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

In the Matter of the Accusation Against: Shivangi Amin, M.D. Physician's & Surgeon's Certificate No. A 158400 Respondent.	Case No.: 800-2019-058978

ORDER DENYING PETITION FOR RECONSIDERATION

The Petition filed by Appalenia Udell, Esq., attorney for Shivangi Amin, M.D., for the reconsideration of the decision in the above-entitled matter having been read and considered by the Medical Board of California, is hereby denied.

This Decision remains effective at 5:00 p.m. on May 10, 2021.

IT IS SO ORDERED: May 11, 2021

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

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

In the Matter of the Accusation Against: **Shivangi Amin, M.D.** Physician's & Surgeon's Certificate No. A 158400 Respondent.	Case No. 800-2019-058978 **ORDER GRANTING STAY** (Government Code Section 11521)

Appalenia Udell, Esq., on behalf of respondent, Shivangi Amin, M.D., has filed a Request for Stay of execution of the Decision in this matter with an effective date of April 30, 2021, at 5:00 p.m.

Execution is stayed until May 10, 2021, at 5:00 p.m.

This stay is granted solely for the purpose of allowing the Board time to review and consider the Petition for Reconsideration.

DATED: April 27, 2021

William Prasifka
Executive Director
Medical Board of California

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

In the Matter of the Accusation Against: Shivangi Amin, M.D. Physician's and Surgeon's License No. A158400 Respondent	Case No. 800-2019-058978

DECISION

The attached Proposed Decision 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 April 30, 2021.

IT IS SO ORDERED: April 1, 2021.

MEDICAL BOARD OF CALIFORNIA

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

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

In the Matter of the Accusation Against:

SHIVANGI AMIN, M.D.,

Physician's and Surgeon's Certificate No. A 158400

Respondent.

Agency Case No. 800-2019-058978

OAH No. 2020110476

PROPOSED DECISION

Administrative Law Judge Juliet E. Cox, State of California, Office of Administrative Hearings, heard this matter by videoconference on February 4, 2021.

Deputy Attorney General Thomas Ostly represented complainant William J. Prasifka, Executive Director of the Medical Board of California.

Attorney Appalenia R. Udell represented respondent Shivangi Amin, M.D., who was present for the hearing.

The matter was submitted for decision on February 4, 2021.

FACTUAL FINDINGS

1. The Medical Board of California (CA Board) issued Physician's and Surgeon's Certificate No. A 158400 to respondent Shivangi Amin, M.D., on September 6, 2018. This certificate is scheduled to expire September 30, 2022.

2. Acting in his official capacity as the Executive Director of the CA Board, complainant William J. Prasifka filed an accusation against respondent on September 14, 2020. Complainant seeks an order placing respondent on probation in California, on the ground that the Maryland Board of Physicians (MD Board) has placed respondent on probation in Maryland for conduct qualifying under California law as unprofessional conduct. Respondent requested a hearing.

Education and Professional History

3. Respondent received her medical degree in 2012, and received her Maryland license that same year. Respondent also holds a license to practice medicine in Virginia, although details about that license were not in evidence.

4. The evidence did not establish whether respondent completed any residency. She describes herself as having trained in family medicine, but she is not certified by any specialty board.

5. Between September 2016 and May 2017, respondent was the only physician employed at an outpatient pain management clinic in Frederick, Maryland. She accepted this position believing that the practice would emphasize non-drug treatments for chronic pain. Instead, respondent quickly began seeing many patients who came to her clinic seeking narcotic pain medications after another pain

management clinic in the community closed abruptly. Respondent's clinic also closed in May 2017.

6. Respondent described her medical practice since May 2017 as emphasizing "a holistic, mind-body approach to wellness and a root-cause approach to healing." She limits her prescribing to certain medications common for elderly patients, such as medications for diabetes and hypertension. Further details regarding respondent's current practice setting, including its location, were not in evidence.

