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

In the Matter of the Accusation Against: Chris Holt, M.D. Physician's & Surgeon's Certificate No. A 96213 Respondent.	Case No. 800-2017-039244

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 29, 2021.

IT IS SO ORDERED: June 29, 2021.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
KAROLYN M. WESTFALL
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **CHRIS HOLT, M.D.** **3940 4th Ave., Ste. 140** **San Diego, CA 92103-3193** **Physician's and Surgeon's Certificate No. A 96213,** Respondent.	Case No. 800-2017-039244 OAH No. 2021020109 **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. William Prasifka (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 Karolyn M. Westfall, Deputy Attorney General.

2. Respondent Chris Holt, M.D. (Respondent) is represented in this proceeding by attorney David M. Balfour Esq., whose address is: 1925 Palomar Oaks Way, Suite 220 Carlsbad, CA 92008.

3. On or about June 30, 2006, the Board issued Physician's and Surgeon's Certificate No. A 96213 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2017-039244, and will expire on February 28, 2022, unless renewed.

4. On or about November 18, 2020, an Interim Order Imposing License Restrictions was issued by the Office of Administrative Hearings, immediately restricting Physician's and Surgeon's Certificate No. A 96213, and requiring Respondent to adhere to specific conditions in order to continue practicing medicine in the State of California. The Interim Order Imposing License Restrictions remains in full force and effect as of the effective date of this Stipulated Settlement and Disciplinary Order.

JURISDICTION

5 Accusation No. 800-2017-039244 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on December 7, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

6. A copy of Accusation No. 800-2017-039244 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

7. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2017-039244. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

8. 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.

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

CULPABILITY

10. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations contained in Accusation No. 800-2017-039244, and agrees that he has thereby subjected his Physician's and Surgeon's Certificate No. A 96213 to disciplinary action.

11. Respondent further agrees that if he ever petitions for modification or early termination of probation, or if an accusation and/or petition to revoke probation is filed against him before the Medical Board of California, all of the charges and allegations contained in Accusation No. 800-2017-039244, shall be deemed true, correct, and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

12. Respondent acknowledges the Disciplinary Order below, requiring the disclosure of probation pursuant to Business and Professions Code section 2228.1, serves to protect the public interest.

13. Respondent agrees that his Physician's and Surgeon's Certificate No. A 96213 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

14. 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.

15. 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.

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 96213 issued to Respondent, Chris Holt, M.D., is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

1. PATIENT DISCLOSURE. Before a patient's first visit following the effective date of this order and while Respondent is on probation, Respondent must provide all patients, or patient's guardian or health care surrogate, with a separate disclosure that includes Respondent's probation status, the length of the probation, the probation end date, all practice restrictions placed on Respondent by the Board, the Board's telephone number, and an explanation of how the patient can find further information on Respondent's probation on Respondent's profile page on the Board's website. Respondent shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure. Respondent shall not be required to provide a disclosure if any of the following applies: (1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy; (2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities; (3) Respondent is not known to the patient until immediately prior to the start of the visit; (4) Respondent does not have a direct treatment relationship with the patient.

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2. CONTROLLED SUBSTANCES - ABSTAIN FROM USE. Respondent shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, dangerous drugs as defined by Business and Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not apply to medications lawfully prescribed to Respondent by another practitioner for a bona fide illness or condition.

Within 15 calendar days of receiving any lawfully prescribed medications, Respondent shall notify the Board or its designee of the: issuing practitioner's name, address, and telephone number; medication name, strength, and quantity; and issuing pharmacy name, address, and telephone number.

3. ALCOHOL - ABSTAIN FROM USE. Respondent shall abstain completely from the use of products or beverages containing alcohol.

4. 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.

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 Title 16, California Code of Regulations (CCR) section 1358.1. 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 (6) 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 (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (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 the Decision, whichever is later.

