

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

In the Matter of the Accusation:

Julie Bodwell Taylor, M.D.

Case No.: 800-2019-053058

**Physician's and Surgeon's
Certificate No. A 120659**

Respondent.

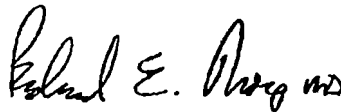
DECISION

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 November 7, 2024.

IT IS SO ORDERED: October 8, 2024.

MEDICAL BOARD OF CALIFORNIA



**Richard E. Thorp, Chair
Panel B**

1 ROB BONTA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 TRINA L. SAUNDERS
Deputy Attorney General
4 State Bar No. 207764
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Attorneys for Complainant
7

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

12 In the Matter of the Accusation Against:

13 JULIE BODWELL TAYLOR, M.D.

14 225 South Euclid Avenue
15 Pasadena, California 91101

16 Physician's and Surgeon's Certificate No. A
17 120659

18 Respondent.

Case No. 800-2019-053058

OAH No. 2023100759

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

22 **PARTIES**

23 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
24 California (Board). He brought this action solely in his official capacity and is represented in this
25 matter by Rob Bonta, Attorney General of the State of California, by Trina L. Saunders, Deputy
26 Attorney General.

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2. Respondent Julie Bodwell Taylor, M.D. (Respondent) is represented in this proceeding by attorney Steven L. Simas of Simas & Associates, 7355 Morro Road, Suite 101 Atascadero, California 93422.

3. On March 23, 2012, the Board issued Physician's and Surgeon's Certificate No. A 120659 to Julie Bodwell Taylor, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-053058, and will expire on July 31, 2025, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-053058 was filed before the Board and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on February 18, 2022. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2019-053058 is attached as Exhibit A and is incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2019-053058. Respondent has also carefully read, fully discussed with her counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

//

1 **CULPABILITY**

2 9. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 800-2019-053058, if proven at a hearing, constitute cause for imposing discipline upon her
4 Physician's and Surgeon's Certificate.

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

8 11. Respondent does not contest that, at an administrative hearing, complainant could
9 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-
10 2019-053058, a true and correct copy of which is attached hereto as Exhibit A, and that he has
11 thereby subjected her Physician's and Surgeon's Certificate, No. A 120659 to disciplinary
12 action.

13 12. Respondent agrees that her Physician's and Surgeon's Certificate is subject to
14 discipline and she agrees to be bound by the Board's probationary terms as set forth in the
15 Disciplinary Order below.

16 **CONTINGENCY**

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

27 //

28 //

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

15. Respondent agrees that if she ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against her before the Board, all of the charges and allegations contained in Accusation No. 800-2019-053058 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED THAT Physician's and Surgeon's Certificate No. A 120659 issued to Respondent Julie Bodwell Taylor, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

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

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

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

15 Respondent shall submit a certification of successful completion to the Board or its
16 designee not later than 15 calendar days after successfully completing the course, or not later than
17 15 calendar days after the effective date of the Decision, whichever is later.

18 3. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
19 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
20 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
21 Respondent shall participate in and successfully complete that program. Respondent shall
22 provide any information and documents that the program may deem pertinent. Respondent shall
23 successfully complete the classroom component of the program not later than six (6) months after
24 Respondent's initial enrollment, and the longitudinal component of the program not later than the
25 time specified by the program, but no later than one (1) year after attending the classroom
26 component. The professionalism program shall be at Respondent's expense and shall be in
27 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

28 A professionalism program taken after the acts that gave rise to the charges in the

1 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
2 or its designee, be accepted towards the fulfillment of this condition if the program would have
3 been approved by the Board or its designee had the program been taken after the effective date of
4 this Decision.

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

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

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

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

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

23 7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
24 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
25 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
26 enforcement, as applicable, in the amount of \$34,865.00 (thirty-four thousand eight hundred
27 sixty-five dollars and zero cents). Costs shall be payable to the Medical Board of California.
28 Failure to pay such costs shall be considered a violation of probation.

1 Payment must be made in full within 30 calendar days of the effective date of the Order, or
2 by a payment plan approved by the Medical Board of California. Any and all requests for a
3 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with
4 the payment plan shall be considered a violation of probation.

5 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
6 to repay investigation and enforcement costs, including expert review costs.

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

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

12 9. GENERAL PROBATION REQUIREMENTS.

