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

In the Matter of the Accusation Against: Bobbie Head, M.D. Physician's and Surgeon's Certificate No. G 50943 Respondent.	Case No.: 800-2023-096796

DECISION

The attached Proposed Decision 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 October 2, 2025.

IT IS SO ORDERED: September 2, 2025.

MEDICAL BOARD OF CALIFORNIA

MD.

Veling Tsai, M.D., Vice Chair
Panel A

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

In the Matter of the Accusation Against:

BOBBIE HEAD, M.D.,

Physician's and Surgeon's Certificate No. G 50943

Respondent.

Agency Case No. 800-2023-096796

OAH No. 2024120119

PROPOSED DECISION

Administrative Law Judge Michael C. Starkey, State of California, Office of Administrative Hearings, heard this matter on June 23 and 24, 2025, via videoconference.

Deputy Attorney General Christopher M. Young represented complainant Reji Varghese, Executive Director, Medical Board of California, Department of Consumer Affairs.

Attorney Ivan Weinberg represented respondent Bobbie Head, M.D., who was present.

The matter was submitted on June 24, 2025.

FACTUAL FINDINGS

Jurisdictional Matters

1. On August 8, 1983, the Medical Board of California (Board) issued Physician's and Surgeon's Certificate No. G 50943 to respondent Bobbie Head, M.D. This certificate was in full force and effect at all relevant times and is scheduled to expire on October 31, 2026, unless renewed.

2. On December 6, 2023, acting in his official capacity as Executive Director of the Board, complainant Reji Varghese issued an accusation against respondent. Complainant alleges that in 2023 respondent was convicted of an alcohol-related driving offense, and that this fact establishes cause to discipline her physician's and surgeon's certificate. Complainant also seeks costs.

3. Respondent timely filed a notice of defense and this proceeding followed.

Criminal Conviction

4. On February 24, 2023, respondent was convicted in the Superior Court of California, Marin County, upon her plea of guilty, of a violation of Vehicle Code section 23152, subdivision (a) (driving under the influence of alcohol [DUI]), a misdemeanor. Imposition of sentence was suspended and respondent was placed on probation for a term of three years, on conditions including that she complete a first-offender "drinking driving" program and pay fines and fees.

5. The facts and circumstances leading to this conviction are that, on August 17, 2022, at approximately 9:00 p.m., a California Highway Patrol (CHP) officer

was dispatched to investigate a report of a solo vehicle crash on Highway 101, south of the Lincoln offramp in Marin County. Approximately 10 minutes later the officer arrived at the scene and observed respondent's vehicle blocking the right lane of traffic and a "fully collapsed" "crash cushion" that had been protecting the edge of a traffic sound-wall. There was major damage to the front of respondent's car. Respondent was near the vehicle, speaking to fire/paramedic personnel. She had a small bit of blood on her blouse but otherwise appeared uninjured, which the paramedics confirmed. The officer asked her what happened and she said that she did not know. She admitted being the driver of the vehicle, but denied falling asleep. The officer smelled the odor of an alcoholic beverage on her breath. He asked her to retrieve her insurance and registration paperwork from the vehicle. She was unable to locate the paperwork in the vehicle, and as she stood up from leaning into the vehicle, she stumbled backward and fell against the vehicle. Paramedics tended to her again. Later she told the officer that she had been driving home from her horse trainer's house, after a party there. She reported that she had two glasses of white wine with some appetizers. The officer administered field sobriety tests. Respondent was unable to perform them as demonstrated and explained. The officer administered two preliminary alcohol breath tests to respondent. The results were 0.147 and 0.151 percent blood alcohol concentration (BAC), respectively. The officer placed her under arrest and transported her to Novato Community Hospital. There, at approximately 10:16 p.m., a blood sample was obtained from respondent. The sample was tested for alcohol and the result was 0.175 percent BAC.

Board Investigation and Interview of Respondent

6. One month after her February 24, 2023, criminal conviction, respondent reported the conviction to the Board.

7. On August 18, 2023, respondent was interviewed by a Board investigator, with her attorney present. She reported that:

- Her historical use of alcohol was limited to an occasional glass of wine when socializing, two glasses at the most. She had no "alcohol or substance issue" and had never been treated for any such issue.

- On the date of the DUI arrest, she had a protein bar for breakfast and no lunch. She then attended a photography session at the home of the trainer of her horse. At approximately 6:00 p.m., the host served hors d'oeuvres and wine. She ate some cheese and crackers and drank two glasses of wine. At some point after 8:00 p.m., she began driving home (17 miles away).

- She did not feel the effects of the alcohol, before or while driving.

- The accident happened one exit before the offramp to get to her home.

- She does not know how the accident happened and believes that she must have fallen asleep.

- In addition to the probation conditions set forth in Factual Finding 4, she was required to have an interlock device installed in her vehicle for six months.

- She was not totally abstinent directly after the incident, but drank very little alcohol and none if she needed to drive. But in mid-2023 she remained abstinent from alcohol for three months, with testing multiple times per day via a system called "Soberlink," to demonstrate to the Board that there is no further concern regarding her use of alcohol.

Respondent's Evidence

8. Respondent testified at hearing.

9. Respondent is 74 years old. She lives in Marin County with her husband. He is also a physician, is retired, and has Parkinson's disease. Respondent has an adult daughter and two adult step-daughters.

