

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

In the Matter of the Accusation Against:

Anna Michelle Bowling, M.D.

Physician's & Surgeon's
Certificate No. A 140558

Respondent.

Case No. 800-2022-088613

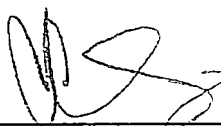
DECISION

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 March 08, 2024.

IT IS SO ORDERED: February 08, 2024.

MEDICAL BOARD OF CALIFORNIA



Laurie Rose Lubiano, Chair
Panel A

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 JOSEPH F. MCKENNA III
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9
10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:
14 **ANNA MICHELLE BOWLING, M.D.**
2918 Luciernaga Street, Apt. 202
15 Carlsbad, California 92009
16 **Physician's and Surgeon's Certificate No.**
A 140558,
17
18 Respondent.

Case No. 800-2022-088613
OAH No. 2023090231
**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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. Reji Varghese (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 Rob Bonta, Attorney General of the State of California, and by Joseph F. McKenna III,
25 Deputy Attorney General.
- 26 2. Respondent Anna Michelle Bowling, M.D. (Respondent) is represented in this
27 proceeding by attorney David M. Balfour, Esq., whose address is: 655 W. Broadway, Suite 1600,
28 San Diego, California, 92101.

1 deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or
2 any other licensing proceeding involving Respondent in the State of California.

3 **ADDITIONAL PROVISIONS**

4 14. This Stipulated Settlement and Disciplinary Order is intended by the parties herein
5 to be an integrated writing representing the complete, final and exclusive embodiment of the
6 agreements of the parties in the above-entitled matter.

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

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

13 **DISCIPLINARY ORDER**

14 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 140558
15 issued to Respondent ANNA MICHELLE BOWLING, M.D., is revoked. However, the
16 revocation is stayed and Respondent is placed on probation for 7 years from the effective date of
17 the Decision on the following terms and conditions:

18 1. **CONTROLLED SUBSTANCES – PARTIAL RESTRICTION.**

19 Respondent shall not order, prescribe, dispense, administer, furnish, or possess any
20 controlled substances as defined by the California Uniform Controlled Substances Act; however,
21 Respondent may order, prescribe, dispense, administer, furnish, or possess any controlled
22 substances as defined by the California Uniform Controlled Substances Act when each of the
23 following 3 conditions are met:

- 24 (1) Respondent must be working in a hospital or ambulatory surgery center setting;
25 (2) Respondent must be working in her capacity as an anesthesiologist; and
26 (3) Respondent must be engaged in the peri-operative or peri-partum care of patients.

27 Respondent shall not issue an oral or written recommendation or approval to a patient or a
28 patient's primary caregiver for the possession or cultivation of marijuana for the personal medical

1 purposes of the patient within the meaning of Health and Safety Code section 11362.5. If
2 Respondent forms the medical opinion, after an appropriate prior examination and medical
3 indication, that a patient's medical condition may benefit from the use of marijuana, Respondent
4 shall so inform the patient and shall refer the patient to another physician who, following an
5 appropriate prior examination and medical indication, may independently issue a medically
6 appropriate recommendation or approval for the possession or cultivation of marijuana for the
7 personal medical purposes of the patient within the meaning of Health and Safety Code section
8 11362.5. In addition, Respondent shall inform the patient or the patient's primary caregiver that
9 Respondent is prohibited from issuing a recommendation or approval for the possession or
10 cultivation of marijuana for the personal medical purposes of the patient and that the patient or
11 the patient's primary caregiver may not rely on Respondent's statements to legally possess or
12 cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully
13 document in the patient's chart that the patient or the patient's primary caregiver was so
14 informed. Nothing in this condition prohibits Respondent from providing the patient or the
15 patient's primary caregiver information about the possible medical benefits resulting from the use
16 of marijuana.

17 2. CONTROLLED SUBSTANCES – MAINTAIN RECORDS AND ACCESS TO
18 RECORDS AND INVENTORIES.

19 Respondent shall maintain a record of all controlled substances ordered, prescribed,
20 dispensed, administered, or possessed by Respondent, and any recommendation or approval
21 which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the
22 personal medical purposes of the patient within the meaning of Health and Safety Code section
23 11362.5, during probation, showing all of the following:

- 24 (1) The name and address of the patient;
- 25 (2) The date;
- 26 (3) The character and quantity of controlled substances involved; and
- 27 (4) The indications and diagnosis for which the controlled substances were furnished.

28 Respondent shall keep these records in a separate file or ledger, in chronological order. All

1 records and any inventories of controlled substances shall be available for immediate inspection
2 and copying on the premises by the Board or its designee at all times during business hours and
3 shall be retained for the entire term of probation.

4 3. CONTROLLED SUBSTANCES – ABSTAIN FROM USE.

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

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

14 4. ALCOHOL – ABSTAIN FROM USE.

15 Respondent shall abstain completely from the use of products or beverages containing
16 alcohol.

17 5. PRESCRIBING PRACTICES COURSE.

18 Within sixty 60 calendar days of the effective date of this Decision, Respondent shall enroll
19 in a course in prescribing practices approved in advance by the Board or its designee.

20 Respondent shall provide the approved course provider with any information and documents that
21 the approved course provider may deem pertinent. Respondent shall participate in and
22 successfully complete the classroom component of the course not later than 6 months after
23 Respondent's initial enrollment. Respondent shall successfully complete any other component of
24 the course within 1 year of enrollment. The prescribing practices course shall be at Respondent's
25 expense and shall be in addition to the Continuing Medical Education (CME) requirements for
26 renewal of licensure.

27 A prescribing practices course taken after the acts that gave rise to the charges in the
28 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board

1 or its designee, be accepted towards the fulfillment of this condition if the course would have
2 been approved by the Board or its designee had the course been taken after the effective date of
3 this Decision.

4 Respondent shall submit a certification of successful completion to the Board or its
5 designee not later than 15 calendar days after successfully completing the course, or not later than
6 15 calendar days after the effective date of the Decision, whichever is later.

7 6. PROFESSIONALISM PROGRAM (ETHICS COURSE).

8 Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a
9 professionalism program, that meets the requirements of Title 16, California Code of Regulations
10 section 1358.1. Respondent shall participate in and successfully complete that program.

