

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

In the Matter of the Accusation  
Against:

Kristin Maura Levitan, M.D.

Physician's and Surgeon's  
Certificate No. G 61477

Respondent.

Case No. 800-2017-035378

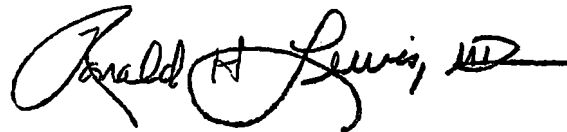
DECISION

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 2, 2021.

IT IS SO ORDERED: June 3, 2021.

MEDICAL BOARD OF CALIFORNIA



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

1 MATTHEW RODRIQUEZ  
Acting Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
3 LAWRENCE MERCER  
Deputy Attorney General  
4 State Bar No. 111898  
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*Attorneys for Complainant*

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:  
13 **KRISTIN MAURA LEVITAN, M.D.**  
14 16230 Monterey Road, Suite 204  
Morgan Hill, CA 95307-5456  
15  
16 Physician's and Surgeon's Certificate No. G 61477  
17 Respondent.

Case No. 800-2017-035378

OAH No. 2021020088

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

18  
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
23 California (Board). He brought this action solely in his official capacity and is represented in this  
24 matter by Matthew Rodriquez, Acting Attorney General of the State of California, by Lawrence  
25 Mercer, Deputy Attorney General.

26 2. Respondent Kristin Maura Levitan, M.D. (Respondent) is represented in this  
27 proceeding by her attorneys Thomas E. Still, and Hinshaw, Marsh, Still & Hinshaw, LLP, 12901  
28 Saratoga Ave, Saratoga CA 95070.

1 3. On or about October 5, 1987, the Board issued Physician's and Surgeon's Certificate  
2 No. G 61477 to Kristin Maura Levitan, M.D. (Respondent). The Physician's and Surgeon's  
3 Certificate was in full force and effect at all times relevant to the charges brought in Accusation  
4 No. 800-2017-035378, and will expire on March 31, 2023, unless renewed.

5 **JURISDICTION**

6 4. Accusation No. 800-2017-035378 was filed before the Board, and is currently  
7 pending against Respondent. The Accusation and all other statutorily required documents were  
8 properly served on Respondent on January 24, 2020. Respondent timely filed her Notice of  
9 Defense contesting the Accusation.

10 5. A copy of Accusation No. 800-2017-035378 is attached as exhibit A and incorporated  
11 herein by reference.

12 **ADVISEMENT AND WAIVERS**

13 6. Respondent has carefully read, fully discussed with counsel, and understands the  
14 charges and allegations in Accusation No. 800-2017-035378. Respondent has also carefully read,  
15 fully discussed with her counsel, and understands the effects of this Stipulated Settlement and  
16 Disciplinary Order.

17 7. Respondent is fully aware of her legal rights in this matter, including the right to a  
18 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine  
19 the witnesses against her; the right to present evidence and to testify on her own behalf; the right  
20 to the issuance of subpoenas to compel the attendance of witnesses and the production of  
21 documents; the right to reconsideration and court review of an adverse decision; and all other  
22 rights accorded by the California Administrative Procedure Act and other applicable laws.

23 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
24 every right set forth above.

25 **CULPABILITY**

26 9. Respondent understands and agrees that the charges and allegations in Accusation  
27 No. 800-2017-035378, if proven at a hearing, constitute cause for imposing discipline upon her  
28 Physician's and Surgeon's Certificate.

1 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case  
2 or factual basis for the charges in the Accusation, and that Respondent hereby gives up her right  
3 to contest those charges.

4 11. Respondent agrees that her Physician's and Surgeon's Certificate is subject to  
5 discipline and she agrees to be bound by the Board's probationary terms as set forth in the  
6 Disciplinary Order below.

7 **CONTINGENCY**

8 12. This stipulation shall be subject to approval by the Medical Board of California.  
9 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
10 Board of California may communicate directly with the Board regarding this stipulation and  
11 settlement, without notice to or participation by Respondent or her counsel. By signing the  
12 stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek  
13 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
14 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
15 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
16 action between the parties, and the Board shall not be disqualified from further action by having  
17 considered this matter.