7. Respondent also has studied holistic medicine and nutrition, and at the time of the hearing was preparing to take a certification examination offered by the National Board of Physician Nutrition Specialists.

Disciplinary Action

8. Effective August 15, 2019, upon respondent's consent, the MD Board reprimanded respondent and placed her on probation in Maryland for a minimum term of two years.[1] During her probation, the MD Board prohibited respondent from prescribing controlled substances or recommending medical cannabis and from supervising physician assistants in either of these activities. The MD Board also

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[1] Respondent characterized this Maryland order as being "set to expire" in August 2021. The order states, however, that its minimum term is two years. After two years, respondent "may submit a written petition for termination of probation," the result of which may be termination of her probation "through an order of the disciplinary panel."

required respondent within six months to complete courses in medical record-keeping and in best practices for prescribing controlled substances.

9. The MD Board took the disciplinary action described in Finding 8 because it determined that respondent had "failed to meet the standard of care for the delivery of quality medical services" and had "failed to keep adequate medical records." These failures occurred during the brief employment described above in Finding 5. The MD Board determined that for seven patients, respondent had "prescribed excessively high dosages of highly addictive short-acting opioids and long-acting opioids in the absence of clinical evidence to support the dosages prescribed"; that she had prescribed "benzodiazepines in conjunction with opioids" to two patients; that she had failed to modify three patients' treatment plans in the face of urine drug screens suggesting use of unprescribed drugs and diversion of prescribed drugs; and that she had committed other similarly unprofessional prescribing conduct. The MD Board also determined that respondent had failed to keep adequate medical records regarding four patients.

10. Although the MD Board criticized respondent's prescribing decisions and record-keeping practices, it made no finding that respondent's unprofessional conduct had resulted in actual harm to any patient.

Additional Evidence

11. In January 2020, respondent completed a three-day prescribing practices course and a two-day medical record-keeping course, both through the University of California, San Diego, School of Medicine, Physician Assessment and Clinical Education Program. At the time of the hearing, the MD Board considered respondent to be in compliance with her Maryland probation conditions.

12. If she retains her California physician's and surgeon's certificate, respondent does not intend to prescribe controlled substances or to practice pain management in the future. Instead, she intends to continue her current practice emphasizing mind-body wellness and nutrition.

LEGAL CONCLUSIONS

1. Discipline against a medical license respondent holds in another state, on grounds that would have been cause for discipline in California, is cause for discipline against respondent's California physician's and surgeon's certificate. (Bus. & Prof. Code, § 2305.) The out-of-state disciplinary order itself is "conclusive evidence" of the facts the order states. (*Id.*, § 141, subd. (a).) Clear and convincing evidence must prove any additional facts supporting California discipline.

2. Excessive prescribing of dangerous drugs, and prescribing drugs without medical indication, are causes for professional discipline in California. (Bus. & Prof. Code, §§ 725, subd. (a), 2242, subd. (a).)

3. The matters stated in Finding 8 constitute discipline against respondent's Maryland medical license. The matters stated in Finding 9 and Legal Conclusion 2 confirm that the MD Board's reasons for revoking respondent's Maryland medical license (excessive and careless prescribing) constitute cause as well for disciplinary action in California. These matters constitute cause under Business and Professions Code section 2305 for the CA Board to take disciplinary action against respondent.

4. The CA Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines, 12th Edition 2016" (Cal. Code Regs., tit. 16, § 1361, subd. (a)) calls for a minimum of five years' probation for a physician who has prescribed narcotic

medications irresponsibly. All evidence, especially the matters stated in Findings 11 and 12, tends to show that the CA Board can rely on respondent to comply with any probation conditions. These matters do not show, however, that a probation term shorter than the minimum is appropriate. Five years' probation on terms similar to those in Maryland will protect public safety in California while allowing respondent to continue and improve her medical practice.