11 Respondent shall provide any information and documents that the program may deem pertinent.

12 Respondent shall successfully complete the classroom component of the program not later than 6
13 months after Respondent's initial enrollment, and the longitudinal component of the program not
14 later than the time specified by the program, but no later than 1 year after attending the classroom
15 component. The professionalism program shall be at Respondent's expense and shall be in
16 addition to the CME requirements for renewal of licensure.

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

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

25 7. PSYCHOTHERAPY.

26 Within 60 calendar days of the effective date of this Decision, Respondent shall submit to
27 the Board or its designee for prior approval the name and qualifications of a California-licensed
28 board certified psychiatrist or a licensed psychologist who has a doctoral degree in psychology

1 and at least five years of postgraduate experience in the diagnosis and treatment of emotional and
2 mental disorders. Upon approval, Respondent shall undergo and continue psychotherapy
3 treatment, including any modifications to the frequency of psychotherapy, until the Board or its
4 designee deems that no further psychotherapy is necessary.

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

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

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

18 8. MONITORING – PRACTICE.

19 Within 30 calendar days of the effective date of this Decision, Respondent shall submit to
20 the Board or its designee for prior approval as a practice monitor, the name and qualifications of
21 one or more licensed physicians and surgeons whose licenses are valid and in good standing, and
22 who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall
23 have no prior or current business or personal relationship with Respondent, or other relationship
24 that could reasonably be expected to compromise the ability of the monitor to render fair and
25 unbiased reports to the Board, including but not limited to any form of bartering. Unless prior
26 approval is granted by the Board or its designee, the monitor shall be in Respondent's field of
27 practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring
28 costs.

1 The Board or its designee shall provide the approved monitor with copies of the Decision
2 and Disciplinary Order and Accusation No. 800-2022-088613, and a proposed monitoring plan.
3 Within 15 calendar days of receipt of the Decision and Disciplinary Order and Accusation, and
4 proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read
5 the Decision and Disciplinary Order and the Accusation, fully understands the role of a monitor,
6 and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the
7 proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed
8 statement for approval by the Board or its designee.

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

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

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

23 If the monitor's quarterly written reports during the first 24 months of probation indicate
24 that Respondent's practices are within the standards of practice of medicine and Respondent is
25 practicing medicine safely, the practice monitor condition shall automatically terminate under this
26 Disciplinary Order after 24 months from the effective date of this Decision.

27 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
28 such resignation or unavailability, submit to the Board or its designee, for prior approval, the

1 name and qualifications of a replacement monitor who will be assuming that responsibility within
2 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
3 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
4 notification from the Board or its designee to cease the practice of medicine within 3 calendar
5 days after being so notified. Respondent shall cease the practice of medicine until a replacement
6 monitor is approved and assumes monitoring responsibility.

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

12 9. SOLO PRACTICE PROHIBITION.

13 Respondent is prohibited from engaging in the solo practice of medicine. Prohibited solo
14 practice includes, but is not limited to, a practice where:

15 (1) Respondent merely shares office space with another physician but is not affiliated for
16 purposes of providing patient care, or

17 (2) Respondent is the sole physician practitioner at that location.

18 If Respondent fails to establish a practice with another physician or secure employment in
19 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
20 Respondent shall receive a notification from the Board or its designee to cease the practice of
21 medicine within 3 calendar days after being so notified. The Respondent shall not resume practice
22 until an appropriate practice setting is established.

23 If, during the course of the probation, the Respondent's practice setting changes and the
24 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent
25 shall notify the Board or its designee within 5 calendar days of the practice setting change. If
26 Respondent fails to establish a practice with another physician or secure employment in an
27 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
28 shall receive a notification from the Board or its designee to cease the practice of medicine within

1 3 calendar days after being so notified. The Respondent shall not resume practice until an
2 appropriate practice setting is established.

3 10. PATIENT DISCLOSURE.

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

19 11. NOTICE OF EMPLOYER OR SUPERVISOR INFORMATION.

20 Within 7 days of the effective date of this Decision, Respondent shall provide the Board the
21 names, physical addresses, mailing addresses, and telephone numbers of any and all employers
22 and supervisors. Respondent shall also provide specific, written consent for the Board,
23 Respondent's worksite monitor, and Respondent's employers and supervisors to communicate
24 regarding Respondent's work status, performance, and monitoring.

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

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1 12. BIOLOGICAL FLUID TESTING.

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

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

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

- 21 (a) Its specimen collectors are either certified by the Drug and Alcohol Testing Industry
22 Association or have completed the training required to serve as a collector for the United
23 States Department of Transportation.
- 24 (b) Its specimen collectors conform to the current United States Department of
25 Transportation Specimen Collection Guidelines.
- 26 (c) Its testing locations comply with the Urine Specimen Collection Guidelines published by
27 the United States Department of Transportation without regard to type of test administered.
- 28 (d) Its specimen collectors observe the collection of testing specimens.

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

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

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

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

13 (i) It maintains testing sites located throughout California.

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

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

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

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

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

27 The contract shall require that the laboratory directly notify the Board or its designee of
28 non-negative results within 1 business day and negative test results within 7 business days of the

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

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

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

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

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

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

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

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

1 13. SUBSTANCE ABUSE SUPPORT GROUP MEETINGS.

2 Within 30 days of the effective date of this Decision, Respondent shall submit to the Board
3 or its designee, for its prior approval, the name of a substance abuse support group which she
4 shall attend for the duration of probation. Respondent shall attend substance abuse support group
5 meetings at least once per week, or as ordered by the Board or its designee. Respondent shall pay
6 all substance abuse support group meeting costs.

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

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

19 14. WORKSITE MONITOR FOR SUBSTANCE-ABUSING LICENSEE.

20 Within 30 calendar days of the effective date of this Decision, Respondent shall submit to
21 the Board or its designee for prior approval as a worksite monitor, the name and qualifications of
22 one or more licensed physician and surgeon, other licensed health care professional if no
23 physician and surgeon is available, or, as approved by the Board or its designee, a person in a
24 position of authority who is capable of monitoring the Respondent at work.