18 13. Respondent agrees that if she ever petitions for early termination or modification of  
19 probation, or if an accusation and/or petition to revoke probation is filed against her before the  
20 Board, all of the charges and allegations contained in Accusation No. 800-2017-035378 shall be  
21 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any  
22 other licensing proceeding involving Respondent in the State of California.

23 14. The parties understand and agree that Portable Document Format (PDF) and facsimile  
24 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
25 signatures thereto, shall have the same force and effect as the originals.

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

1 **DISCIPLINARY ORDER**

2 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 61477 issued  
3 to Respondent KRISTIN MAURA LEVITAN, M.D is revoked. However, the revocation is  
4 stayed and Respondent is placed on probation for three (3) years on the following terms and  
5 conditions:

6 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this  
7 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
8 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours  
9 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
10 correcting any areas of deficient practice or knowledge and shall be Category I certified. The  
11 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to  
12 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
13 completion of each course, the Board or its designee may administer an examination to test  
14 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65  
15 hours of CME of which 40 hours were in satisfaction of this condition.

16 2. **PRESCRIBING PRACTICES COURSE.** Within 60 calendar days of the effective  
17 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in  
18 advance by the Board or its designee. Respondent shall provide the approved course provider  
19 with any information and documents that the approved course provider may deem pertinent.  
20 Respondent shall participate in and successfully complete the classroom component of the course  
21 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
22 complete any other component of the course within one (1) year of enrollment. The prescribing  
23 practices course shall be at Respondent's expense and shall be in addition to the Continuing  
24 Medical Education (CME) requirements for renewal of licensure.

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

1 this Decision.

2 Respondent shall submit a certification of successful completion to the Board or its  
3 designee not later than 15 calendar days after successfully completing the course, or not later than  
4 15 calendar days after the effective date of the Decision, whichever is later.

5 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
6 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
7 advance by the Board or its designee. Respondent shall provide the approved course provider  
8 with any information and documents that the approved course provider may deem pertinent.  
9 Respondent shall participate in and successfully complete the classroom component of the course  
10 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
11 complete any other component of the course within one (1) year of enrollment. The medical  
12 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
13 Medical Education (CME) requirements for renewal of licensure.

14 A medical record keeping course taken after the acts that gave rise to the charges in the  
15 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
16 or its designee, be accepted towards the fulfillment of this condition if the course would have  
17 been approved by the Board or its designee had the course been taken after the effective date of  
18 this Decision.

19 Respondent shall submit a certification of successful completion to the Board or its  
20 designee not later than 15 calendar days after successfully completing the course, or not later than  
21 15 calendar days after the effective date of the Decision, whichever is later.

22 4. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this  
23 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
24 monitor, the name and qualifications of one or more licensed physicians and surgeons whose  
25 licenses are valid and in good standing, and who are preferably American Board of Medical  
26 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
27 relationship with Respondent, or other relationship that could reasonably be expected to  
28 compromise the ability of the monitor to render fair and unbiased reports to the Board, including

1 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
2 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

3 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
4 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
5 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed  
6 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role  
7 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees  
8 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
9 signed statement for approval by the Board or its designee.

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

14 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
15 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
16 cease the practice of medicine within three (3) calendar days after being so notified. Respondent  
17 shall cease the practice of medicine until a monitor is approved to provide monitoring  
18 responsibility.

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

25 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
26 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
27 name and qualifications of a replacement monitor who will be assuming that responsibility within  
28 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60

1 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
2 notification from the Board or its designee to cease the practice of medicine within three (3)  
3 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
4 replacement monitor is approved and assumes monitoring responsibility.

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

10 5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
11 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
12 Chief Executive Officer at every hospital where privileges or membership are extended to  
13 Respondent, at any other facility where Respondent engages in the practice of medicine,  
14 including all physician and locum tenens registries or other similar agencies, and to the Chief  
15 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
16 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
17 calendar days.

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

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

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

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

28 Respondent shall submit quarterly declarations not later than 10 calendar days after the end



1 of the preceding quarter.

2 9. GENERAL PROBATION REQUIREMENTS.