13 Compliance with Probation Unit

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

15 Address Changes

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

21 Place of Practice

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

25 License Renewal

26 Respondent shall maintain a current and renewed California physician's and surgeon's
27 license.

28 Travel or Residence Outside California

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

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

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

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

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

1 Respondent's period of non-practice while on probation shall not exceed two (2) years. Periods
2 of non-practice will not apply to the reduction of the probationary term. Periods of non-practice
3 for a Respondent residing outside of California will relieve Respondent of the responsibility to
4 comply with the probationary terms and conditions with the exception of this condition and the
5 following terms and conditions of probation: Obey All Laws; General Probation Requirements;
6 Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and
7 Biological Fluid Testing.

8 12. COMPLETION OF PROBATION. Respondent shall comply with all financial
9 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
10 completion of probation. This term does not include cost recovery, which is due within 30
11 calendar days of the effective date of the Order, or by a payment plan approved by the Medical
12 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
13 shall be fully restored.

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

21 14. LICENSE SURRENDER. Following the effective date of this Decision, if
22 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
23 the terms and conditions of probation, Respondent may request to surrender his or her license.
24 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
25 determining whether or not to grant the request, or to take any other action deemed appropriate
26 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
27 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
28 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject

to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.


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

16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2019-053058 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

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

DATED: 7/22/2024

DocuSigned by:

 JULIE BODWELL TAYLOR, M.D.
 Respondent

I have read and fully discussed with Respondent Julie Bodwell Taylor, 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: 7/22/2024

STEVEN L. SIMAS
 Attorney for Respondent

ENDORSEMENT

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

DATED:

July 22, 2024

Respectfully submitted,

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

Trina L. Saunders

TRINA L. SAUNDERS
Deputy Attorney General
Attorneys for Complainant

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Taylor Stipulation - SDAG Reviewed.docx

Exhibit A

Accusation No. 800-2019-053058

1 ROB BONTA
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3 State Bar No. 56332
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6 *Attorneys for Complainant*

7
8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 800-2019-053058

12 JULIE BODWELL TAYLOR, M.D.

13 65 North Madison Avenue, Suite 406
14 Pasadena, California 91101-2717

A C C U S A T I O N

15 Physician's and Surgeon's Certificate
A 120659,

16 Respondent.

17
18 **PARTIES**

19 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity
20 as the Executive Director of the Medical Board of California (Board).

21 2. On March 23, 2012, the Board issued Physician's and Surgeon's Certificate Number
22 A 120659 to Julie Bodwell Taylor, M.D. (Respondent). That license was in full force and effect
23 at all times relevant to the charges brought herein and will expire on July 31, 2023, unless
24 renewed.

25 **JURISDICTION**

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

licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

(d) Incompetence.

(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.

(f) Any action or conduct that would have warranted the denial of a certificate.

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

6. With exceptions not here relevant, Section 2242 of the Code states:

(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct. An appropriate prior examination does not require a synchronous interaction between the patient and the licensee and can be achieved through the use of telehealth, including, but not limited to, a self-screening tool or a questionnaire, provided that the licensee complies with the appropriate standard of care.

7. Section 2266 of the Code provides that the failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.

COST RECOVERY

8. Section 125.3 of the Code states:

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

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

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

(d) The administrative law judge shall make a proposed finding of the amount

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

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

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

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

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

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

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

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

28 **FACTUAL ALLEGATIONS**

9. This case was commenced following receipt of a complaint from a female patient,
referred to here as Patient 1¹, whom Respondent treated with hormone replacement therapy to
alleviate symptoms of menopause. The patient complained about unwanted side effects such as
growing beard-like facial hair after receiving testosterone combined with estrogen.

10. At the time of her first encounter with Respondent sometime around January or
February 2018, Patient 1 was a 53-year-old woman who had experienced menopause five years
earlier. Seeking to alleviate her symptoms, she had tried topical creams containing estrogen but
without much satisfaction. She was a Kaiser patient with a primary care physician and an

¹ The identity of the patient is protected for reasons of confidentiality, but is known to the
Respondent.

1 OB/GYN. Searching the Internet, she read about so-called "bio-identical hormone replacement
2 therapy," which is heavily promoted. After researching *Yelp!*, she was led to the Pasadena office
3 of Respondent, who advertised herself as skilled with bioidentical hormone replacement therapy,
4 using pellets.