25 The worksite monitor shall not have a current or former financial, personal, or familial
26 relationship with Respondent, or any other relationship that could reasonably be expected to
27 compromise the ability of the monitor to render impartial and unbiased reports to the Board or its
28 designee. If it is impractical for anyone but Respondent's employer to serve as the worksite

1 monitor, this requirement may be waived by the Board or its designee, however, under no
2 circumstances shall Respondent's worksite monitor be an employee or supervisee of the licensee.

3 The worksite monitor shall have an active unrestricted license with no disciplinary action
4 within the last 5 years, and shall sign an affirmation that he or she has reviewed the terms and
5 conditions of Respondent's disciplinary order and agrees to monitor Respondent as set forth by
6 the Board or its designee.

7 Respondent shall pay all worksite monitoring costs.

8 The worksite monitor shall have face-to-face contact with Respondent in the work
9 environment on as frequent a basis as determined by the Board or its designee, but not less than
10 once per week; interview other staff in the office regarding Respondent's behavior, if requested
11 by the Board or its designee; and review Respondent's work attendance.

12 The worksite monitor shall verbally report any suspected substance abuse to the Board and
13 Respondent's employer or supervisor within 1 business day of occurrence. If the suspected
14 substance abuse does not occur during the Board's normal business hours, the verbal report shall
15 be made to the Board or its designee within 1 hour of the next business day. A written report that
16 includes the date, time, and location of the suspected abuse; Respondent's actions; and any other
17 information deemed important by the worksite monitor shall be submitted to the Board or its
18 designee within 48 hours of the occurrence.

19 The worksite monitor shall complete and submit a written report monthly or as directed by
20 the Board or its designee which shall include the following:

- 21 (1) Respondent's name and Physician's and Surgeon's Certificate number;
- 22 (2) The worksite monitor's name and signature;
- 23 (3) The worksite monitor's license number, if applicable;
- 24 (4) The location or location(s) of the worksite;
- 25 (5) The dates Respondent had face-to-face contact with the worksite monitor;
- 26 (6) The names of worksite staff interviewed, if applicable;
- 27 (7) A report of Respondent's work attendance;
- 28 (8) Any change in Respondent's behavior and/or personal habits; and

1 (9) Any indicators that can lead to suspected substance abuse by Respondent. Respondent
2 shall complete any required consent forms and execute agreements with the approved worksite
3 monitor and the Board, or its designee, authorizing the Board, or its designee, and worksite
4 monitor to exchange information.

5 If the worksite monitor resigns or is no longer available, Respondent shall, within 5
6 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior
7 approval, the name and qualifications of a replacement monitor who will be assuming that
8 responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement
9 monitor within 60 calendar days of the resignation or unavailability of the monitor, Respondent
10 shall receive a notification from the Board or its designee to cease the practice of medicine within
11 3 calendar days after being so notified. Respondent shall cease the practice of medicine until a
12 replacement monitor is approved and assumes monitoring responsibility.

13 15. VIOLATION OF PROBATION CONDITION FOR SUBSTANCE ABUSING
14 LICENSEES.

15 Failure to fully comply with any term or condition of probation is a violation of probation.

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

19 (1) Issue an immediate cease-practice order and order Respondent to undergo a clinical
20 diagnostic evaluation to be conducted in accordance with section 1361.5, subdivision (c)(1), of
21 Title 16 of the California Code of Regulations, at Respondent's expense. The cease-practice order
22 issued by the Board or its designee shall state that Respondent must test negative for at least a
23 month of continuous biological fluid testing before being allowed to resume practice. For
24 purposes of determining the length of time a Respondent must test negative while undergoing
25 continuous biological fluid testing following issuance of a cease-practice order, a month is
26 defined as 30 calendar days. Respondent may not resume the practice of medicine until notified in
27 writing by the Board or its designee that he or she may do so.

28 (2) Increase the frequency of biological fluid testing.

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

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

6 (1) Issue a cease-practice order;

7 (2) Order practice limitations;

8 (3) Order or increase supervision of Respondent;

9 (4) Order increased documentation;

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

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

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

15 C. Nothing in this Decision shall be considered a limitation on the Board's authority to
16 revoke Respondent's probation if she has violated any term or condition of probation. If
17 Respondent violates probation in any respect, the Board, after giving Respondent notice and the
18 opportunity to be heard, may revoke probation and carry out the disciplinary order that was
19 stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed
20 against Respondent during probation, the Board shall have continuing jurisdiction until the matter
21 is final, and the period of probation shall be extended until the matter is final.

22 16. NOTIFICATION.

23 Within 7 days of the effective date of this Decision, the Respondent shall provide true and
24 correct copies of this Decision and Accusation No. 800-2022-088613 to the Chief of Staff or the
25 Chief Executive Officer at every hospital where privileges or membership are extended to
26 Respondent, at any other facility where Respondent engages in the practice of medicine,
27 including all physician and locum tenens registries or other similar agencies, and to the Chief
28 Executive Officer at every insurance carrier which extends malpractice insurance coverage to

1 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
2 calendar days.

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

4 17. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
5 NURSES.

6 During probation, Respondent is prohibited from supervising physician assistants and
7 advanced practice nurses.

8 18. OBEY ALL LAWS.

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

12 19. INVESTIGATION/ENFORCEMENT COST RECOVERY.

13 Respondent is hereby ordered to reimburse the Board its costs of investigation and
14 enforcement, including legal review and expert review, as applicable, fifty-six thousand five
15 hundred eight dollars and twenty cents (\$56,508.20). Costs shall be payable to the Board. Failure
16 to pay such costs shall be considered a violation of this agreement and shall be deemed an act of
17 unprofessional conduct and a separate and distinct basis for discipline.

18 Any requests for a payment plan shall be submitted in writing by Respondent to the Board.

19 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
20 to repay investigation and enforcement costs, including expert review costs (if applicable).

21 20. QUARTERLY DECLARATIONS.

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

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

26 21. GENERAL PROBATION REQUIREMENTS.

27 Compliance with Probation Unit

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

1 Address Changes

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

7 Place of Practice

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

10 License Renewal

11 Respondent shall maintain a current and renewed California physician's and surgeon's
12 license.

13 Travel or Residence Outside California

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

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

20 22. INTERVIEW WITH THE BOARD OR ITS DESIGNEE.

21 Respondent shall be available in person upon request for interviews either at her place of
22 business or at the probation office, with or without prior notice throughout the term of probation.