3 Compliance with Probation Unit

4 Respondent shall comply with the Board's probation unit.

5 Address Changes

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

11 Place of Practice

12 Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
13 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
14 facility.

15 License Renewal

16 Respondent shall maintain a current and renewed California physician's and surgeon's  
17 license.

18 Travel or Residence Outside California

19 Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
20 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
21 (30) calendar days.

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

25 10. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
26 available in person upon request for interviews either at Respondent's place of business or at the  
27 probation unit office, with or without prior notice throughout the term of probation.

28 11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or

1 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
2 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
3 defined as any period of time Respondent is not practicing medicine as defined in Business and  
4 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
5 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
6 Respondent resides in California and is considered to be in non-practice, Respondent shall  
7 comply with all terms and conditions of probation. All time spent in an intensive training  
8 program which has been approved by the Board or its designee shall not be considered non-  
9 practice and does not relieve Respondent from complying with all the terms and conditions of  
10 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
11 on probation with the medical licensing authority of that state or jurisdiction shall not be  
12 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
13 period of non-practice.

14 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
15 months, Respondent shall successfully complete the Federation of State Medical Boards's Special  
16 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
17 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model  
18 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

19 Respondent's period of non-practice while on probation shall not exceed two (2) years.

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

21 Periods of non-practice for a Respondent residing outside of California will relieve  
22 Respondent of the responsibility to comply with the probationary terms and conditions with the  
23 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
24 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
25 Controlled Substances; and Biological Fluid Testing..

26 12. COMPLETION OF PROBATION. Respondent shall comply with all financial  
27 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
28 completion of probation. Upon successful completion of probation, Respondent's certificate shall

1 be fully restored.

2 13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
3 of probation is a violation of probation. If Respondent violates probation in any respect, the  
4 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
5 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,  
6 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
7 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
8 the matter is final.

9 14. LICENSE SURRENDER. Following the effective date of this Decision, if  
10 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
11 the terms and conditions of probation, Respondent may request to surrender his or her license.  
12 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
13 determining whether or not to grant the request, or to take any other action deemed appropriate  
14 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
15 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
16 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
17 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
18 application shall be treated as a petition for reinstatement of a revoked certificate.

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

24 16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
25 a new license or certification, or petition for reinstatement of a license, by any other health care  
26 licensing action agency in the State of California, all of the charges and allegations contained in  
27 Accusation No. 800-2017-035378 shall be deemed to be true, correct, and admitted by  
28 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or

1 restrict license.

2

**ACCEPTANCE**

3

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

8

9

DATED: \_\_\_\_\_

\_\_\_\_\_  
KRISTIN MAURA LEVITAN, M.D.  
*Respondent*

10

11

I have read and fully discussed with Respondent Kristin Maura Levitan, M.D. the terms and  
12 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.

12

13

I approve its form and content.

14

DATED: \_\_\_\_\_

\_\_\_\_\_  
THOMAS E. STILL  
*Attorney for Respondent*

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1 restrict license.

2 ACCEPTANCE

3 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
4 discussed it with my attorney, Thomas E. Still. I understand the stipulation and the effect it will  
5 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
6 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
7 Decision and Order of the Medical Board of California.

8  
9 DATED: 4-9-21

  
10 KRISTIN MAURA LEVITAN, M.D.  
11 Respondent

12 I have read and fully discussed with Respondent Kristin Maura Levitan, M.D. the terms and  
13 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
14 I approve its form and content.

15 DATED: 4-12-2021

  
16 THOMAS E. STILLE  
17 Attorney for Respondent

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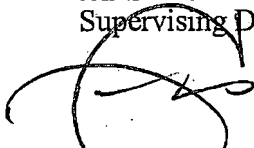
**ENDORSEMENT**

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

DATED: April 12, 2021

Respectfully submitted,

MATTHEW RODRIQUEZ  
Acting Attorney General of California  
JANE ZACK SIMON  
Supervising Deputy Attorney General



LAWRENCE MERCER  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 800-2017-035378**

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO Jan. 21 20 20  
BY A. Caramia ANALYST

1 XAVIER BECERRA  
Attorney General of California  
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Supervising Deputy Attorney General  
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*Attorneys for Complainant*  
7

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2017-035378

13 **Kristin Maura Levitan, M.D.**  
14 151 Bernal Rd. Ste. 1B  
San Jose CA 95119-1306

**ACCUSATION**

15 Physician's and Surgeon's Certificate  
16 No. G 61477,

17 Respondent.

18  
19 **PARTIES**

20 1. Christine J. Lally (Complainant) brings this Accusation solely in her official capacity  
21 as the Interim Executive Director of the Medical Board of California, Department of Consumer  
22 Affairs (Board).