5. The matters stated in Findings 8 and 12 show that respondent agreed not to prescribe controlled substances or to recommend medical cannabis while on probation in Maryland. These matters, in combination with the matters stated in Finding 11, do not show that respondent's California probation conditions should forbid her to do so while on probation. Rather, a condition requiring respondent to keep detailed records regarding any such prescriptions or recommendations, if she chooses to resume them, will protect public safety and permit effective probation monitoring.

6. Complainant advocated to include a clinical competence assessment program among the conditions of respondent's probation. The matters stated in Findings 3 through 10 do not show, however, that a generalized lack of clinical competence led to respondent's Maryland discipline. Rather, these matters show that inexperience or poor judgment with respect to controlled substance prescribing led to respondent's unprofessional conduct, and that courses in prescribing practices, medical record-keeping, and professionalism are likely to address these problems.

7. In light of the matters stated in Finding 10, Business and Professions Code section 2228.1, subdivision (a)(1)(D), does not require respondent's probation conditions to include a condition requiring her to notify each patient about her probation.

ORDER

Physician's and Surgeon's Certificate No. A 158400, issued to respondent Shivangi Amin, M.D., is revoked. The revocation is stayed, however, and respondent is placed on probation for five years, on the following conditions.

1. Controlled Substances: Maintain Records and Access to Records and Inventories

Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all the following: 1) the name and address of patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substances were furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the Board or its designee at all times during business hours and shall be retained for the entire term of probation.

2. Education Course

Within 60 calendar days of the effective date of this decision, and on an annual basis thereafter, respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per

year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

3. 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 months after respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one year of enrollment. The prescribing practices course shall be at respondent's expense and shall be in addition to the CME requirements for renewal of licensure.

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

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

4. 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 months after respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one year of enrollment. The medical record keeping course shall be at respondent's expense and shall be in addition to the 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 this decision, whichever is later.

5. Professionalism Program (Ethics Course)

Within 60 calendar days of the effective date of this decision, respondent shall enroll in a professionalism program that meets the requirements of section 1358.1 of title 16 of the California Code of Regulations. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six months after respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one year after attending the classroom component. The professionalism program shall be at respondent's expense and shall be in addition to the CME requirements for renewal of licensure.

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

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

6. Practice Monitor

Within 30 calendar days of the effective date of this decision, respondent shall submit to the Board or its designee for prior approval as a practice monitor the name

and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably ABMS certified. A monitor shall have no prior or current business or personal relationship with respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering; shall be in respondent's field of practice; and must agree to serve as respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the decision and accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the decision, accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the decision and accusation, fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within 60 calendar days of the effective date of this decision, and continuing throughout probation, respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this decision, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor shall submit a quarterly written report to the Board or its designee which includes an evaluation of respondent's performance, indicating whether respondent's practices are within the standards of medical practice, and whether respondent is practicing medicine safely. It shall be the sole responsibility of respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, respondent shall, within five calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

In lieu of a monitor, respondent may participate in a professional enhancement program approved in advance by the Board or its designee, that includes, at minimum, quarterly chart review, semi annual practice assessment, and semi annual review of professional growth and education. Respondent shall participate in the professional enhancement program at respondent's expense during the term of probation.

7. Notification to Hospitals, Other Providers, and Insurance Carriers

Within seven days of the effective date of this decision, respondent shall provide a true copy of the decision and the accusation in this matter to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership

are extended to respondent, at any other facility where respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

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

8. Supervision of Physician Assistants and Advanced Practice Nurses

During probation, respondent is prohibited from supervising physician assistants and advanced practice nurses.

9. Obey All Laws

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

10. Quarterly Declarations

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

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

11. General Probation Requirements

Compliance with Probation Unit: Respondent shall comply with the Board's probation unit and all terms and conditions of this decision.