5 11. Online sources consulted by the patient, including the Respondent's webpage,
6 described bioidentical hormone replacement therapy as more natural and more effective in
7 relieving menopause symptoms, having fewer side effects, and because they are custom-
8 compounded (rather than manufactured in an approved FDA manufacturing laboratory), they can
9 be individualized to a patient's particular needs. The use of pellets to inject the drugs
10 subcutaneously is described as a simple, brief, and painless way to absorb the drug, which would
11 then dissolve and be replaced with new pellets in approximately 3 to 4 months. Once injected,
12 the pellets cannot be withdrawn.

13 12. According to Respondent's electronic medical record, Patient 1 was never once
14 physically examined over the span of nearly one year, nor at any point were her principal
15 complaints recorded, nor were her vital signs ever recorded. Instead, on her first visit to
16 Respondent, she was encouraged to bring in laboratory studies that had been performed at Kaiser
17 Permanente by her primary care physician. She was then asked to sign seven informed consent
18 documents and received injections in her buttock with multiple pellets containing 112.5 mg of
19 testosterone and 10 mg of estradiol. She was also prescribed Progesterone 100mg SR and
20 instructed to have her IUD removed.²

21 13. Starting on February 9, 2018, and continuing for approximately 11 months, until
22 January 9, 2019, Patient 1 was seen in the office of Respondent on four office visits. At the first
23 three visits, she was injected with pellets, which contained substantial doses of testosterone and a
24 lesser amount of estradiol. There were also three telephone conferences with Respondent and two
25

26
27 ² Testosterone therapy is not currently FDA-approved for use in women, and there are
28 currently no FDA-approved testosterone preparations for women. Its off-label use to address a
decline in libido appears to be not uncommon, but not at hyper physiological levels as here.

1 sessions with Respondent's nutritionist. There was no outreach from Respondent to Kaiser to
2 obtain her records or to coordinate her care by speaking with her internist or OB/GYN there.

3 14. Laboratory studies were performed on at least eight occasions between January 2018
4 and January 2019, some at Kaiser at the patient's request and others, some using saliva samples,
5 at laboratories chosen by Respondent. They demonstrate a sharp increase in the patient's total
6 testosterone level, rising from 25 ng/dL on January 28, 2019, a month before her first visit on
7 February 9, 2018, to 473 ng/dL 3 months later on March 20, 2018, and then trending downward
8 but at still sharply elevated levels to 332 ng/dL in September of that year. These are abnormally
9 high values, roughly ten times more than the expected normal testosterone levels, according to the
10 lab report provided to Respondent. This physician-induced hormonal imbalance resulted in this
11 patient's hirsutism and other complaints and is indicative of the Respondent's lack of attention to
12 the patient's well-being.

13 15. As part of the investigation, the Respondent was asked to submit a written statement
14 explaining her treatment of the patient. Instead, she submitted a letter dated August 14, 2019,
15 signed by her legal counsel, Carolyn Lindholm, which indicated that Respondent had associated
16 herself with a Texas corporation, BioTE, which markets a system of care that assists physicians in
17 providing Peri- and postmenopausal women with bioidentical hormone replacement therapy using
18 pellet injections. BioTE provides training materials, consent forms, advisors, and support for
19 member physicians. Respondent's website, www.julietaylormd.com identifies her on a gold seal
20 as a "Trusted, Certified Provider" of "BioTE – The Right Choice."

21 16. One of the services that BioTE provides to its member physicians is the ability to
22 "import" "demographic" information about patients into their "dosing site," which will then
23 compute and report the appropriate amount of estrogen and testosterone to be provided to a
24 patient. A passage from attorney Lindholm's letter to the Board explains this as follows:

25 *BioTE has a proprietary dosing site that evaluates a patient's demographic data, lab*
26 *values, and other data to assist physicians in determining proper dosages for bio-*
27 *identical hormone therapy. The Bio TE dosing site is based upon over thirty years of*
28 *experience in calculating proper dosages for both men and women. [Patient 1]'s*
labs and other data, including her age, weight, and symptoms, were put into the
BioTE dosing site by Dr. Taylor, and the program indicated a dose of Testosterone of
112.5mg and Estradiol of 12.5mg. After a fully informed consent was obtained, the

pellets were placed under her skin, using the dosages recommended by the BioTE dosing site. (Emphasis added.)³

17. It was a "program," rather than the Respondent or another licensed physician, who evaluated the patient's "data" and determined what drugs and of what strength to give to this patient, not only on this first visit but also on subsequent visits. Patient 1 was not informed that the drugs or their dosages she was given had been delegated to unnamed others or, in this instance, to a machine. Patient 1 was injected with pellets provided by BioTE through a Las Vegas-based compounding pharmacy, and kept in inventory by the Respondent.