6. PSYCHIATRIC EVALUATION. Within 30 calendar days of the effective date of this Decision, and on whatever periodic basis thereafter may be required by the Board or its designee, Respondent shall undergo and complete a psychiatric evaluation (and psychological testing, if deemed necessary) by a Board-appointed board certified psychiatrist, which shall not include his former treating psychiatrist, A.R., and who shall consider any information provided by the Board or designee and any other information the psychiatrist deems relevant, and shall furnish a written evaluation report to the Board or its designee. Psychiatric evaluations conducted prior to the effective date of the Decision shall not be accepted towards the fulfillment of this requirement. Respondent shall pay the cost of all psychiatric evaluations and psychological testing.

Respondent shall comply with all restrictions or conditions recommended by the evaluating psychiatrist within 15 calendar days after being notified by the Board or its designee.

7. PSYCHOTHERAPY. Within 60 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval the name and qualifications of a California-licensed board certified psychiatrist or a licensed psychologist who has a doctoral degree in psychology and at least five years of postgraduate experience in the

diagnosis and treatment of emotional and mental disorders. Upon approval, Respondent shall undergo and continue psychotherapy treatment, including any modifications to the frequency of psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

The psychotherapist shall consider any information provided by the Board or its designee and any other information the psychotherapist deems relevant and shall furnish a written evaluation report to the Board or its designee. Respondent shall cooperate in providing the psychotherapist with any information and documents that the psychotherapist may deem pertinent.

Respondent shall have the treating psychotherapist submit quarterly status reports to the Board or its designee. The Board or its designee may require Respondent to undergo psychiatric evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of probation, Respondent is found to be mentally unfit to resume the practice of medicine without restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the period of probation shall be extended until the Board determines that Respondent is mentally fit to resume the practice of medicine without restrictions.

Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

8. MEDICAL EVALUATION AND TREATMENT. Within 30 calendar days of the effective date of this Decision, and on a periodic basis thereafter as may be required by the Board or its designee, Respondent shall undergo a medical evaluation by a Board-appointed physician who shall consider any information provided by the Board or designee and any other information the evaluating physician deems relevant and shall furnish a medical report to the Board or its designee. Respondent shall provide the evaluating physician with any information and documentation that the evaluating physician may deem pertinent.

Following the evaluation, Respondent shall comply with all restrictions or conditions recommended by the evaluating physician within 15 calendar days after being notified by the Board or its designee. If Respondent is required by the Board or its designee to undergo medical treatment, Respondent shall within 30 calendar days of the requirement notice, submit to the Board or its designee for prior approval the name and qualifications of a California licensed

treating physician of Respondent's choice. Upon approval of the treating physician, Respondent shall within 15 calendar days undertake medical treatment and shall continue such treatment until further notice from the Board or its designee.

The treating physician shall consider any information provided by the Board or its designee or any other information the treating physician may deem pertinent prior to commencement of treatment. Respondent shall have the treating physician submit quarterly reports to the Board or its designee indicating whether or not the Respondent is capable of practicing medicine safely. Respondent shall provide the Board or its designee with any and all medical records pertaining to treatment that the Board or its designee deems necessary.

If, prior to the completion of probation, Respondent is found to be physically incapable of resuming the practice of medicine without restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the period of probation shall be extended until the Board determines that Respondent is physically capable of resuming the practice of medicine without restrictions. Respondent shall pay the cost of the medical evaluation(s) and treatment.

9. PROHIBITED PRACTICE. During probation, Respondent is prohibited from from self-prescribing any controlled substances as defined in the California Uniform Controlled Substances Act, any dangerous drugs as defined by Business and Professions Code section 4022, and any drugs requiring a prescription.

10. NOTICE OF EMPLOYER OR SUPERVISOR INFORMATION. Within seven (7) days of the effective date of this Decision, Respondent shall provide to the Board the names, physical addresses, mailing addresses, and telephone numbers of any and all employers and supervisors. Respondent shall also provide specific, written consent for the Board, Respondent's worksite monitor, and Respondent's employers and supervisors to communicate regarding Respondent's work status, performance, and monitoring.

For purposes of this section, "supervisors" shall include the Chief of Staff and Health or Well Being Committee Chair, or equivalent, if applicable, when the Respondent has medical staff privileges.