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

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

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

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

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

12. Interview with the Board or its Designee

Respondent shall be available in person upon request for interviews either at respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

13. Non Practice While on Probation

Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non practice lasting more than 30 calendar days and within 15 calendar days of respondent's return to practice. Non practice is defined as any period of time respondent is not practicing medicine in California as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non practice. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non practice. A Board ordered suspension of practice shall not be considered as a period of non practice. In the event respondent's period of non practice while on probation exceeds 18 calendar months, respondent shall successfully complete a clinical training program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

Periods of non practice will relieve respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws (Condition 9); and General Probation Requirements (Condition 11).

14. Completion of Probation

Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, respondent's certificate shall be fully restored.

15. Violation of Probation

Failure to fully comply with any term or condition of probation is a violation of probation. If respondent violates probation in any respect, the Board, after giving respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an accusation, or petition to revoke probation, or an interim suspension order is filed against respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

16. License Surrender

Following the effective date of this decision, if respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, respondent may request to surrender her license. The Board reserves the right to evaluate respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed

appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent shall within 15 calendar days deliver respondent's wallet and wall certificate to the Board or its designee and respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If respondent reapplies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

17. Probation Monitoring Costs

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

DATE: 03/03/2021

Juliet E. Cox

JULIET E. COX

Administrative Law Judge

Office of Administrative Hearings

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

In the Matter of the Accusation Against:	Case No. 800-2019-058978
Shivangi Amin, M.D. **1503 North Cahuenga Blvd.** **Los Angeles, CA 90028-7312** **Physician's and Surgeon's Certificate No. A 158400,** Respondent.	**ACCUSATION**

PARTIES

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

2. On or about September 6, 2018, the Medical Board issued Physician's and Surgeon's Certificate Number A 158400 to Shivangi Amin, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on September 30, 2020, unless renewed.

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JURISDICTION

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

4. This Accusation is brought before the Medical Board of California under the authority of the following sections of the California Business and Professions Code (Code) and/or other relevant statutory enactment:

A. Section 2227 of the Code provides in part that the Board may revoke, suspend for a period not to exceed one year, or place on probation, the license of any licensee who has been found guilty under the Medical Practice Act, and may recover the costs of probation monitoring.

B. Section 2305 of the Code provides, in part, that the revocation, suspension, or other discipline, restriction or limitation imposed by another state upon a license to practice medicine issued by that state, or the revocation, suspension, or restriction of the authority to practice medicine by any agency of the federal government, that would have been grounds for discipline in California under the Medical Practice Act, constitutes grounds for discipline for unprofessional conduct.

C. Section 141 of the Code provides:

> "(a) For any licensee holding a license issued by a board under the jurisdiction of a department, a disciplinary action taken by another state, by any agency of the federal government, or by another country for any act substantially related to the practice regulated by the California license, may be a ground for disciplinary action by the respective state licensing board. A certified copy of the record of the disciplinary action taken against the licensee by another state, an agency of the federal government, or by another country shall be conclusive evidence of the events related therein.
>
> "(b) Nothing in this section shall preclude a board from applying a specific statutory provision in the licensing act administered by the board that provides for discipline based upon a disciplinary action taken against the licensee by another state, an agency of the federal government, or another country."

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FIRST CAUSE FOR DISCIPLINE

(Discipline, Restriction, or Limitation Imposed by Another State)

5. On August 5, 2019, Respondent entered into a Consent Order with the Maryland Board of Physicians. The Consent Order included factual findings that Respondent deviated from the standard of care in her treatment of multiple patients. The care in question involved Respondent's Controlled Dangerous Substances ("CDS") prescribing practices.

6. Thereafter, the Board initiated an investigation of Respondent that included conducting an under-oath interview, subpoenaing ten patient records, and referring the records and related material to a peer review entity for review by two physicians, board-certified in physical medicine and rehabilitation/pain.

7. When interviewed by Board staff, Respondent stated that she had taken a pain management course offered by a private medical training organization. Review of the courses offered by the organization revealed that the courses are one to three days in length.