18. Patient 1 was not informed by Respondent that BioTE would be involved with her care, nor was she informed that her personally identifiable healthcare information would be provided to BioTE or outside sources during her treatment. Patient 1 was not informed of the hormone pellet dosages she was given until after her last visit, nor was she told how the BioTE dosages of the hormone pellets were produced, calculated or determined. She was not told that the pellets injected into her had not been FDA approved. Nor was the patient informed that once the pellets were injected, there is no practical way to remove them, or to prevent them from continuing to release hormones into the patient's body for an extended period of time, until they dissolve.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

19. Respondent Julie Bodwell Taylor, M.D. is subject to disciplinary action under section 2234, subdivision (b) of the Code for gross negligence. The circumstances are as follows:

20. Estradiol or Estrogen is approved by the FDA for vasomotor symptoms, prevention of bone loss, and treatment of genitourinary symptoms. FDA approved bioidentical preparations are available for treatment of menopausal women. A menopausal female should be treated with the lowest dose that controls her symptoms. As regards progesterone, the only reason to give a postmenopausal woman progesterone/progestin is for endometrial protection in the face of estradiol replacement. As regards testosterone, there is no FDA indication for the treatment of

³ In November 2021, the Respondent was asked by the Board a second time to “provide a summary, written by you, regarding the care and treatment rendered to this patient,” but she declined to do so.

1 menopausal women with testosterone. Some women, who have been adequately replaced with
2 estrogen, can benefit from testosterone replacement to address libido; however, libido in women
3 is multifactorial and pharmacological levels of testosterone can result in unwanted male pattern
4 hair growth.

5 21. Respondent made the decision to proceed with estradiol and testosterone pellets and
6 oral progesterone. There are several problems with this approach indicative of lack of
7 knowledge. First, giving multiple hormones simultaneously while withdrawing her IUD made it
8 difficult to know what was not working when Patient 1 was not feeling well. Second, by
9 requesting that Patient 1 have her IUD removed (which had been coated with a hormone), the
10 patient developed symptoms that Dr. Taylor misinterpreted. Specifically, because Patient 1
11 experienced bleeding following the removal of the IUD, Dr. Taylor chose not to give her an
12 estradiol pellet at the time of her May 11, 2018 visit.

13 22. A serious problem came when Dr. Taylor relied on BioTE to select the appropriate
14 dose of testosterone for the May 11, 2018 pelleting. Patient 1 was complaining of facial hair
15 growth and her post pelleting total testosterone was 473 ng/dl (normal is 12-36). Testosterone is
16 known to cause facial hair growth and other undesirable symptoms at pharmacologic levels.
17 Because the patient was complaining of undesired side effects and the testosterone level was 473
18 ng/dl, it was inappropriate and below the standard of care to insert another testosterone pellet.
19 The situation was made worse for Patient 1 because she was not given any estradiol.

20 23. One of the disadvantages of pellets compared to oral or short acting transdermal
21 preparations, is that they cannot be removed from the body and thus the patient has to wait three
22 months or longer for the effect to wear off. After the difficult time Patient 1 had experienced
23 after the first pelleting, it was inappropriate and below the standard of care to use a long-acting
24 approach again, and is again indicative of a lack of knowledge.

25 24. It was an extreme departure from the standard of care for the Respondent not to treat
26 Patient 1 with the lowest dose of the medication necessary to control the patient's symptoms. In
27 addition, such conduct demonstrates a lack of knowledge of basic menopausal hormone
28 replacement.

1 25. A physician has final responsibility for making a diagnosis and recommending
2 treatment options. Respondent's medical documentation lacks any detailed explanation for her
3 thought process or medical reasoning that went into her selection of the medications and the
4 doses. The physician decided to start two medications simultaneously with a form of delivery
5 that could not be changed for at least three months. In the face of significantly elevated
6 laboratory values, coupled with bothersome facial hair growth, she continued to prescribe
7 testosterone. Her reliance on BioTE increased the problem, as she was falsely reassured that she
8 was prescribing the correct dose. It was an extreme departure from the standard of care for the
9 Respondent to delegate to the BioTE dosing site the selection and dosages of drugs to be
10 administered and also to have continued to take direction from BioTE in the face of elevated lab
11 values and bothersome side effects the patient was experiencing.