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11. BIOLOGICAL FLUID TESTING. Respondent shall immediately submit to biological fluid testing, at Respondent's expense, upon request of the Board or its designee. "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair follicle testing, or similar drug screening approved by the Board or its designee. Respondent shall make daily contact with the Board or its designee to determine whether biological fluid testing is required. Respondent shall be tested on the date of the notification as directed by the Board or its designee. The Board may order a Respondent to undergo a biological fluid test on any day, at any time, including weekends and holidays. Except when testing on a specific date as ordered by the Board or its designee, the scheduling of biological fluid testing shall be done on a random basis. The cost of biological fluid testing shall be borne by the Respondent.

During the first year of probation, Respondent shall be subject to 52 to 104 random tests. During the second year of probation and for the duration of the probationary term, up to five (5) years, Respondent shall be subject to 36 to 104 random tests per year. Only if there has been no positive biological fluid tests in the previous five (5) consecutive years of probation, may testing be reduced to one (1) time per month. Nothing precludes the Board from increasing the number of random tests to the first-year level of frequency for any reason.

Prior to practicing medicine, Respondent shall contract with a laboratory or service, approved in advance by the Board or its designee, that will conduct random, unannounced, observed, biological fluid testing and meets all of the following standards:

(a) Its specimen collectors are either certified by the Drug and Alcohol Testing Industry Association or have completed the training required to serve as a collector for the United States Department of Transportation.

(b) Its specimen collectors conform to the current United States Department of Transportation Specimen Collection Guidelines.

(c) Its testing locations comply with the Urine Specimen Collection Guidelines published by the United States Department of Transportation without regard to the type of test administered.

(d) Its specimen collectors observe the collection of testing specimens.

(e) Its laboratories are certified and accredited by the United States Department of Health and Human Services.

(f) Its testing locations shall submit a specimen to a laboratory within one (1) business day of receipt and all specimens collected shall be handled pursuant to chain of custody procedures. The laboratory shall process and analyze the specimens and provide legally defensible test results to the Board within seven (7) business days of receipt of the specimen. The Board will be notified of non-negative results within one (1) business day and will be notified of negative test results within seven (7) business days.

(g) Its testing locations possess all the materials, equipment, and technical expertise necessary in order to test Respondent on any day of the week.

(h) Its testing locations are able to scientifically test for urine, blood, and hair specimens for the detection of alcohol and illegal and controlled substances.

(i) It maintains testing sites located throughout California.

(j) It maintains an automated 24-hour toll-free telephone system and/or a secure on-line computer database that allows the Respondent to check in daily for testing.

(k) It maintains a secure, HIPAA-compliant website or computer system that allows staff access to drug test results and compliance reporting information that is available 24 hours a day.

(l) It employs or contracts with toxicologists that are licensed physicians and have knowledge of substance abuse disorders and the appropriate medical training to interpret and evaluate laboratory biological fluid test results, medical histories, and any other information relevant to biomedical information.

(m) It will not consider a toxicology screen to be negative if a positive result is obtained while practicing, even if the Respondent holds a valid prescription for the substance.

Prior to changing testing locations for any reason, including during vacation or other travel, alternative testing locations must be approved by the Board and meet the requirements above.

The contract shall require that the laboratory directly notify the Board or its designee of non-negative results within one (1) business day and negative test results within seven (7)

business days of the results becoming available. Respondent shall maintain this laboratory or service contract during the period of probation.

A certified copy of any laboratory test result may be received in evidence in any proceedings between the Board and Respondent.

If a biological fluid test result indicates Respondent has used, consumed, ingested, or administered to himself or herself a prohibited substance, the Board shall order Respondent to cease practice and instruct Respondent to leave any place of work where Respondent is practicing medicine or providing medical services. The Board shall immediately notify all of Respondent's employers, supervisors and work monitors, if any, that Respondent may not practice medicine or provide medical services while the cease-practice order is in effect.

A biological fluid test will not be considered negative if a positive result is obtained while practicing, even if the practitioner holds a valid prescription for the substance. If no prohibited substance use exists, the Board shall lift the cease-practice order within one (1) business day.