8. As summarized below, upon review of Respondent's records, the peer reviewers concurred that Respondent had failed to meet the appropriate standards for the delivery of quality medical care in seven of the ten cases reviewed (Patients 1, 2, 3, 4, 6, 8, and 10) and failed to maintain adequate medical records in four of the ten records (Patients 1, 2, 3, and 6).

A. Respondent consistently prescribed excessively high dosages of highly addictive short-acting opioids and long-acting opioids in the absence of clinical evidence to support the dosages prescribed (Patients 1, 2, 3, 4, 6, 8, and 10);

B. Respondent prescribed high dosages of opioids that were in excess of the morphine equivalent recommended for chronic pain management (Patients 1, 2, 3, 4, 6, 8, and 10);

C. Respondent prescribed benzodiazepines in conjunction with opioids (Patients 1 and 2);

D. Respondent failed to modify treatment plans when patients demonstrated

aberrant behavior including inconsistent urine drug tests ("UDTs"). Inconsistent UDT results include positive results for either drugs not prescribed or illicit drugs, or negative tests for drugs that were prescribed, which should raise concern for diversion (Patients 4, 6, and 10);

E. Respondent failed to obtain updated imaging studies or other objective clinical indications of a patient's pain (3, and 4);

F. Respondent failed to taper or wean patients from excessive dosages of opioids in spite of the lack of functional improvement or pain control over extended periods of time (Patients 1, 2, and 10);

G. Respondent failed to provide naloxone to reverse effects of opioid overdose (Patients 1, 3, 6, and 8);

9. The peer reviewers concurred that Respondent failed to maintain adequate medical records for Patients 1, 2, 3 and 6. Specifically, the peer reviewers noted that Respondent failed to provide adequate documentation of physical examinations, treatment rationale, and medical decision-making.

10. Based on the Findings of Fact, Panel B concluded as a matter of law that Respondent failed to meet the standard of care for the delivery of quality medical services, in violation of Health Occ. § 14-404(a)(22) and failed to keep adequate medical records, in violation of Health Occ. § 14-404(a)(40).

11. Respondent was Reprimanded. Respondent's Maryland license was restricted, in that she was prohibited from prescribing or dispensing all CDS, from certifying patients for the medical use of cannabis, and from supervising Physician Assistants in their prescribing all CDS or certifying for cannabis. Respondent was required to take and successfully complete a course in appropriate prescribing of CDS and a course in medical documentation. A copy of the Consent Order issued by the Maryland State Board of Physicians is attached as Exhibit A.

12. Respondent's conduct and the action of the Maryland State Board of Physicians, as set forth in paragraph 5, above, constitute cause for discipline pursuant to sections 2305 and/or 141 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 A 158400, issued to Shivangi Amin, M.D.;

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

3. Ordering Shivangi Amin, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: SEP 14 2020

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

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EXHIBIT A

IN THE MATTER OF	*	**BEFORE THE**
SHIVANGI AMIN, M.D.	*	**MARYLAND STATE**
Respondent	*	**BOARD OF PHYSICIANS**
License Number: D80834		**Case Number: 2217-0099B**

* * * * * * * * * * * * *

CONSENT ORDER

On April 25, 2019, Disciplinary Panel B ("Panel B") of the Maryland State Board of Physicians (the "Board") charged **SHIVANGI AMIN, M.D.**, (the "Respondent"), License Number D80834, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. II §§ 14-101 *et seq.* (2014 Repl. Vol. & 2017 Supp.).

The pertinent provisions of the Act under Health Occ. II § 14-404(a) provide as follows:

> **§ 14-404. Denials, reprimands, probations, suspensions, and revocations – Grounds.**
>
> (a) *In general.* Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:
>
> ...
>
> (22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State;
>
> ...
>
> (40) Fails to keep adequate medical records as determined by appropriate peer review[.]