12 **SECOND CAUSE FOR DISCIPLINE**

13 (Repeated Negligent Acts)

14 26. Respondent Julie Bodwell Taylor, M.D. is subject to disciplinary action under section
15 2234, subdivision (c) of the Code for repeated negligent acts. The circumstances are as follows:

16 27. It was beneath the standard of care for the Respondent to have failed in the course of
17 four face-to-face patient encounters in eleven months to have physically examined the patient, or
18 to have not recorded her complaints or vital signs.

19 28. It was beneath the standard of care for the Respondent to have failed to maintain
20 accurate and legible records of the patient's complaints, vital signs, symptoms, the results of a
21 physical exam, assessment, and diagnosis.

22 29. It was beneath the standard of care for the Respondent to have commenced therapy
23 without first conducting a medical examination.

24 30. It was beneath the standard of care for the Respondent to have continued hormone
25 replacement therapy after it became apparent that it was becoming harmful to the patient.

26 31. It was beneath the standard of care for the Respondent to delegate to a computer the
27 choice of medical therapy and dosages.

1 32. It was beneath the standard of care for the Respondent to have continued to take
2 direction from BioTE in the face of sharply elevated hormone levels and the concerning side
3 effects the patient was experiencing.

4 33. It was beneath the standard of care for the Respondent not to disclose to her patient
5 that an outside entity, BioTE, would be involved with her care, and that the company was given
6 personally identifiable healthcare information.

7 34. It was beneath the standard of care for the Respondent not to have informed her
8 patient of conventional forms of treatment for her complaints.

9 35. It was beneath the standard of care for the Respondent not to have started her patient
10 on the lowest dose of medication necessary to control the patient's symptoms.

11 36. It was beneath the standard of care for the Respondent to have started the patient on a
12 course of therapy, using long-acting pellets, rather than oral or transdermal medication which
13 could be titrated in response to the patient's response.

14 **THIRD CAUSE FOR DISCIPLINE**

15 (Incompetence)

16 37. Respondent Julie Bodwell Taylor, M.D. is subject to disciplinary action under section
17 2234, subdivision (d) of the Code for incompetence. The circumstances are as follows:

18 38. Respondent demonstrated a lack of knowledge or skill amounting to incompetence by
19 creating a physician-induced hormonal imbalance in her patient resulting in hirsutism and other
20 complaints.

21 39. Respondent demonstrated a lack of knowledge or skill amounting to incompetence in
22 the manner outlined in paragraph 21 above.

23 40. Respondent demonstrated a lack of knowledge or skill by continuing to use a long-
24 acting approach with pellets rather than oral or transdermal medications in the face of contrary
25 indications, as further described in paragraph 23.

26 41. Respondent demonstrated a lack of knowledge or skill in basic menopausal hormone
27 replacement amounting to incompetence by not treating Patient 1 with the lowest dose of
28 medication that controlled her symptoms, as further described in paragraph 24.

1 **FOURTH CAUSE FOR DISCIPLINE**

2 (Prescribing, Dispensing or Furnishing Dangerous Drugs Without an Appropriate Prior
3 Examination and a Medical Indication)

4 42. By reason of the facts set forth above, Respondent Julie Bodwell Taylor, M.D. is
5 subject to disciplinary action under section 2242, subdivision (a) of the Code for prescribing,
6 dispensing, or furnishing dangerous drugs as defined in section 4022 without an appropriate prior
7 examination and a medical indication.

8 **FIFTH CAUSE FOR DISCIPLINE**

9 (Failure to Maintain Adequate and Accurate Records)

10 43. Respondent Julie Bodwell Taylor, M.D. is subject to disciplinary action for
11 unprofessional conduct under section 2266 of the Code for failing to maintain adequate and
12 accurate records relating to the provision of services. The standard of medical practice is to keep
13 timely, accurate, and legible medical records. The medical records for the care of Patient 1
14 maintained by Dr. Taylor did not include a detailed description by Dr. Taylor of Patient 1's
15 symptoms, physical exam, assessment, and diagnosis. On no occasion over the span of nearly a
16 year, was there any documentation of a presenting complaint, vital signs or of a physical
17 examination.

18 **PRAAYER**

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

21 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 120659,
22 issued to Julie Bodwell Taylor, M.D.;

23 2. Revoking, suspending or denying approval of her authority to supervise physician
24 assistants and advanced practice nurses;

25 3. Ordering her to pay the Board the costs of the investigation and enforcement of this
26 case, and if placed on probation, the costs of probation monitoring; and


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

DATED: **FEB 18 2022**



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

Complainant

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