23 23. NON-PRACTICE WHILE ON PROBATION.

24 Respondent shall notify the Board or its designee in writing within 15 calendar days of any
25 periods of non-practice lasting more than 30 calendar days and within 15 calendar days of her
26 return to practice. Non-practice is defined as any period of time Respondent is not practicing
27 medicine as defined in Bus. and Prof. Code sections 2051 and 2052 for at least 40 hours in a
28 calendar month in direct patient care, clinical activity, teaching, or other activity as approved by

1 the Board. If Respondent resides in California and is considered to be in non-practice, she shall
2 comply with all terms and conditions of probation. All time spent in an intensive training program
3 which has been approved by the Board or its designee shall not be considered non-practice and
4 does not relieve her from complying with all the terms and conditions of probation. Practicing
5 medicine in another state of the United States or Federal jurisdiction while on probation with the
6 medical licensing authority of that state or jurisdiction shall not be considered non-practice. A
7 Board-ordered suspension of practice shall not be considered as a period of non-practice.

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

13 Respondent's period of non-practice while on probation shall not exceed 2 years.

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

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

20 24. COMPLETION OF PROBATION.

21 Respondent shall comply with all financial obligations (e.g., probation costs) not later than
22 120 calendar days prior to the completion of probation. This term does not include cost recovery,
23 which is due within 30 calendar days of the effective date of the Order, or by a payment plan
24 approved by the Medical Board and timely satisfied. Upon successful completion of probation,
25 Respondent's certificate shall be fully restored.

26 25. VIOLATION OF PROBATION.

27 Failure to fully comply with any term or condition of probation is a violation of probation.
28 If Respondent violates probation in any respect, the Board, after giving Respondent notice and the

1 opportunity to be heard, may revoke probation and carry out the disciplinary order that was
2 stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed
3 against Respondent during probation, the Board shall have continuing jurisdiction until the matter
4 is final, and the period of probation shall be extended until the matter is final.

5 26. LICENSE SURRENDER.

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

16 27. PROBATION MONITORING COSTS.

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

21 28. FUTURE ADMISSIONS CLAUSE.

22 If Respondent should ever apply or reapply for a new license or certification, or petition for
23 reinstatement of a license, by any other health care licensing action agency in the State of
24 California, all of the charges and allegations contained in Accusation No. 800-2022-088613 shall
25 be deemed to be true, correct, and fully admitted by Respondent for the purpose of any Statement
26 of Issues or any other proceeding seeking to deny or restrict license.

27 ////

28 ////

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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 fully 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.

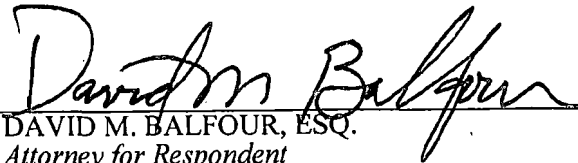
DATED: 12/21/2023



ANNA MICHELLE BOWLING, M.D.
Respondent

I have read and fully discussed with Respondent Anna Michelle Bowling, 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: 12/21/2023



DAVID M. BALFOUR, ESQ.
Attorney for Respondent

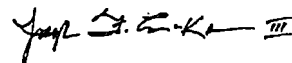
ENDORSEMENT

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

DATED: December 22, 2023

Respectfully submitted,

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



JOSEPH F. MCKENNA III
Deputy Attorney General
Attorneys for Complainant

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

14 In the Matter of the Accusation Against:
15 **ANNA MICHELLE BOWLING, M.D.**
2918 Luciernaga Street, Apt. 202
16 Carlsbad, California 92009
17 **Physician's and Surgeon's Certificate**
No. A 140558,
18
19 Respondent.

Case No. 800-2022-088613
A C C U S A T I O N

20
21 **PARTIES**

- 22 1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as
23 the Executive Director of the Medical Board of California, Department of Consumer Affairs
24 (Board).
25 2. On or about February 2, 2016, the Board issued Physician's and Surgeon's Certificate
26 No. A 140558 to Anna Michelle Bowling, M.D. (Respondent). The Physician's and Surgeon's
27 Certificate was in full force and effect at all times relevant to the charges brought herein and will
28 expire on January 31, 2024, unless renewed.

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

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

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

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

14 7. Section 2228.1 of the Code states, in relevant part:

15 (a) On and after July 1, 2019, except as otherwise provided in subdivision (c),
16 the board ... shall require a licensee to provide a separate disclosure that includes the
17 licensee's probation status, the length of the probation, the probation end date, all
18 practice restrictions placed on the licensee by the board, the board's telephone
19 number, and an explanation of how the patient can find further information on the
20 licensee's probation on the licensee's profile page on the board's online license
21 information internet website, to a patient or the patient's guardian or health care
22 surrogate before the patient's first visit following the probationary order while the
23 licensee is on probation pursuant to a probationary order made on and after July 1,
24 2019, in any of the following circumstances:

25 (1) A final adjudication by the board following an administrative hearing or
26 admitted findings or prima facie showing in a stipulated settlement establishing any
27 of the following:

28 ...

(B) Drug or alcohol abuse directly resulting in harm to patients or the extent
that such use impairs the ability of the licensee to practice safely.

...

8. Section 2234 of the Code states, in relevant 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.

...

(e) The commission of any act involving dishonesty or corruption that is
substantially related to the qualifications, functions, or duties of a physician and
surgeon.

...

1 9. Unprofessional conduct under Business and Professions Code section 2234 is
2 conduct which breaches the rules or ethical code of the medical profession, or conduct which is
3 unbecoming to a member in good standing of the medical profession, and which demonstrates an
4 unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564,
5 575.)

6 10. Section 2238 of the Code states:

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

9 11. Section 2239 of the Code states, in relevant part:

10 (a) The use or prescribing for or administering to himself or herself, of any
11 controlled substance; or the use of any of the dangerous drugs specified in Section
12 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 ... constitutes
unprofessional conduct. ...

13 ...

14 12. Section 2280 of the Code states:

15 No licensee shall practice medicine while under the influence of any narcotic
16 drug or alcohol to such an extent as to impair his or her ability to conduct the practice
17 of medicine with safety to the public and his or her patients. Violation of this section
18 constitutes unprofessional conduct and is a misdemeanor.