23 2. On or about October 5, 1987, the Medical Board issued Physician's and Surgeon's  
24 Certificate Number G 61477 to Kristin Maura Levitan, M.D. (Respondent). The Physician's and  
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
26 herein and will expire on March 31, 2021, unless renewed.  
27  
28



JURISDICTION

1  
2 3. This Accusation is brought before the Board, under the authority of the following  
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise  
4 indicated.

5 4. Section 2227 of the Code states:

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

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

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

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

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

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

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

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

28 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:

“(b) Gross negligence.

(c) Repeated negligent acts. To be repeated, there must be two or more  
negligent acts or omissions. An initial negligent act or omission followed by a  
separate and distinct departure from the applicable standard of care shall constitute  
repeated negligent acts.

(1) An initial negligent diagnosis followed by an act or omission medically  
appropriate for that negligent diagnosis of the patient shall constitute a single  
negligent act.

1 (2) When the standard of care requires a change in the diagnosis, act, or  
2 omission that constitutes the negligent act described in paragraph (1), including, but  
3 not limited to, a reevaluation of the diagnosis or a change in treatment, and the  
4 licensee's conduct departs from the applicable standard of care, each departure  
5 constitutes a separate and distinct breach of the standard of care.

6 (d) Incompetence. . .”

7 6. Section 725, in pertinent part, states:

8 “(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or  
9 administering of drugs or treatment . . . as determined by the standard of the  
10 community of licensees is unprofessional conduct for a physician and surgeon . . .”

11 **CAUSE FOR DISCIPLINARY ACTION**

12 (Gross negligence/repeated negligent acts/excessive prescribing/incompetence)

13 7. Respondent is subject to disciplinary action under Business and Professions Code  
14 section 2234 and/or 2234(b) and/or 2234(c) and/or 2234(d) and/or 725 in that Respondent was  
15 grossly negligent and/or committed repeated acts of negligence and/or excessively prescribed  
16 and/or was incompetent in the care and treatment of multiple patients. The circumstances are as  
17 follows:

18 Patient 1<sup>1</sup>

19 8. Patient 1, a 45-year old female, came under Respondent's care and treatment from  
20 May 18, 2012, at which time the patient stated that she was taking Valium, 10 mg, BID, for neck  
21 and back spasms. The patient gave a history of substance abuse, including alcohol and Vicodin  
22 (an opiate), but advised that she had been taking Valium<sup>2</sup> for at least 10 years and had “never  
23 been addicted” to it. Without conducting a full evaluation of the patient's past substance abuse,  
24 Respondent prescribed Valium, 10 mg, BID. Over the course of treatment, Respondent would add  
25 Klonopin<sup>3</sup>, .5 mg, and alprazolam<sup>4</sup>, 2 mg, to the patient's regimen of benzodiazepines, as well as

26 <sup>1</sup> Patient names are withheld to protect privacy rights.

27 <sup>2</sup> Valium (diazepam) is a benzodiazepine used to treat anxiety disorders, muscle spasms  
28 and other conditions. Misuse of this medication can cause addiction, overdose or death. Valium  
should not be used in combination with opioid medications or alcohol.

<sup>3</sup> Klonopin (clonazepam) is a benzodiazepine used to treat panic attacks, seizures and  
other conditions. Use of this medication along with opioid drugs can have serious side effects.

<sup>4</sup> Alprazolam, marketed under the trade name Xanax, is a benzodiazepine used to treat  
anxiety disorders. Use of this medication in conjunction with other benzodiazepines can cause  
dangerous side effects.