After the issuance of a cease-practice order, the Board shall determine whether the positive biological fluid test is in fact evidence of prohibited substance use by consulting with the specimen collector and the laboratory, communicating with the licensee, his or her treating physician(s), other health care provider, or group facilitator, as applicable.

For purposes of this condition, the terms "biological fluid testing" and "testing" mean the acquisition and chemical analysis of a Respondent's urine, blood, breath, or hair.

For purposes of this condition, the term "prohibited substance" means an illegal drug, a lawful drug not prescribed or ordered by an appropriately licensed health care provider for use by Respondent and approved by the Board, alcohol, or any other substance the Respondent has been instructed by the Board not to use, consume, ingest, or administer to himself or herself.

If the Board confirms that a positive biological fluid test is evidence of use of a prohibited substance, Respondent has committed a major violation, as defined in section 1361.52(a), and the Board shall impose any or all of the consequences set forth in section 1361.52(b), in addition to any other terms or conditions the Board determines are necessary for public protection or to enhance Respondent's rehabilitation.

12. SUBSTANCE ABUSE SUPPORT GROUP MEETINGS. Within thirty (30) days of the effective date of this Decision, Respondent shall submit to the Board or its designee, for its prior approval, the name of a substance abuse support group which he or she shall attend for the duration of probation. Respondent shall attend substance abuse support group meetings at least once per week, or as ordered by the Board or its designee. Respondent shall pay all substance abuse support group meeting costs.

The facilitator of the substance abuse support group meeting shall have a minimum of three (3) years' experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or nationally certified organizations. The facilitator shall not have a current or former financial, personal, or business relationship with Respondent within the last five (5) years. Respondent's previous participation in a substance abuse group support meeting led by the same facilitator does not constitute a prohibited current or former financial, personal, or business relationship.

The facilitator shall provide a signed document to the Board or its designee showing Respondent's name, the group name, the date and location of the meeting, Respondent's attendance, and Respondent's level of participation and progress. The facilitator shall report any unexcused absence by Respondent from any substance abuse support group meeting to the Board, or its designee, within twenty-four (24) hours of the unexcused absence.

13. VIOLATION OF PROBATION CONDITION FOR SUBSTANCE ABUSING LICENSEES. Failure to fully comply with any term or condition of probation is a violation of probation.

A. If Respondent commits a major violation of probation as defined by section 1361.52, subdivision (a), of Title 16 of the California Code of Regulations, the Board shall take one or more of the following actions:

(1) Issue an immediate cease-practice order and order Respondent to undergo a clinical diagnostic evaluation to be conducted in accordance with section 1361.5, subdivision (c)(1), of Title 16 of the California Code of Regulations, at Respondent's expense. The cease-practice order issued by the Board or its designee shall state that Respondent must test negative for at least

a month of continuous biological fluid testing before being allowed to resume practice. For purposes of determining the length of time a Respondent must test negative while undergoing continuous biological fluid testing following issuance of a cease-practice order, a month is defined as thirty calendar (30) days. Respondent may not resume the practice of medicine until notified in writing by the Board or its designee that he or she may do so.

(2) Increase the frequency of biological fluid testing.

(3) Refer Respondent for further disciplinary action, such as suspension, revocation, or other action as determined by the Board or its designee.

B. If Respondent commits a minor violation of probation as defined by section 1361.52, subdivision (c), of Title 16 of the California Code of Regulations, the Board shall take one or more of the following actions:

(1) Issue a cease-practice order;

(2) Order practice limitations;

(3) Order or increase supervision of Respondent;

(4) Order increased documentation;

(5) Issue a citation and fine, or a warning letter;

(6) Order Respondent to undergo a clinical diagnostic evaluation to be conducted in accordance with section 1361.5, subdivision (c)(1), of Title 16 of the California Code of Regulations, at Respondent's expense;

(7) Take any other action as determined by the Board or its designee.

C. Nothing in this Decision shall be considered a limitation on the Board's authority to revoke Respondent's probation if he or she has violated any term or condition 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.

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14. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation 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.

15. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

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

17. 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.

18. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit.

Respondent shall comply with the Board's probation unit.

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 thirty (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.

19. 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.

20. 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 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. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of

probation. 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 the Federation of State Medical Boards's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment 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 (2) years.

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

Periods of non-practice for a Respondent residing outside of California 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; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing..

21. 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.

22. 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.

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23. 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 his or 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 re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

24. 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.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, David M. Balfour Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: _____ _____

CHRIS HOLT, M.D.
Respondent

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and D scip nary Order and have fully discussed it with my attorney, David M. Balfour Esq. I understan stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into th Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 5/14/21

CHRIS HOLT, M.D.
Respondent

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I have read and fully discussed with Respondent, Chris Holt, 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: May 19, 2021

DAVID M. BALFOUR, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: 5-20-2021

Respectfully submitted,

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

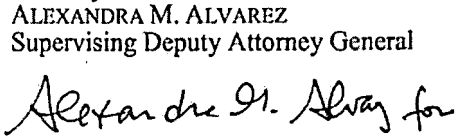

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Exhibit A

Accusation No. 800-2017-039244

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

In the Matter of the Accusation Against: **CHRIS HOLT, M.D.** **3940 4th Ave., Ste. 140** **San Diego, CA 92103-3193** **Physician's and Surgeon's Certificate No. A 96213,** Respondent.	Case No. 800-2017-039244 **A C C U S A T I O N**

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 June 30, 2006, the Medical Board issued Physician's and Surgeon's Certificate No. A 96213 to Chris Holt, 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 February 28, 2022, unless renewed.

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3. On or about November 18, 2020, an Interim Order Imposing License Restrictions was issued by the Office of Administrative Hearings, immediately restricting Physician's and Surgeon's Certificate No. A 96213, and requiring Respondent to adhere to specific conditions in order to continue practicing medicine in the State of California. As a result, Respondent's license remains restricted pending the issuance of a final decision after an administrative hearing on the Accusation.

JURISDICTION

4. 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.

5. Section 822 of the Code states:

> If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:
>
> (a) Revoking the licentiate's certificate or license.
>
> (b) Suspending the licentiate's right to practice.
>
> (c) Placing the licentiate on probation.
>
> (d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.
>
> The licensing agency shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated.

6. Section 2227 of the Code states, in pertinent part:

> (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.

...

7. 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) 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.

...

8. Unprofessional conduct under Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

9. Section 2238 of the Code states:

A violation of any federal statute or federal regulation or any of the statutes or regulations of this state regulating dangerous drugs or controlled substances constitutes unprofessional conduct.

10. Section 2239 of the Code states, in pertinent part:

(a) The use or prescribing for or administering to himself or herself, of any controlled substance; or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous or injurious to the licensee, or to any other person or to the public, or to the extent that such use impairs the ability of the licensee to practice medicine safely or more than one misdemeanor or any felony involving the use, consumption, or self-administration of any of the substances referred to in this section, or any

combination thereof, constitutes unprofessional conduct. The record of the conviction is conclusive evidence of such unprofessional conduct.

...

11. Section 11170 of the Health and Safety Code states: No person shall prescribe, administer, or furnish a controlled substance for himself.

SECTION 822 CAUSE FOR ACTION

(Mental Illness and/or Physical Illness Affecting Competency)

12. Respondent is subject to action under section 822 of the Code in that his ability to practice medicine safely is impaired due to a mental illness and/or physical illness affecting competency, as more particularly alleged hereinafter:

13. Respondent has suffered from long standing Raynaud's phenomenon and episodic arthritis symptoms dating back to childhood. He was diagnosed with Mixed Connective Tissue Disease (MCTD) in or around the age of eighteen. Since that time Respondent has suffered from chronic musculoskeletal back and joint pain.

14. In or around 2013, Respondent's symptoms were worsening and he was treating his connective tissue disorder with high dose steroids.