On June 26, 2019 Panel B was convened as a Disciplinary Committee for Case Resolution ("DCCR") in this matter. Based on negotiations occurring as a result of this

DCCR, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. At all times relevant hereto, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was originally licensed to practice medicine in Maryland on December 31, 2012. Her license is scheduled to expire on September 30, 2020. The Respondent also holds a license in Virginia.

2. The Respondent is not board-certified in any medical specialty.

3. The Respondent was employed at a pain clinic in Frederick, Maryland, from September 2016 until the clinic closed in May 2017. The Respondent was the only physician employed by the clinic during this time.

4. On or about April 24, 2017, the Board received a complaint from a former patient of the Respondent regarding the Respondent's Controlled Dangerous Substances ("CDS") prescribing practices.

5. Thereafter, the Board initiated an investigation of the Respondent that included conducting an under-oath interview of the Respondent, subpoenaing ten patient records, and referring the records and related material to a peer review entity for review by two physicians board-certified in physical medicine and rehabilitation/pain.

6. When interviewed by Board staff, the Respondent stated that she had taken a pain management course offered by a private medical training organization. Review of

the courses offered by the organization revealed that the courses are one to three days in length.

7. As summarized below, upon review of the Respondent's records, the peer reviewers concurred that the Respondent had failed to meet the appropriate standards for the delivery of quality medical care in seven of the ten cases reviewed (Patients 1, 2, 3, 4, 6, 8, and 10) and failed to maintain adequate medical records in four of the ten records (Patients 1, 2, 3, and 6).

   a. The Respondent consistently prescribed excessively high dosages of highly addictive short-acting opioids and long-acting opioids in the absence of clinical evidence to support the dosages prescribed (Patients 1, 2, 3, 4, 6, 8, and 10);

   b. The Respondent prescribed high dosages of opioids that were in excess of the morphine equivalent recommended for chronic pain management (Patients 1, 2, 3, 4, 6, 8, and 10);

   c. The Respondent prescribed benzodiazepines in conjunction with opioids (Patients 1 and 2);

   d. The Respondent failed to modify treatment plans when patients demonstrated aberrant behavior including inconsistent urine drug tests ("UDTs"). Inconsistent UDT results include positive results for either drugs not prescribed or illicit drugs, or negative tests for drugs that were prescribed, which should raise concern for diversion (Patients 4, 6, and 10);

e. The Respondent failed to obtain updated imaging studies or other objective clinical indications of a patient's pain (3, and 4);

f. The Respondent failed to taper or wean patients from excessive dosages of opioids in spite of the lack of functional improvement or pain control over extended periods of time (Patients 1, 2, and 10);

g. The Respondent failed to provide naloxone to reverse effects of opioid overdose (Patients 1, 3, 6, and 8);

8. The peer reviewers concurred that the Respondent failed to maintain adequate medical records for Patients 1, 2, 3 and 6. Specifically, the peer reviewers noted that the Respondent failed to provide adequate documentation of physical examinations, treatment rationale, and medical decision-making.

CONCLUSIONS OF LAW

Based on the Findings of Fact, Panel B concludes as a matter of law that the Respondent failed to meet the standard of care for the delivery of quality medical services, in violation of Health Occ. § 14-404(a)(22) and failed to keep adequate medical records, in violation of Health Occ. § 14-404(a)(40).

ORDER

It is thus by Panel B, hereby:

ORDERED that the Respondent is **REPRIMANDED.**

ORDERED that the Respondent is placed on **PROBATION** for a minimum of **TWO YEARS.**[1] During probation, the Respondent shall comply with the following terms and conditions of probation:

[1] If the Respondent's license expires during the period of probation, the probation and any

(1) During probation, the Respondent is prohibited from prescribing or dispensing all Controlled Dangerous Substances (CDS).

(2) During probation the Respondent is prohibited from certifying patients for the medical use of cannabis.