1 Ambien<sup>5</sup>, 10 mg, a hypnotic with properties similar to benzodiazepines. There is no medical  
2 benefit and potential for significant harmful interactions combining three medications of the same  
3 class with a hypnotic. Respondent continued the patient on this regimen through 2018. Review of  
4 a Controlled Substance Utilization Review and Evaluation System (CURES) report for the period  
5 from May 2017 to May 2018 showed that Respondent was prescribing amounts of these  
6 controlled substances such that the patient would be on an average daily dose of 15 mg of  
7 Valium, 3.3 mg of alprazolam, 1.3 mg of Klonopin and 7.5 mg of Ambien.

8 9. On August 28, 2012, Patient 1 reported difficulty with focus. Respondent used an  
9 adult ADHD self-report survey to assess the patient for possible ADD/ADHD. Based on the  
10 results of that survey, Respondent diagnosed the patient with ADD and began prescribing  
11 Adderall<sup>6</sup>, 10 mg, BID. The use of amphetamine and other stimulants to treat Attention Deficit  
12 Disorder requires careful and thorough evaluation and is relatively contraindicated in a patient  
13 with substance abuse and alcohol dependency issues. The 2017-2018 CURES report showed that  
14 Respondent was prescribing Adderall and a mixed amphetamine in quantities sufficient to  
15 provide the patient with an average daily dose of 94 mg.

16 10. During the period 2012-2019 when Respondent inappropriately prescribed a  
17 combination of amphetamine salts, multiple benzodiazepines and a hypnotic to Patient 1,  
18 Respondent failed to monitor the patient for possible abuse or diversion of her medications.  
19 CURES reports show that while she was under Respondent's care, Patient 1 did resume use of  
20 Vicodin. Combining benzodiazepines with an opiate posed the risk of serious side effects for the  
21 patient and Respondent should have monitored her drug use via CURES reports to detect abuse  
22 and doctor shopping. Given the patient's self-reported history of alcohol and opiate abuse,  
23 Respondent should have required periodic urine toxicology screens and required that the patient  
24 use only one pharmacy to fill her prescriptions. Respondent failed to maintain appropriate  
25

26 <sup>5</sup> Ambien (zolpidem) is a hypnotic used to treat insomnia. Use of this medication in  
27 conjunction with benzodiazepines may increase side effects such as dizziness, drowsiness,  
28 confusion and difficulty concentrating.

<sup>6</sup> Adderall is a combination medication containing four salts of amphetamine and used in  
treatment of attention deficit disorder.

1 boundaries in that Respondent repeatedly accommodated the patient's requests for medications  
2 and failed to wean her from them.

3 Patient 2

4 11. Patient 2, a 42 year old female with a complex psychiatric history, began treatment  
5 with Respondent on January 28, 2000. Respondent described the patient as catatonic and mute,  
6 with suicidal thoughts and auditory hallucinations. Respondent diagnosed the patient with Major  
7 Depression, rule out Psychosis. At the first appointment, Respondent prescribed Xanax for  
8 anxiety and Prozac for depression. To address the patient's severe, resistant insomnia,  
9 Respondent prescribed Ambien and had the patient sign an informed consent for Ambien, 5-10  
10 mg; however, Patient 2's use of Ambien equaled or exceeded 25 mg/day over a 20 year period,  
11 which dosage Respondent stated was necessary to enable her to sleep in two four-hour shifts. The  
12 recommended initial dose for Ambien CR is 6.25 mg for women, which can be increased to 12.5  
13 mg if the lower dose is not effective. Higher doses pose the risk of next day impairment. During  
14 the 20 year period, Patient 2 exhibited dependency on this hypnotic and resisted all efforts to  
15 substitute other drugs and therapies to treat her insomnia.

16 12. In addition to sleep medications, Respondent also prescribed the benzodiazepines  
17 Ativan<sup>7</sup>, 6 mg/day, and Klonopin, 4 mg/day. There is no benefit and potential for significant  
18 harmful effects combining three benzodiazepines and benzodiazepine-like medications. In  
19 addition, between 2015 and 2018, the patient was also being prescribed hydrocodone, an opiate,  
20 by another physician, placing her at increased risk of life threatening drug interactions. Only in  
21 2019, after many years of high dose benzodiazepine therapy, did Respondent significantly reduce  
22 the amount of medications prescribed.