15. Between in or around 2015, and in or around 2018, Respondent was receiving regular prescriptions of opioids and benzodiazepines from various providers, including oxycodone,[1] Suboxone,[2] clonazepam,[3] diazepam, and alprazolam.[4]

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[1] Oxycodone (brand name Oxycontin) is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022. It is an opioid medication used to treat pain.

[2] Suboxone (brand name for buprenorphine and naloxone), is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022. It is an opioid medication used to treat opioid addiction.

[3] Clonazepam (brand name Klonopin) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is an anti-anxiety medication in the benzodiazepine family.

[4] Alprazolam (brand name Xanax) Is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is an anti-anxiety medication in the benzodiazepine family.

16. Between in or around 2016, and in or around 2020, Respondent regularly self-prescribed metoprolol.[5]

17. Between in or around 2016, and in or around 2019, Respondent regularly self-prescribed prednisone.[6]

18. On or about April 22, 2016, Respondent sought a Suboxone evaluation from E.C., M.D. (Dr. E.C.). At that time, Respondent reported having been prescribed oxycodone one year earlier, but expressed concern that the dose had gradually escalated and he experienced withdrawal when he ran out. Respondent's desire was to use Suboxone to taper off opiates completely. Dr. E.C. diagnosed Respondent with opioid dependence and prescribed him with a one month supply of Suboxone 8 mg-2 mg sublingual film.

19. On or about May 27, 2016, Respondent self-prescribed testosterone cypionate.[7]

20. On or about June 2, 2016, Respondent self-prescribed Axiron.[8]

21. On or about December 23, 2016, Respondent established care with J.C., M.D. (Dr. J.C.) as his primary care physician. At that time, Respondent had complaints of chronic pain and hypogonadism from long-term opiate use. Dr. J.C. diagnosed Respondent with chronic pain, and prescribed him Oxycontin and oxycodone. Respondent received treatment and monthly prescriptions from Dr. J.C. until in or around June 2017. In or around December 2017 through in or around March 2018, Respondent also received monthly benzodiazepine prescriptions from Dr. J.C.

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[5] Metoprolol is a beta-blocker medication used to treat high blood pressure, and a dangerous drug pursuant to Business and Professions Code section 4022.

[6] Prednisone is a corticosteroid medication used to treat inflammation, and a dangerous drug pursuant to Business and Professions Code section 4022.

[7] Testosterone cypionate (brand name Depo-Testosterone) is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (f), and a dangerous drug pursuant to Business and Professions Code section 4022. It is an injectable medication used on males with low testosterone.

[8] Axiron is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (f), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a topical testosterone medication used on males with low testosterone.

22. On or about March 20, 2017, while still under the care of Dr. J.C., Respondent sought a pain management consultation from F.P., M.D. (Dr. F.P.), during which he admitted taking significant amounts of opiates. Dr. F.P. diagnosed Respondent with opioid dependence, encouraged him to go onto Suboxone, and prescribed him a courtesy 30-day prescription of oxycodone and Oxycontin.

23. On or about June 28, 2017, Respondent established care with psychiatrist, A.R., M.D. (Dr. A.R.). He sought a Suboxone prescription not for pain control, but to get him off opioids without withdrawal symptoms. At that time, he admitted occasionally taking extra oxycodone when he was up late and experiencing withdrawals. Dr. A.R. diagnosed Respondent with opioid use disorder and unspecified anxiety disorder, and prescribed him Suboxone 8-2 mg sublingual film. Dr. A.R. maintained Respondent on that monthly prescription of Suboxone until on or about September 24, 2018, when he reduced his Suboxone dose by half. Between in or around March 2018, and in or around May 2018, Dr. A.R. also prescribed Respondent monthly prescriptions of alprazolam and diazepam,[9] and diagnosed him with Bipolar II disorder in August 2019.

24. Between in or around June 2016, and in or around June 2017, while he was receiving treatment from other providers, Respondent regularly self-prescribed bupropion[10] and lamotrigine.[11] During that same time frame, he also received regular courtesy prescriptions of clonazepam from his supervisor, A.Z., M.D., who did not maintain treatment records.

