## STATE OF NEW YORK DEPARTMENT OF HEALTH STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

# IN THE MATTER 

## OF

RYAN PETERSON, M.D. CO-12-01-0282-A

COMMISSIONER'S SUMMARY ORDER

TO: Ryan Peterson. M.D.
REDACTED

The undersigned, Sue Kelly, Executive Deputy Commissioner of Health, pursuant to New York Public Health Law $\S 230$, upon the recommendation of a Committee on Professional Medical Conduct of the State Board for Professional Medical Conduct, has determined that the duly authorized professional disciplinary agency of another jurisdiction, the State of California, Medical Board of California, has made a finding substantially equivalent to a finding that the practice of medicine by RYAN PETERSON, M.D., Respondent, New York license number 239387, in that jurisdiction, constitutes an imminent danger to the health of its people, as is more fully set forth in the Stipulation for Interim Suspension Order dated January 4, 2012, attached, hereto, as Appendix " A, " and made a part, hereof.

It is, therefore:

ORDERED, pursuant to New York Public Health Law §230(12)(b), that effective immediately, RYAN PETERSON, M.D., shall not practice medicine in the State of New York or in any other jurisdiction where that practice is predicated on a valid New York State license to practice medicine.

ANY PRACTICE OF MEDICINE IN THE STATE OF NEW YORK IN VIOLATION OF THIS ORDER SHALL CONSTITUTE PROFESSIONAL MISCONDUCT WITHIN THE MEANING OF NEW YORK EDUCATION LAW §6530(29) AND MAY CONSTITUTE UNAUTHORIZED MEDICAL PRACTICE, A FELONY DEFINED BY NEW YORK EDUCATION LAW §6512.

This Order shall remain in effect until the final conclusion of a hearing which shall commence within thirty $(30)$ days after the final conclusion of the disciplinary proceeding in California.

The hearing will be held pursuant to the provisions of New York Public Health Law §230, and New York State Administrative Procedure Act $\S \S 301-307$ and 401. The hearing will be conducted before a committee on professional conduct of the State Board for Professional Medical Conduct on a date and at a location to be set forth in a written Notice of Referral Proceeding to be provided to the Respondent after the final conclusion of the New Hampshire proceeding. Said written Notice may be provided in person, by mail, or by other means. If Respondent wishes to be provided said written notice at an address other than that set forth above, Respondent shall so notify, in writing, both the attorney whose name is set forth in this Order, and the Director of the Office of Professional Medical Conduct, at the addresses set forth below.

RESPONDENT SHALL NOTIFY THE DIRECTOR OF THE OFFICE OF PROFESSIONAL MEDICAL CONDUCT, NEW YORK STATE DEPARTMENT OF HEALTH, RIVERVIEW CENTER, 150 BROADWAY - SUITE 355, ALBANY, NEW YORK 12204-2719, VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED OF THE FINAL CONCLUSION OF THE PROCEEDING IMMEDIATELY UPON SUCH CONCLUSION.
these proceedings may result in a determination that your LICENSE TO PRACTICE MEDICINE IN NEW YORK STATE BE REVOKED OR SUSPENDED AND/OR THAT YOU BE FINED OR SUBJECT TO OTHER SANCTIONS SET FORTH IN NEW YORK PUBLIC HEALTH LAW § ${ }^{230}$-a. YOU ARE URGED TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN THIS MATTER.

DATE: Albany, New York
Sept.13.2012

> REDACTED


Executive Deputy Commissioner of Health New York State Department of Health

Inquires should be directed to:
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Altormeys for Petitioner
BEFORE THE
MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA

In the Matter of the Petition for Interim Order of Suspension Against:

RYAN C. PETERSON, M.D.
Physician's and Surgeon's Cerificate No. Al03097

Respondent.

Petitioner Linda K. Whiney ("Petitioner"), Executive Director of the Medical Board of Califormia ("Board"), by and through her attorney, Kamala D. Harris, Allorney General of the State of California, by Doug Knoll, Depury Attorney General, and Respondent, Ryan C. Peterson, M.D. ("Respondent"), represented in this matter by Theodore A. Cohen, Esq., hereby stipulate and agrec as follows:

1. Petitioner has filed a Noticed Petition for Interim Suspension Order against Respondent, pursuant to Govermment Code section 11529, based upon the Board's investigation establishing that Respondent has engaged in various acts involving unprofessional conduct and dishonesty, as deseribed in the Petition on file in this matter.