19 13. Section 11170 of the Health and Safety Code states:

20 No person shall prescribe, administer, or furnish a controlled substance for
21 himself.

22 14. Section 11171 of the Health and Safety Code states:

23 No person shall prescribe, administer, or furnish a controlled substance except
24 under the conditions and in the manner provided by this division.

25 15. Section 11173 of the Health and Safety Code states:

26 (a) No person shall obtain or attempt to obtain controlled substances, or procure
27 or attempt to procure the administration of or prescription for controlled substances,
(1) by fraud, deceit, misrepresentation, or subterfuge; or (2) by the concealment of a
28 material fact.

...

1 GENERAL STATUTORY PROVISIONS

2 16. Section 820 of the Code states:

3 Whenever it appears that any person holding a license, certificate or permit
4 under this division or under any initiative act referred to in this division may be
5 unable to practice his or her profession safely because the licentiate's ability to
6 practice is impaired due to mental illness, or physical illness affecting competency,
7 the licensing agency may order the licentiate to be examined by one or more
8 physicians and surgeons or psychologists designated by the agency. The report of the
9 examiners shall be made available to the licentiate and may be received as direct
10 evidence in proceedings conducted pursuant to Section 822.

11 17. Section 822 of the Code states:

12 If a licensing agency determines that its licentiate's ability to practice his or her
13 profession safely is impaired because the licentiate is mentally ill, or physically ill
14 affecting competency, the licensing agency may take action by any one of the
15 following methods:

- 16 (a) Revoking the licentiate's certificate or license.
- 17 (b) Suspending the licentiate's right to practice.
- 18 (c) Placing the licentiate on probation.
- 19 (d) Taking such other action in relation to the licentiate as the licensing agency
20 in its discretion deems proper.

21 The licensing agency shall not reinstate a revoked or suspended certificate or
22 license until it has received competent evidence of the absence or control of the
23 condition which caused its action and until it is satisfied that with due regard for the
24 public health and safety the person's right to practice his or her profession may be
25 safely reinstated.

26 18. Section 4021 of the Code states:

27 "Controlled substance" means any substance listed in Chapter 2 (commencing
28 with Section 11053) of Division 10 of the Health and Safety Code.

19. Section 4022 of the Code states:

"Dangerous drug" or "dangerous device" means any drug or device unsafe for
self-use in humans or animals, and includes the following:

(a) Any drug that bears the legend: "Caution: federal law prohibits dispensing
without prescription," "Rx only," or words of similar import.

(b) Any device that bears the statement: 'Caution: federal law restricts this
device to sale by or on the order of a _____,' 'Rx only,' or words of similar
import, the blank to be filled in with the designation of the practitioner licensed to use
or order use of the device.

(c) Any other drug or device that by federal or state law can be lawfully
dispensed only on prescription or furnished pursuant to Section 4006.

1 **REGULATORY PROVISIONS**

2 20. California Code of Regulations, title 16, section 1360 states, in relevant part:

3 (a) For the purposes of denial, suspension or revocation of a license pursuant to
4 Section 141 or Division 1.5 (commencing with Section 475) of the code, a crime,
5 professional misconduct, or act shall be considered to be substantially related to the
6 qualifications, functions or duties of a person holding a license if to a substantial
7 degree it evidences present or potential unfitness of a person holding a license to
8 perform the functions authorized by the license in a manner consistent with the public
9 health, safety or welfare. Such crimes, professional misconduct, or acts shall include
10 but not be limited to the following: Violating or attempting to violate, directly or
11 indirectly, or assisting in or abetting the violation of, or conspiring to violate any
12 provision of state or federal law governing the applicant's or licensee's professional
13 practice.

14 ...

15 21. California Code of Regulations, title 16, section 1361 states, in relevant part:

16 ...

17 (b) Notwithstanding subsection (a), the Board shall use the Uniform Standards
18 for Substance-Abusing Licensees as provided in section 1361.5, without deviation,
19 for each individual determined to be a substance-abusing licensee.

20 ...

21 22. California Code of Regulations, title 16, section 1361.5 states, in relevant part:

22 (a) If the licensee is to be disciplined for unprofessional conduct involving the
23 use of illegal drugs, the abuse of drugs and/or alcohol, or the use of another
24 prohibited substance as defined herein, the licensee shall be presumed to be a
25 substance-abusing licensee for purposes of section 315 of the [Business and
26 Professions] Code.

27 ...

28 **COST RECOVERY**

29 23. Section 125.3 of the Code states:

30 (a) Except as otherwise provided by law, in any order issued in resolution of a
31 disciplinary proceeding before any board within the department or before the
32 Osteopathic Medical Board, upon request of the entity bringing the proceeding, the
33 administrative law judge may direct a licensee found to have committed a violation or
34 violations of the licensing act to pay a sum not to exceed the reasonable costs of the
35 investigation and enforcement of the case.

36 (b) In the case of a disciplined licensee that is a corporation or a partnership, the
37 order may be made against the licensed corporate entity or licensed partnership.

38 (c) A certified copy of the actual costs, or a good faith estimate of costs where
actual costs are not available, signed by the entity bringing the proceeding or its
designated representative shall be prima facie evidence of reasonable costs of

1 investigation and prosecution of the case. The costs shall include the amount of
2 investigative and enforcement costs up to the date of the hearing, including, but not
limited to, charges imposed by the Attorney General.

3 (d) The administrative law judge shall make a proposed finding of the amount
4 of reasonable costs of investigation and prosecution of the case when requested
5 pursuant to subdivision (a). The finding of the administrative law judge with regard to
6 costs shall not be reviewable by the board to increase the cost award. The board may
reduce or eliminate the cost award, or remand to the administrative law judge if the
7 proposed decision fails to make a finding on costs requested pursuant to subdivision
(a).

8 (e) If an order for recovery of costs is made and timely payment is not made as
9 directed in the board's decision, the board may enforce the order for repayment in any
appropriate court. This right of enforcement shall be in addition to any other rights
the board may have as to any licensee to pay costs.

10 (f) In any action for recovery of costs, proof of the board's decision shall be
11 conclusive proof of the validity of the order of payment and the terms for payment.