25. On or about December 11, 2017, Respondent appeared drunk or under the influence while at work. On that date, he had an unsteady gait, was unstable and incoherent, and patients complained he was falling asleep during their visit. Respondent does not recall this event,

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[9] Diazepam (brand name Valium) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is an anti-anxiety medication in the benzodiazepine family.

[10] Bupropion (brand name Wellbutrin) is an antidepressant medication, and a dangerous drug pursuant to Business and Professions Code section 4022.

[11] Lamotrigine (brand name Lamictal) is an anticonvulsant mood stabilizing medication, and a dangerous drug pursuant to Business and Professions Code section 4022.

specifically, but alleges to have had a syncopal episode after he took a second dose of metoprolol earlier than normal due to experiencing bad palpitations. He claimed this had never happened to him before, and even though his supervisor had to awaken him at his desk, he did not seek any follow-up care with his cardiologist after the event.

26. On or about March 20, 2018, Respondent provided a voluntary urine sample to A.M., an investigator for the Board (Investigator A.M.), agreed to undergo voluntary mental and physical evaluations, and provided various releases for his medical records. His urine sample later tested positive for buprenorphine.

27. On or about June 8, 2018, Respondent self-prescribed clonidine.[12]

28. On or about August 20, 2108, Respondent voluntarily submitted to a mental evaluation by Board appointed psychiatrist, Steven A. Ornish, M.D. (Dr. Ornish). After conducting an extensive review of materials and a face-to-face evaluation, Dr. Ornish opined that Respondent suffers from, among other things, an opioid use disorder, a history of opioid use withdrawal, and an unspecified anxiety disorder. He further concluded that Respondent was unable to practice medicine safely at that time as a result of these diagnoses, without appropriate monitoring. Dr. Ornish identified that appropriate monitoring would include pharmacologic management by someone other than Dr. A.R., reconsideration of his current medication regimen, receipt of all psychotropic and opioid medications from his treating psychiatrist, random urine drug screens, participation in an out-patient drug treatment program, continued tapering of his Suboxone, and non-opioid treatment for future flare-ups of pain.

29. On or about August 22, 2018, Respondent voluntarily submitted to a physical evaluation by Board appointed family medicine physician, Lee P. Ralph, M.D. (Dr. Ralph). After conducting an extensive review of materials and a face-to-face evaluation, Dr. Ralph opined that Respondent suffers from, among other things, MCTD with chronic hand arthralgias and Raynaud's syndrome, and a history of opioid use disorder. He found Respondent's main medical issue to be his chronic pain related to his MCTD, for which he requires chronic opioid use. Dr.

[12] Clonidine is a sedative antihypertensive medication used to treat high blood pressure, and a dangerous drug pursuant to Business and Professions Code section 4022.

Ralph further concluded that Respondent was unable to practice medicine safely at that time as a result of these diagnoses, without appropriate management and oversight of his Suboxone use by a pain medicine physician. Dr. Ralph identified that appropriate management would include monthly or bi-monthly monitoring, regular checking of the CURES database, periodic urine drug screens, and physical and mental health screenings and assessments at regular intervals.

30. Between on or about August 1, 2019, and on or about July 14, 2020, while under the care of his psychiatrist, Dr. A.R., Respondent regularly self-prescribed gabapentin,[13] olanzapine,[14] and quetiapine.[15]

31. On or about May 22, 2020, during his subject interview with Investigator A.M., Respondent admitted that he still takes Suboxone, and agreed that he suffers from opioid dependency, a history of opioid withdrawals, and an anxiety disorder. Respondent further admitted that he has never received outpatient treatment, does not currently see a pain specialist, and has not attempted to taper his Suboxone since 2018.

32. On or about July 10, 2020, after reviewing additional records, including Respondent's current medical records from Dr. A.R., current CURES report, and the recording and transcript from his subject interview, Dr. Ornish's previous opinions rendered were unchanged. Dr. Ornish concluded that the observed behavior of Respondent on or about December 11, 2017, was not a "syncopal episode" as he contends, but rather, is best explained by a physician impaired at work from over-medication from benzodiazepines (clonazepam and alprazolam), combined with an opioid (Suboxone) - all of which he filled on or around December 11, 2017. Dr. Ornish opined that Respondent suffers from, among other things, an opioid use disorder, a history of opioid use withdrawal, and an unspecified anxiety disorder. Dr. Ornish further opined that Respondent is

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[13] Gabapentin is anticonvulsant nerve pain medication, and a dangerous drug pursuant to Business and Professions Code section 4022.

