately 3,930 Didrex pills from his office at an out of pocket cost of roughly $7,903.00 during this period of time. Moreover, Respondent did not report the prescribing or dispensing of Didrex, a Schedule III controlled substance, to the Controlled Substance Utilization Review and Evaluation System (CURES)[3] during this period of time.

Respondent's Prolozone Therapy

15. Since June 1, 2013, Respondent has been a co-investigator for a human research project conducted and funded by the American Academy of Ozonotherapy. Pursuant to his participation in this human research project, Respondent performed prolozone therapy[4] upon Patient A between October 2013 and December 2015.

16. On October 2, 2013, Patient A signed a form entitled "Consent for Injection Therapies," which authorized Respondent to perform prolozone therapy. The form noted that

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[3] The Controlled Substance Utilization Review and Evaluation System (CURES) is maintained by the California Department of Justice. CURES tracks all controlled substances categorized as Schedule II, III, and IV under the Controlled Substance Act by the Drug Enforcement Administration (DEA) that are dispensed in the State of California. Generally, CURES tracks the following information: patient name, date of birth, and address; prescriber name and DEA number; pharmacy name and license number; date the prescription was dispensed; prescription number; and the drug name, quantity, strength, and number of refills remaining. Section 11165, subdivision (d) of the Health and Safety Code requires dispensing pharmacies, clinics, or other dispensers of Schedule II, III, and IV controlled substances to provide the aforementioned information to the California Department of Justice on a weekly basis.

[4] Prolozone therapy is a form of alternative medicine treatment that purports to increase the amount of oxygen in the body through the introduction of ozone, which can result in the repair of connective tissue and the reversal of chronic pain. The patient is injected with a sterile needle and syringe containing a mixture of injectable material (e.g. homeopathics, steroids, B complex vitamins, procaine, and concentrated dextrose solutions). The patient is also injected with an oxygen ozone gas mixture, typically between 10 and 40 "gamma ozone." The American College of Integrative Medicine and Dentistry Institution Review Board previously certified Dr. F.S. to conduct human research concerning the safety and efficacy of ozone therapy between May 15, 2013, and April 30, 2018.

Patient A had "the right to be informed as to whether my physician has any medical research or economic interests related to the performance of the proposed operation or procedure." Patient A proceeded to receive prolozone therapy as part of an institutional review board sanctioned and monitored human clinical trial. Between October 2013 and December 10, 2015, Respondent proceeded to conduct roughly 17 prolozone therapy treatments upon Patient A.

17. During this period of time, Respondent billed Patient A's insurance company, Anthem Blue Cross, approximately $7,055.00 for these 17 prolozone therapy treatments. Specifically, Respondent utilized Current Procedural Terminology (CPT) code 76942 on each occasion to charge Anthem Blue Cross $250.00 for "ultrasonic guidance for needle placement imaging supervision and interpretation." Similarly, Respondent utilized CPT code 20553 on each occasion to charge Anthem Blue Cross $165.00 for "trigger point injection."

Respondent's Medical Records

18. In his clinical practice, Respondent utilizes a mixture of an electronic medical record and handwritten notes, handwritten prescriptions that are not for external pharmacy use, and research documentation. Moreover, Respondent utilizes a "medical shorthand" to record his clinical interaction with patients. However, Respondent's medical records for Patient A were not legible or interpretable resulting in Respondent's re-dictation of his office notes.

STANDARD OF CARE

19. **Excessive Prescribing of Didrex.** The community standard of care in medical practice in the State of California is to prescribe only the medications needed, in the smallest doses required, for the shortest period of time to optimize care of the patient. A physician should not prescribe medications in excess or without legitimate reasons.

20. **Reporting the Prescribing and/or Dispensing of a Schedule III Controlled Substance.** The community standard of care in medical practice in the State of California is for clinics that are dispensing Schedule II, III, and IV medications to provide that information to the California Department of Justice on a weekly basis.

21. **Research Procedures and Billing.** The community standard of care in medical practice in the State of California is to provide the best evidence-based medical therapy and to

obtain a patient's informed consent for participation in a research trial. A physician should not bill a patient's insurance company for testing and procedures related to research.

22. **Medical Record Keeping.** The community standard of care in medical practice in the State of California is for physicians to maintain accurate, legible, timely, and complete medical records regarding patient evaluations, physical examinations, assessments, plans, therapies, and follow-ups.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

23. Respondent's license is subject to disciplinary action under Section 2234, subdivision (c) of the Code, in that Respondent committed repeated negligent acts during his care and treatment of Patient A. The circumstances are as follows:

24. Complainant refers to and, by this reference, incorporates paragraphs 10 through 22 above, as though fully set forth herein.

25. The following acts and omissions, considered individually and collectively, constitute repeated negligent acts in Respondent's practice as a physician and surgeon:

A. Excessive prescribing of Didrex to Patient A without a legitimate evidence-based reason for the dose and/or length of therapy.

B. Failing to report the prescribing and/or dispensing of Didrex, a Schedule III controlled substance under the Controlled Substance Act, to the Controlled Substance Utilization Review and Evaluation System (CURES) is maintained by the California Department of Justice.

C. Providing prolozone therapy, a non-evidence based treatment, to Patient A and subsequently billing her insurance company for the research procedure.

D. Failing to maintain adequate and legible medical records concerning Patient A.

SECOND CAUSE FOR DISCIPLINE

(Repeated Acts of Excessive Prescribing)

26. By reason of the facts set forth in paragraphs 10 through 14 above, Respondent's license is further subject to disciplinary action under Section 725 of the Code, in that Respondent engaged in repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering

of drugs to Patient A.

27. Respondent's acts and/or omissions as set forth in paragraphs 10 through 14 above, whether proven individually, jointly, or in any combination thereof, constitutes Respondent's repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs to Patient A, in violation of Section 725 of the Code.

THIRD CAUSE FOR DISCIPLINE

(Inadequate and/or Inaccurate Record-Keeping)

28. By reason of the facts set forth in paragraph 18 above, Respondent's license is further subject to disciplinary action under Section 2266 of the Code, in that Respondent failed to maintain adequate and accurate records relating to his provision of services to Patient A.

29. Respondent's acts and/or omissions as set forth in paragraph 18 above, whether proven individually, jointly, or in any combination thereof, constitute Respondent's failure to maintain adequate and accurate records relating to his provision of services to Patient A, pursuant to Section 2266 of the Code.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

30. By reason of the facts set forth in paragraphs 10 through 22 above, Respondent is subject to disciplinary action under Section 2234, subdivision (a) of the Code, in that Respondent has engaged in unprofessional conduct based upon his gross negligence, repeated negligent acts, incompetence, repeated acts of excessive prescribing, and his failure to maintain adequate and accurate records relating to his provision of services to Patient A.

31. Respondent's acts and/or omissions as set forth in paragraphs 10 through 22 above, whether proven individually, jointly, or in any combination thereof, constitute Respondent's unprofessional conduct based upon gross negligence, repeated negligent acts, incompetence, repeated acts of excessive prescribing, and his failure to maintain adequate and accurate records relating to his provision of services to Patient A, pursuant to Section 2234, subdivision (a) of the Code.

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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 G 81062 issued to Michael Hirt, M.D.;

2. Revoking, suspending or denying approval of his authority to supervise physician assistants pursuant to Section 3527 of the Code, and advanced practice nurses;

3. If placed on probation, ordering Michael Hirt, M.D. to pay the Board the costs of probation monitoring; and

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

DATED: 3/28/19

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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