12 (g) (1) Except as provided in paragraph (2), the board shall not renew or
13 reinstate the license of any licensee who has failed to pay all of the costs ordered
under this section.

14 (2) Notwithstanding paragraph (1), the board may, in its discretion,
15 conditionally renew or reinstate for a maximum of one year the license of any
16 licensee who demonstrates financial hardship and who enters into a formal agreement
with the board to reimburse the board within that one-year period for the unpaid
costs.

17 (h) All costs recovered under this section shall be considered a reimbursement
18 for costs incurred and shall be deposited in the fund of the board recovering the costs
to be available upon appropriation by the Legislature.

19 (i) Nothing in this section shall preclude a board from including the recovery of
20 the costs of investigation and enforcement of a case in any stipulated settlement.

21 (j) This section does not apply to any board if a specific statutory provision in
22 that board's licensing act provides for recovery of costs in an administrative
disciplinary proceeding.

23 PERTINENT DRUG INFORMATION

24 24. Propofol is a short acting intravenous anesthetic and is available as a prescription
25 medication for use in human and veterinary medicine. Propofol is used in hospital settings by
26 trained anesthetists for the induction, maintenance of general anesthesia, and sedation of
27 ventilated adults receiving intensive care, for a period of up to 72 hours. Propofol is a
28 prescription medication and is a dangerous drug pursuant to Business and Professions Code

1 section 4022. The Drug Enforcement Administration (DEA) has identified propofol as a drug
2 with illicit uses and that it is “mostly abused by health care staff including anesthetists,
3 practitioners, nurses and technicians.” (DEA, Diversion Control Division, Drug & Chemical
4 Evaluation Section: Propofol; www.deadiversion.usdoj.gov/drug_chem_info/index.html (April
5 2023)). “Case reports and surveys published in scientific literature indicate that propofol
6 (commonly referred to as ‘milk of amnesia’) is abused for recreational purpose, mostly by
7 anesthetists, practitioners, nurses and other health care staff. ... The mortality among
8 anesthesiologists abusing propofol was 28% (7 deaths in 25).” Ibid. Propofol is not scheduled
9 under the Controlled Substances Act (CSA). Ibid.

10 25. Opioids are Schedule II controlled substances pursuant to Health and Safety Code
11 section 11055, and are a dangerous drug pursuant to Business and Professions Code section 4022.
12 The DEA has identified opioids as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2022
13 Edition), at pp. 50-51.)

14 (a) Fentanyl is a potent synthetic opioid drug used as an analgesic and
15 anesthetic. Fentanyl is “approximately 100 times more potent than morphine and
16 50 times more potent than heroin as an analgesic.” (Drugs of Abuse, DEA
17 Resource Guide (2022 Edition), at p. 52.) Fentanyl poses a high risk for addiction
18 and dependence.

19 (b) Hydromorphone is a potent opioid drug used as an analgesic in the
20 management and treatment of moderate to severe acute pain as well as severe
21 chronic pain. Hydromorphone is “approximately two to eight times greater than
22 that of morphine and has a rapid onset of action.” (Drugs of Abuse, DEA Resource
23 Guide (2022 Edition), at p. 56.) Hydromorphone poses a high risk for addiction
24 and dependence.

25 26. Benzodiazepines are Schedule IV controlled substances pursuant to Health and Safety
26 Code section 11057, and are a dangerous drug pursuant to Business and Professions Code section
27 4022. The DEA has identified benzodiazepines as a drug of abuse. (Drugs of Abuse, DEA
28 Resource Guide (2022 Edition), at p. 73.)

(a) Midazolam is a benzodiazepine and is used to produce sleepiness or
drowsiness and relieve anxiety before surgery or certain procedures. When
midazolam injection is used before surgery, the patient will not remember some of
the details about the procedure. Midazolam injection is also used as an anesthesia
to produce loss of consciousness before and during surgery. (Note: Versed is the
brand name for midazolam.)

FACTUAL ALLEGATIONS

1
2 27. On or about May 24, 2022, the Board received a Business and Professions Code
3 section 805, Health Facility/Peer Review Reporting Form, (805 report) from Scripps Memorial
4 Hospital, Encinitas (SMHE) informing the Board of allegations involving Respondent and
5 concerns about her physical and/or mental impairment due to an incident that occurred on May 5,
6 2022; and that SMHE had suspended Respondent and taken her off of its work schedule pending
7 the hospital's investigation.¹

8 28. On May 5, 2022, Respondent, an anesthesiologist, was working a 12-hour shift (0700
9 to 1900 hours) in the labor and delivery unit at SMHE.

10 29. On that same date, Respondent is scheduled to be relieved by Dr. P.C.² at 1900 hours.

11 30. At approximately 1850 hours, Dr. P.C. arrives in the physician's on-call suite at
12 SMHE, but he does not immediately see Respondent.

13 31. Dr. P.C. leaves the on-call suite and walks to the charge desk to check-in and speak to
14 the charge nurse on duty, (RN C.W.) as well as locate Respondent before the beginning of his
15 labor and delivery shift. RN C.W. reports that she saw Respondent leave an operating room near
16 her desk at approximately 1720 hours but had not seen her since. RN C.W. also reports that
17 another anesthesiologist asked her where Respondent was because she went "missing" during the
18 shift and missed an assignment. Dr. P.C. texts Respondent on her mobile phone to locate her, but
19 she does not reply.

20 32. At approximately 1900 hours, Dr. P.C. returns to the physician's on-call suite and
21 sees Respondent emerge from the bathroom located inside the on-call suite. Dr. P.C. immediately
22 observes that Respondent looks disheveled, glassy-eyed, and staggers as she walks. Dr. P.C.
23 repeatedly asks Respondent what is wrong with her, but she does not answer. After Dr. P.C.'s
24 repeated attempts to get a response from Respondent, she responds and slurs her words while

25 ¹ On or about May 11, 2022, Respondent requested a leave of absence from SMHE for
26 "medical reasons." Respondent was previously notified that taking a leave of absence after she
27 was notified of "an investigation undertaken for medical disciplinary cause or reason" would
28 result in the filing of an 805 report with the Board.

² Dr. P.C. was the Department Chair of Anesthesiology at SMHE when the allegations in
this pleading occurred.