[14] Olanzapine (brand name Zyprexa) is an antipsychotic medication used to treat mental disorders, including schizophrenia and bipolar disorder, and is a dangerous drug pursuant to Business and Professions Code section 4022.

[15] Quetapine (brand name Seroquel) is an antipsychotic medication used to treat mental disorders, including schizophrenia and bipolar disorder, and is a dangerous drug pursuant to Business and Professions Code section 4022.

unable to practice medicine safely at this time as a result of these diagnoses, and that his continued practice of medicine without appropriate monitoring will endanger the public health, safety, and welfare.

33. On or about July 28, 2020, after reviewing additional records, including Respondent's current medical records from Dr. A.R., current CURES report, and the recording and transcript from his subject interview, Dr. Ralph concluded that Respondent is not taking Suboxone for pain management as he previously believed, but more so for his opioid use disorder. Dr. Ralph is concerned that Respondent is not being closely monitored by his prescribing physician, Dr. A.R., and opined that Respondent suffers from a chronic pain syndrome and an opioid use disorder, and requires chronic narcotic medications. Dr. Ralph further opined that Respondent is unable to practice medicine safely at this time as a result of these diagnoses, and that his continued practice of medicine without appropriate management and oversight of his Suboxone use by his prescribing physician will endanger the public health, safety, and welfare.

FIRST CAUSE FOR DISCIPLINE

(Prescribing or Administering Controlled Substances to Himself)

34. Respondent has subjected his Physician's and Surgeon's Certificate No. A 96213 to disciplinary action under sections 2227, and 2234, as defined by section 2239, subdivision (a), of the Code, in that he has prescribed or administered controlled substances to himself, as more particularly alleged in paragraphs 12 through 33, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

SECOND CAUSE FOR DISCIPLINE

(Violation of State Laws Regulating Dangerous Drugs and/or Controlled Substances)

35. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 96213 to disciplinary action under sections 2227 and 2234, as defined by section 2238, of the Code, in that he has violated a state law or laws regulating dangerous drugs and/or controlled substances, as more particularly alleged hereinafter:

A. Paragraphs 12 through 33 above, are hereby incorporated by reference and realleged as if fully set forth herein;

B. Respondent has administered controlled substances to himself, in violation of Health and Safety Code section 11170, and section 2339, subdivision (a), of the Code.

THIRD CAUSE FOR DISCIPLINE

(Gross Negligence)

36. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 96213 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he was grossly negligent as more particularly alleged hereinafter:

A. Paragraphs 12 through 33, above, are hereby incorporated by reference and realleged as if fully set forth herein;

B. Self-prescribing olanzapine in or around 2019;

C. Self-prescribing quetapine between in or around 2019 through in or around 2020;

D. Self-prescribing clonidine on or about June 8, 2018;

E. Self-prescribing lamotrigine between in or around 2016 and in or around 2017;

F. Self-prescribing gabapentin in or around 2019; and

G. Self-prescribing bupropion in or around 2016 through in or around 2019.

FOURTH CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

37. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 96213 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts as more particularly alleged in paragraphs 12 through 33, and 36, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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FIFTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

38. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 96213 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 12 through 33, above, which are hereby incorporated by reference as if fully set forth herein.

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. A 96213, issued to Respondent, Chris Holt, M.D.;

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

3. Ordering Respondent, Chris Holt, M.D., if placed on probation, to pay the Board the costs of probation monitoring;

4. Taking action as authorized by section 822 of the Code as the Board, in its discretion, deems necessary and proper;

5. Ordering Respondent, Chris Holt, M.D., if placed on probation, to disclose the disciplinary order to patients pursuant to section 2228.1 of the Code; and

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

DATED: Dec. 7, 2020

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

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