23 Patient 3

24 13. Patient 3, a 17 year old female, came under Respondent's care on January 29, 2013  
25 for severe depression, with anxiety, mood swings and bipolar tendencies. Respondent started the  
26 patient on Prozac, an antidepressant, and Xanax, .25 mg, as needed for anxiety and panic attacks.

27 <sup>7</sup> Ativan (lorazepam) is used to treat anxiety and insomnia. Used in combination with  
28 other CNS depressants it may cause respiratory depression. Long-term use also poses a risk for  
physical and psychological dependence.

1 In 2014, Respondent added Valium to treat the patient's neck/back spasms. Combining two  
2 medications of the same class does not provide significant benefits and potentially can have  
3 harmful effects. The patient continued to receive prescriptions for these medications for several  
4 years, between 2014 and 2018. Long-term use of these medications poses a risk of patient harm,  
5 including dependency, cognitive decline and falls. Benzodiazepines should be used restrictively  
6 when treating patients with Bipolar Disorder and prescribing benzodiazepines may be associated  
7 with a more severe course of illness.

8 14. In June 2013, Respondent used a psychometric scale to diagnose ADD, after which  
9 she began prescribing Adderall, 20 mg, BID, which was later increased to 20 mg, TID.  
10 Prescribing benzodiazepines and amphetamines concurrently and on a daily basis causes  
11 secondary mood swings and aberrant behaviors that can be mistaken for the patient's underlying  
12 condition. Patient 3 reported that her mood swings increased after taking Adderall.

13 15. Although Respondent prescribed drugs with the potential for dependency and abuse,  
14 she did not perform routine urine toxicology screens. Patient 3 was using multiple pharmacies to  
15 fill her medications, which can be a sign of abuse, but Respondent was not regularly utilizing  
16 CURES reports to detect abuse or diversion and did not become aware of this until after the  
17 Board began its investigation.

18 Patient 4

19 16. On August 16, 2017, the Board received a CURES report relating to Respondent's  
20 overall prescribing. That report revealed that on July 6, 2015 and September 9, 2015, Respondent  
21 prescribed Vicodin ES, 300/7.5 mg, #60, to Patient 4. Patient 4 did not receive prescriptions for  
22 any psychiatric medications and she resided more than 60 miles from Respondent's office;  
23 moreover, the patient had the same surname as Respondent. The Board sent Respondent a  
24 subpoena for records relating to her treatment of Patient 4 and Respondent provided a  
25 certification that in fact no records existed. Prescribing controlled substances to a family member  
26 is below the standard of care.

27 17. Respondent is guilty of unprofessional conduct and Respondent's certificate is subject  
28 to disciplinary action based on her gross negligence, repeated negligent acts, excessive

1 prescribing and/or incompetence as set forth above and including, but not limited to, the  
2 following:

3 A. Respondent prescribed inappropriate combinations of multiple benzodiazepines for  
4 long-term use;

5 B. Respondent inappropriately prescribed benzodiazepines and amphetamines to patients  
6 whose substance abuse history and/or psychiatric diagnosis was a contraindication and/or  
7 precaution.

8 PRAYER

9 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
10 and that following the hearing, the Medical Board of California issue a decision:

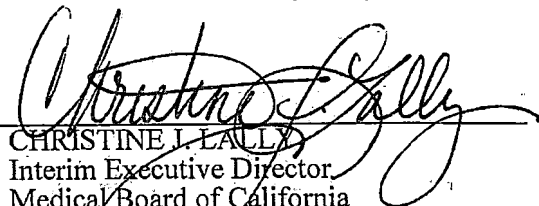
11 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 61477,  
12 issued to Kristin Maura Levitan, M.D.;

13 2. Revoking, suspending or denying approval of Kristin Maura Levitan, M.D.'s  
14 authority to supervise physician assistants and advanced practice nurses;

15 3. Ordering Kristin Maura Levitan, M.D., if placed on probation, to pay the Board the  
16 costs of probation monitoring; and

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

18  
19 DATED: JAN. 24, 2020

  
CHRISTINE L. LALLY  
Interim Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
Complainant

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25 Levitan Accusation with Client edits.docx  
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