1 answering his questions. Respondent tells Dr. P.C. that she is sick, dehydrated, and alleges that
2 she put an IV into herself during her shift. At this point, Respondent appears clearly impaired to
3 Dr. P.C., but he does not smell the odor of alcohol on her person.

4 33. Prior to leaving the on-call suite, Respondent attempts to sign-out on the physician's
5 shift log and Dr. P.C. observes that she has difficulty writing and illegibly scribbles her sign-out
6 information.

7 34. Upon leaving the on-call suite, Respondent staggers as she slowly walks down the
8 hospital hallway and repeatedly walks into walls towards the exit to the physician's parking lot.
9 Due to concern for her safety, Dr. P.C. remains with Respondent the entire time and continues to
10 engage her with questions as she walks to her car.

11 35. Upon reaching her car, Respondent gets in the car and starts its engine. Dr. P.C. tells
12 Respondent that he is concerned for her safety and that she could get into an accident if she
13 attempts to drive. While talking to Respondent seated in her car, Dr. P.C. stood inside of the open
14 car door to prevent her from shutting it and driving away. Dr. P.C. also calls another physician
15 with his mobile phone for assistance in preventing Respondent from driving. Shortly thereafter,
16 Dr. W.M. arrives in the parking lot in his car and parks directly behind Respondent's car
17 preventing her from backing up. Respondent becomes increasingly agitated and Dr. P.C. calls
18 hospital security for assistance with the situation. After observing that Respondent is clearly
19 impaired and appears under the influence of an unknown substance, hospital security calls law
20 enforcement for further assistance with the situation.

21 36. At this point, Respondent refuses a request to visit the emergency department for drug
22 testing and evaluation and walks away from her car towards the front of the hospital. Dr. P.C.,
23 Dr. W.M., and hospital security then follow Respondent and continue to engage her in
24 conversation but she remains agitated, and continues staggering and slurring her words.
25 Approximately 30 minutes later, Respondent walks back to her car to leave, but Dr. P.C. and Dr.
26 W.M. again advise her against driving due to her obvious impairment. Respondent then calls for
27 a rideshare service to pick her up at the hospital. Shortly thereafter, San Diego County sheriffs
28 arrive on scene at the hospital and contact Respondent to assess the situation.

1 37. After talking with Respondent, the sheriffs determine that she is impaired and under
2 the influence of a controlled substance as they do not detect the odor of alcohol on her person.
3 After talking with Respondent, the sheriffs then talk separately with Dr. P.C., Dr. W.M., and
4 hospital security and advise them that she can leave in a rideshare service, but if she attempts to
5 drive her car she will be arrested for driving under the influence. Subsequently, Respondent
6 leaves the hospital campus in a rideshare service.

7 38. On February 3, 2023, Respondent, with her attorney present, voluntarily attended an
8 interview as part of the Board's investigation into the allegations contained in the 805 report.
9 During the interview, Respondent made a number of admissions that are relevant to the
10 allegations and charges brought in this Accusation, including the following:

11 (a) On May 5, 2022, Respondent was working a 12-hour shift (0700 to
12 1900 hours) in the labor and delivery unit at SMHE.

13 (b) During Respondent's shift, sometime between "5:45 p.m. - 6:00 p.m.,"
14 she self-administered propofol intravenously while in the physician's on-call suite
15 at SMHE.

16 (c) Respondent felt the onset of the propofol, and impairment, within "30
17 seconds."

18 (d) After self-administering the propofol intravenously, Respondent said it
19 made her feel "drowsy" which this condition would last for approximately 15 to 20
20 minutes.

21 (e) Respondent self-administered propofol "to decrease the emotional pain"
22 she was feeling on May 5, 2022.

23 (f) Respondent admitted that she was impaired for purposes of doing her
24 job as an anesthesiologist after she self-administered the propofol intravenously on
25 May 5, 2022.

26 (g) Respondent admitted that there is a "risk for error ... risk of harming a
27 patient" when an anesthesiologist takes propofol during their shift, and that it
28 presents "a definite risk" to patient safety.

1 (h) Respondent agreed that she could have been called to report to an
2 operating room after she self-administered the propofol intravenously on May 5,
3 2022.

4 (i) Respondent also admitted to taking a syringe of propofol from SMHE's
5 operating room and using it "on one other occasion ... at home" prior to the events
6 that occurred on May 5, 2022. Respondent stated, "[i]t was something I'd drawn
7 up for a case that was canceled and I didn't throw away the syringe." Respondent
8 further stated, "[a]t our facility, propofol is not a controlled substance."

9 (j) Respondent also admitted to stealing other narcotics from SMHE's
10 operating room, namely fentanyl, hydromorphone, and midazolam. According to
11 Respondent, she stole drugs from the operating room "11 or 12 times" during the
12 month of April 2022. These narcotics were contained in glass vials that
13 Respondent placed in her pocket and took home after her shifts at SMHE. These
14 glass vials contained excess narcotic medication not entirely used during surgical
15 procedures; and because hospital staff did not track disposal of "empty" glass vials
16 Respondent was able to divert them without being detected.

17 (k) At home after work, Respondent self-administered intravenously the
18 excess narcotic medication that she was able to extract from the glass vials. In her
19 explanation as to why she was using the narcotics at home, Respondent stated "I
20 was trying to dull some of the emotional pain that I was feeling."

21 **SECTION 822 CAUSE FOR ACTION**

22 **(Mental Impairment)**

23 39. Respondent has subjected her Physician's and Surgeon's Certificate No. A 140558 to
24 Board action under section 822 of the Code in that her ability to practice medicine safely is
25 impaired because she has a mental illness that affects her competency as a physician. The
26 circumstances are as follows:

27 (a) Paragraphs 27 through 38, above, are hereby incorporated by reference
28 and realleged as if fully set forth herein.

1 (b) On or about November 18, 2022, Respondent voluntarily submitted to
2 a mental evaluation by Board appointed psychiatrist, Walter W. Strauser, M.D.
3 (Dr. Strauser). After conducting an extensive review of materials and a face-to-
4 face evaluation, Dr. Strauser opined that Respondent suffers from an opioid use
5 disorder complicated by major depression. In his report to the Board, dated
6 December 16, 2022, Dr. Strauser concluded that Respondent's practice of
7 medicine would pose a danger or threat to public health, welfare, or safety.