(3) During probation, the Respondent's delegation agreements, if any, shall be modified to prohibit the respondent from supervising Physician Assistants in their prescribing all CDS or certifying for cannabis.

(4) Within **SIX (6) MONTHS**, the Respondent is required to take and successfully complete a course in appropriate prescribing of CDS and a course in medical documentation. The following terms apply:

(a) it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the course before the course is begun;

(b) the disciplinary panel will not accept a course taken over the internet;

(c) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the course;

(d) the course may not be used to fulfill the continuing medical education credits required for license renewal;

(e) the Respondent is responsible for the cost of the course.

AND IT IS FURTHER ORDERED that the Respondent shall not apply for early termination of probation; and it is further

ORDERED that, after the Respondent has complied with all terms and conditions of probation and the minimum period of probation imposed by the Consent Order has passed, the Respondent may submit a written petition for termination of probation. After consideration of the petition, the Respondent's probation may be administratively terminated through an order of the disciplinary panel if the Respondent has complied with all probationary terms and conditions and there are no pending complaints relating to the charges; and it is further

ORDERED that a violation of probation constitutes a violation of the Consent Order; and it is further

ORDERED that the effective date of the Consent Order is the date the Consent Order is signed by the Executive Director of the Board. The Executive Director signs the Consent Order

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conditions will be tolled.

on behalf of the disciplinary panel which has imposed the terms and conditions of this Consent Order; and it is further

ORDERED that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

ORDERED that, if the Respondent allegedly fails to comply with any term or condition imposed by this Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If the disciplinary panel determines there is a genuine dispute as to a material fact, the hearing shall be before an Administrative Law Judge of the Office of Administrative Hearings followed by an exceptions process before a disciplinary panel; and if the disciplinary panel determines there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before a disciplinary panel; and it is further

ORDERED that after the appropriate hearing, if the disciplinary panel determines that the Respondent has failed to comply with any term or condition imposed by this Consent Order, the disciplinary panel may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend with appropriate terms and conditions, or revoke the Respondent's license to practice medicine in Maryland. The disciplinary panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine on the Respondent; and it is further

ORDERED that this Consent Order is a public document. *See* Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

08/15/2019
Date

Signature on File

Christine A. Farrelly
Executive Director
Maryland State Board of Physicians

CONSENT

I, Shivangi Amin, M.D. acknowledge that I have consulted with counsel before signing this document.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 *et seq.* concerning the pending charges. I waive this right and have elected to sign this Consent Order instead.

I acknowledge the validity and enforceability of this Consent Order as if entered after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of the disciplinary panel to initiate these proceedings and to issue and enforce this Consent Order.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Order as a resolution of the charges. I waive any right to contest the Findings of Fact and Conclusions of Law and Order set out in the Consent Order. I waive all rights to appeal this Consent Order.

I sign this Consent Order, without reservation, and fully understand the language and meaning of its terms.

Signature on File

8/5/19
Date

Shivangi Amin, M.D.
Respondent

NOTARY

STATE OF California
CITY/COUNTY OF Los Angeles

I HEREBY CERTIFY that on this 5th day of August 2019, before me, a Notary Public of the foregoing State and City/County, personally appeared Shivangi Amin, M.D., and made oath in due form of law that signing the foregoing Consent Order was her voluntary act and deed.

AS WITNESSETH my hand and notarial seal.

SEUNG H. KIM
Notary Public – California
Los Angeles County
Commission # 2191919
My Comm. Expires Apr 15, 2021

Notary Public

My Commission expires: 04/15/2021

I HEREBY ATTEST AND CERTIFY UNDER PENALTY OF PERJURY ON 09/06/2019 THAT THE FORGOING DOCUMENT IS A FULL, TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN MY OFFICE AND IN MY LEGAL CUSTODY.

Christine A. Farnelly

EXECUTIVE DIRECTOR
MARYLAND BOARD OF PHYSICIANS