1
STIPULATION FOR INTERIM SUSPENSION ORDER
2. In order to avoid the time and expense of a hearing on the Petition for Interim Suspension Order, Petitioner and Respondent hereby stipulate and agree that an Interim Suspension Order shall be issued by an Administrative Law Judge, on behalf of the Board, as follows:
A. Respondent shall not practice or attempt to practice any aspect of medicine;
B. Respondent shall not advertise, by any means, or hold himself out as practicing or available to practice medicine or to supervise assistants;
C. Respondent shall not be present in any location or office which is maintained for the practice of medicine, or at which medicine is practiced, for any purpose other than as a patient or as a visitor of family or friends;
D. Respondent shall not possess, order, purchase, receive, prescribe, furnish, administer, or otherwise distribute controlled substances or dangerous drugs as defined by federal or state law, other than pursuant to a lawful prescription properly issued to Respondent by a licensed Physician and Surgeon for a legitimate medical purpose.
E. Respondent shall be required, upon receipt of the Order of Suspension, to immediately deliver to the Board, or its agent, for safekeeping pending a final administrative order of the Board in this matter, all indicia of his licensure as a Physician and Surgeon, as contemplated by Business and Professions Code section 119 , including, but not limited to, his wall certificate and wallet card issued by the Board, as well as all prescription forms, all prescription drugs net legally prescribed to Respondent by a licensed treating Physician and Surgeon, all Drug Enforcement Administration Drug Order forms, and all Drug Enforcement Administration permits.


Kamala D. Harris
Attomey General of California
Gloria L. Castro.
Supervising Depury Attorney General
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Attorneys for Complainant
FILED
STATE OF CALIFORNIA MEDICAL BOARD OF CALIFORNIA SACRAMENTO APR, 2012 BYF.NICNTOWRO-1 ANALYST

## BEFORE THE

MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA.

In the Matter of the Accusation Against:

RYAN C. PETERSON, M.D.
1032 North Sweetzer Avenue, Apt. 213
West Hollywood, CA 90069
Physician's and Surgeon's Certificate No. A 103097

Respondent.

Complainant alleges:

## PARTIES

1. Linda K. Whitney (Complainant) brings this Accusation solely in her olficial capacity as the Executive Director of the Medical Board of Califomia, Depmoment ol Consumer Affairs.
2. On or about March 13, 2008, the Medical Board of Califomia ("Board") issued Physician's and Surgeon's Certificate Number A 103097 to Ryan C. Peterson, M.D. ("Respondent"). The Physician's and Surgeon's Certilicate was in full force and effect at all times relevant to the charges brought herein and will ipire on August 31, 2013, unless renewed.
3. On January 4, 2012. said Certificate was :spended pursuant to an Interim

Suspension Order issued and filed on said date.

## IURISDICTION

4. This Accusation is brought hefore 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 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act (Chapter 5 of the Code, commencing with section 2000) may have his or her license revoked, may have his or her licensesuspended for a period not to exceed one year, may be placed on probation and required to pay the costs of probation monitoring, and may have such other action taken in relation to discipline, as part of an order of probation, as the Buard deems proper.
6. Section 2234 of the Code states, inter alia:
"The Division of Medical Quality' 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:
"(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.
7. Section 2239 of the Code states, inter alia:
"(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 licensce to practice medicine safely... constitutes unprofessional conduct."

## FACTS

8. Respondent was boin on August 1, 1976, and is now 35 years of age. At age 23, he began using methamphetamine (a.k.a. crystal meth) recreationally. At age 24, he began using
[^0]Fentanyl ${ }^{2}$ and $\mathrm{GHB}^{3}$ recreationally. Respondent continued using methamphetamine, Fentanyl and GHB recreationally, increasing his usage until May, 2011, as set forth more specifically below.
9. In 2005, during his internship, Respondent began using Xanax, an anti-anxiety medication, originally prescribed for sleep problems. He continued using Xanax, eventually using it for other purposes as set forth more specifically below, until May, 2011.
10. Over time, Respondent's methamphetamine use increased, and he began injecting it intravenously. His intravenous usage escalated to two-or-more multi-day methamphetainine "binges" per month in 2010. As his methamphetarnine usage escalated, he began using the Xanax to "come down" from methamphetamine binges. He continued injecting methamphetamine until May 18, 2011.
11. Over time, Respondent's Fentanyl use increased. Using Fentanyl to come down from methamphetamine binges, Respondent's tolerance increased to the point that, from May, 2010, through. November, 2010, he was injecting 1000 mcg of Fentanyl, intravenously, to come down from methamphetamine binges. As of Spring, 2011, Respondent was injecting 100 to 200 mcg ol Fentanyl two to three times per week, even when not binging on methamphetamine.
12. In connection with his use of methamphetamine, Respondent would use GHB (one half teaspoon with Diet Coke). His use of GHB resulted in overdoses requiring hospitalizations on at least three occasions.
13. In addition to using Xanax and Fentanyl to come down from methamphetamine binges, Respondent also used (1) Ambien ${ }^{4}$, and (2) benzodiazepines, including midazolam ${ }^{5}$, to come down from methamphetamine binges.