8 (c) On or about March 21, 2023, Dr. Strauser submitted an addendum
9 report to the Board. The addendum report contained Dr. Strauser's revised
10 opinion regarding Respondent, based upon his review of additional materials
11 provided to him by the Board, after he had prepared his initial report in the
12 underlying investigation. The additional materials had been provided to the
13 Board by Respondent, and included reports and documentation from other medical
14 providers treating Respondent. In his addendum report, Dr. Strauser concluded
15 that Respondent would be able to resume practicing medicine but only with
16 restrictions, including, random biological fluid testing for drugs and alcohol,
17 ongoing monitoring in her practice, and continued treatment for substance use
18 disorder and mental health concerns.

19 **FIRST CAUSE FOR DISCIPLINE**

20 **(Practice of Medicine While Under the Influence of Any Narcotic Drug)**

21 40. Respondent has subjected her Physician's and Surgeon's Certificate No. A 140558 to
22 disciplinary action under sections 2227 and 2234, as defined by section 2280, of the Code, in that
23 while practicing medicine she was under the influence of a narcotic drug, as more particularly
24 alleged hereinafter:

25 (a) Paragraphs 27 through 38, above, are hereby incorporated by reference
26 and realleged as if fully set forth herein.

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1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Use of Controlled Substances and/or Dangerous Drugs to an Extent or in a Manner**
3 **Dangerous or Injurious to Herself, Others, or the Public)**

4 41. Respondent has further subjected her Physician's and Surgeon's Certificate No. A
5 140558 to disciplinary action under sections 2227 and 2234, as defined by section 2239,
6 subdivision (a), of the Code, in that she used controlled substances and/or dangerous drugs to an
7 extent, or in such a manner as to be dangerous or injurious to herself, another person, or the
8 public, as more particularly alleged hereinafter:

9 (a) Paragraphs 27 through 38, above, are hereby incorporated by reference
10 and realleged as if fully set forth herein.

11 **THIRD CAUSE FOR DISCIPLINE**

12 **(Use of Controlled Substances and/or Dangerous Drugs to an Extent**
13 **Such Use Impairs Her Ability to Practice Medicine Safely)**

14 42. Respondent has further subjected her Physician's and Surgeon's Certificate No. A
15 140558 to disciplinary action under sections 2227 and 2234, as defined by section 2239,
16 subdivision (a), of the Code, in that she used controlled substances and/or dangerous drugs to an
17 extent that such use impaired her ability to practice medicine safely, as more particularly alleged
18 hereinafter:

19 (a) Paragraphs 27 through 38, above, are hereby incorporated by reference
20 and realleged as if fully set forth herein.

21 **FOURTH CAUSE FOR DISCIPLINE**

22 **(Self-Administration of Controlled Substances)**

23 43. Respondent has further subjected her Physician's and Surgeon's Certificate No. A
24 140558 to disciplinary action under sections 2227, 2234, and 2238, as defined by section 11170
25 of the Health and Safety Code, in that she self-administered controlled substances to herself, as
26 more particularly alleged hereinafter:

27 (a) Paragraphs 27 through 38, above, are hereby incorporated by reference
28 and realleged as if fully set forth herein.

1 **FIFTH CAUSE FOR DISCIPLINE**

2 **(Commission of Dishonest or Corrupt Acts)**

3 44. Respondent has further subjected her Physician's and Surgeon's Certificate No. A
4 140558 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
5 subdivision (e), of the Code, in that she stole controlled substances from SMHE, as more
6 particularly alleged hereinafter:

7 (a) Paragraphs 27 through 38, above, are hereby incorporated by reference
8 and realleged as if fully set forth herein.

9 **SIXTH CAUSE FOR DISCIPLINE**

10 **(Violation of State Statutes Regulating Dangerous Drugs or Controlled Substances)**

11 45. Respondent has further subjected her Physician's and Surgeon's Certificate No. A
12 140558 to disciplinary action under sections 2227 and 2234, as defined by section 2238 of the
13 Code, in that she has violated state statutes regulating dangerous drugs or controlled substances,
14 including, but not limited to, Health and Safety Code section 11170 [administering controlled
15 substances for self-use]; Health and Safety Code section 11171 [administering controlled
16 substances in manner not provided by law], and Health and Safety Code section 11173,
17 subdivision (a) [obtaining controlled substances by fraud, deceit, misrepresentation, or
18 subterfuge], as more particularly alleged hereinafter:

19 (a) Paragraphs 27 through 38, above, are hereby incorporated by reference
20 and realleged as if fully set forth herein.

21 **SEVENTH CAUSE FOR DISCIPLINE**

22 **(Violation of Provisions of the Medical Practice Act)**

23 46. Respondent has further subjected her Physician's and Surgeon's Certificate No. A
24 140558 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
25 subsections (a) and (e), 2238, 2239, and 2280 of the Code, in that she violated provisions of the
26 Medical Practice Act, as more particularly alleged hereinafter:

27 (a) Paragraphs 27 through 38, above, are hereby incorporated by reference
28 and realleged as if fully set forth herein.

EIGHTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

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3 47. Respondent has further subjected her Physician's and Surgeon's Certificate No. A
4 140558 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
5 subsections (a) and (e), 2238, 2239, and 2280 of the Code, in that she has engaged in conduct
6 which breaches the rules or ethical code of the medical profession, or conduct which is
7 unbecoming to a member in good standing of the medical profession, and which demonstrates an
8 unfitness to practice medicine, as more particularly alleged hereinafter:

9 (a) Paragraphs 27 through 38, above, are hereby incorporated by reference
10 and realleged as if fully set forth herein.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. A 140558, issued to Respondent Anna Michelle Bowling, M.D.;

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

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

4. Ordering Respondent Anna Michelle Bowling, M.D., to pay the Board the costs of the investigation and enforcement of this case;

5. Ordering Respondent Anna Michelle Bowling, M.D., if placed on probation, to pay the Board the costs of probation monitoring;

6. Ordering Respondent Anna Michelle Bowling, M.D., if placed on probation, and upon a finding that the extent of Respondent's drug use impaired her ability to practice medicine safely, to provide patient notification in accordance with Business and Professions Code section 2228.1; and

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

DATED: AUG 04 2023


REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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