[^1]14. In 2010, Respondent was fired from a job for diverting drugs for his own personal use. Subsequently, on August 29, 2011, Respondent went to the Modern Institute of Plastic Surgery in Beverly lills, Califomia ("Institute"), where he had briefly been previously employed. and stole two 50 ml bottles of Propofol, as more specifically se! lorth in paragraph 21, below.
15. In 2011, Respondent began injecting Propofol, intravenously, to come down from methamphetamine binges, and continued doing so until his May 19, 2011, admission to the Hazelden drug rehabilitation program in Minnesota ("Hazelden"). During the first half of 2011, Respondent became addicted to Propofol. During this time, he "wrecked two cars" while under the influence of Propofol. On another occasion, after injecting Propofol, Respondent fell asleep with the needle still in his arm, and later awoke in a pool of his own blood.
16. During May, 2011, for a period of at least two weeks, Respondent was injecting, intravenously, at least 70 mg of Propofol every forty-five minutes.
17. In mid-May, 2011, while at work as a general anesthesiologist at a surgical center, Respondent went into the bathroom and injected Propofol intravenously and then proceeded to administer anesthesia to a patient before leaving for the day. The next day, Respondent decided to enter treatment at Hazelden.
18. Near the end of a 30-day treatment program at Hazelden, Respondent transferred to the Betty Ford Center, in Rancho Mirage, California, to attend a 60 -day rehabilitation program designed for licensed professionals. He was discharged from that program on or about August 15, 2011.
19. Respondent retumed to the practice of general anesthesia on August 22, 2011, but relapsed into his drug use approximately four days later. as set forth more specilically in paragraph 20, below.
20. Despite :esiding at a sober living community in West Hollywood, and attending the Iteultheare Professionals Monitoring Program at Pacific Assistance Group, Respondent relapsed
activity in the brain to allow relaxation and sleep. It is taken orally as a syrup.
$10_{4}$
on or about August 26.2011, less than two weeks following his discharge from the Betty ford Center. He retumed to injecting methamphetamine; Fentanyl and Propofol intravenously.
21. On August 29, 2011, Respondent went to the Institute, where he had briefly been previously employed, and stole two 50 ml bottles of Propofol. He immediately went home and proceeded to inject the entire contents of the two bottles over the next few hours. When confronted on the telephone later that evening, by one of the physicians at the Institute, Respondent admitted to stealing the Propofol and stated that he could not return it because he had already used all of it.
22. On September 1, 2011, Respondent re-admitted to the Betty Ford Center and was discharged again on or about September 30, 2011.
23. On January 4, 2012, pursuant to a Stipulation for Interim Suspension Order, an order was issued suspending Respondent's Physician's \& Surgeon's Certificate "pending a final adrninistrative decision on [this] Accusation." Attached hereto, as Exhibit A , is a true and correct copy of the order.

## FIRST CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)
(Bus. \& Prof. Code, § 2234.)
24. Respondent is subject to disciplinary action under section 2234 of the Code, in that he engaged in general unprofessional conduct.
25. The circumstances are set forth in paragraphs 8 through 23 , which are incorporated herein by reference.

## SEC.OND CAUSE FOR DISCIPI.INE

(Unprofessional Conduct: A buse ol Dangerous Drugs and Controlled Substances) (Bus \& Prof. Code, § 2239.)
26. Respondent is subject to disciplinary action under section 2239 of the Code, in that he engaged in the use of controlled substances and dangerous drugs in such a manner as to be dangerous and injurious to himself and to patients under his care, and in such a manner as to impair his ability to practice medicine safely.
27. The circumstances are set forth in paragraphs 8 through 23 , which are incorporated herein by reference.

## THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct: Dishonest Acts)
(Bus, \& Prof. Code. § 2234, subdivision(c).)
28. Respondent is subject to disciplinary action under section 2234, subdivision (e), of the Code, in that, on August 29, 2011, he committed an act of dishonesty and corruption substantially related to the qualifications, functions, and duties of a physician and surgeon.
29. The circumstances are set forth in paragraph 21, which is incorporated herein by reference.

## PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 103097 issued to Ryan C. Peterson, M.D.;
2. Revoking, suspending or denying approval of Ryan C. Peterson's authority to supervise physician's assistants, pursuant to section 3527 of the Code;
3. Ordering Ryan C. Peterson, M.D. to pay the Medical Board of California the reasonable costs of probation monitoring if he is placed on probation; and
4. Taking such other and further action as deemed necessary and proper.

DATED: $\qquad$

| REDACTED |
| :--- |
| LINDA K. WHITNEY |
| Executive Director |
| Medical Board of California |
| Department of Consumer Affairs |
| State of California |
| Complaincum!' |

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[^0]:    ' "Division" or "Division of Medical Quality" shall be deemed to refer to the Board. (Bus. \& Prof. Code, § 2002.)

[^1]:    ${ }^{2}$ Fentanyl is a potent synthetic narcotic analgesic with rapid onset and short duration of action. It is approximately 100 times more'potent than morphine, and is primarily used, in a medical setting, to treat pain.
    ${ }^{3}$ GHB (Gamma-Hydroxybutyric Acid) is used in a medical setting to treat conditions such as insomnia, clinical depression, narcolepsy, and alcoholism. It is used, illegally, as an intoxicant or as a date-rape drug.
    ${ }^{4}$ Ambien is a sedative-hypnotic that works by slowing activity in the brain 10 allow sleep. It is taken orally.
    ${ }^{5}$ Midazolam is given to children before medical procedures, or prior to general anesthesia. 10) cause drowsiness, to relieve miniety, and to prevent memory of the event. It works by slowing
    