10. Respondent earned a doctoral degree in experimental pathology in 1979 and a doctoral degree in medicine in 1982. She completed an internship and residency in internal medicine in 1983 and 1985, respectively. She completed a fellowship in hematology/oncology in 1987. Since then, she has practiced as an oncologist with a medical group in Marin. Since 1987, she has also participated in pharmaceutical oncology trials as a sub-investigator and since 2013 as a principal investigator. Respondent has also been certified as a diplomate of the American Board of Internal Medicine in internal medicine and oncology since 1986 and 1989, respectively. Her specialty is treating breast cancer. She also has a long history of charitable work, primarily related to the prevention and treatment of cancer.

11. Respondent reports that she typically arrives home from work between 6:00 and 7:00 p.m., has a quick dinner, and then works at home until 11:00 p.m. or midnight. She reports that she does not drink alcohol at home. She reports that her husband rarely drank alcohol; but now due to his Parkinson's disease, he does not drink at all. Approximately one year ago, he also stopped driving.

12. Respondent has fully complied with the terms of her criminal probation, including completing the first-offender drinking driving program, and paying restitution for the damage to the crash cushion. Her driving privileges have been fully restored.

13. Regarding the incident and surrounding events, respondent's testimony was consistent with her statements to the responding officer that night and to the Board investigator one year later. She takes full responsibility for her offense and is remorseful. She reports that she feels additional shame because she witnessed the challenges faced by a classmate in medical school, who became a paraplegic after being hit by a drunk driver.

14. Respondent reports that the hostess of the event was routinely refilling the wine glasses of respondent and other guests. Respondent reports that she was exuberant, talking to other guests, and not paying attention to the amount of wine she consumed; but she believes that she drank two full glasses of wine, and perhaps a little more. She believes she started driving just a few minutes after she stopped drinking the wine. Respondent reports that she had never been drunk before and did not feel impaired. She does not blame the hostess for her own decision to drive while under the influence of alcohol.

15. Regarding the three months of testing via Soberlink, respondent reports that she had to carry a "gizmo" with her and blow into it several times per day. She reports that she continued this process while on vacation in Europe and had to manage time changes, but tried very hard not to miss any of the required tests. She reports that she was abstinent throughout this testing period and the testing was supervised by Paul Abramson, M.D., an addiction specialist.

16. Respondent reports that since her 2022 offense, she drinks very infrequently, only during social events, and never more than a glass of wine. She reports that she has learned that drinking alcohol skews one's judgment, and therefore she will never again drive a vehicle with any amount of alcohol in her system.

17. Respondent reports that she recently decided to retire at the end of 2025. She reports that her husband's Parkinson's disease is progressing and she will be one of his caregivers. She plans to volunteer part-time at a local clinic that serves underprivileged patients and it is important that she has an unrestricted license to facilitate that work. She reports that she reviewed health plans and learned that all of them require an unrestricted license. She also reports that she will not work enough hours to satisfy the standard probation term that requires continued practice.

18. Michael A. Friedman, M.D., testified at hearing and wrote a letter in support of respondent. Dr. Friedman first met respondent when he was overseeing oncology training at UCSF, where respondent was then a fellow. He later came to know respondent socially because he was a friend and colleague of the physician who later became respondent's husband. Dr. Friedman reports that respondent is "an extraordinary and gifted physician who has the highest personal integrity and honor. Without hesitation I would ask her to care for myself or my loved ones." Dr. Friedman estimates that he and his spouse have eaten out at a restaurant with respondent and her spouse approximately 40 times. He reports that he never saw respondent drink alcohol to excess, and does not actually remember seeing her drink at all. He reports that he was shocked to hear of her DUI offense and regards it as an atypical event. He reports that respondent was intensely embarrassed by her offense and she treated it very seriously.

19. Corey S. Goodman, Ph.D., testified at hearing and wrote a letter in support of respondent. Dr. Goodman is the managing partner of a life sciences venture capital firm and an adjunct professor at UC Berkeley. He has known respondent since they attended junior high school together, more than 61 years ago. They reconnected in the 2000's and have been close friends since then. Dr. Goodman holds respondent

in the highest regard personally and professionally. He reports that he regularly socializes with respondent, often at gatherings where alcohol is served. He reports that he does not ever remember seeing respondent drink more than one glass of wine and never hard alcohol. He reports that she did not drink any alcohol if she was on call (which was fairly common). He regards her DUI offense as "incredibly" atypical, and reports that she was embarrassed and humiliated by the incident. He reports that he has not seen respondent drink alcohol at all in the last couple of years.

20. Marcia B. Barinaga, Ph.D., testified at hearing and wrote a letter in support of respondent. Dr. Barinaga is Dr. Goodman's wife and a close friend of respondent since 2010 or 2011. They have travelled together and ride horses together weekly. Dr. Barinaga reports that respondent's "work is her life" and she works at home after working all day in the office. Like the other witnesses, Dr. Barinaga reports that she regularly socializes with respondent, has never seen her drink more than a glass of wine, never seen her drink alcohol while on call, and that respondent very rarely drinks since the 2022 DUI offense. Dr. Barinaga reports that respondent "totally owns" the offense and for years would "break down every time" they talked about it. Dr. Barinaga opined that the offense happened because of respondent's inexperience with alcohol. Dr. Barinaga is certain that respondent will not reoffend.

21. Phillip L. Pillsbury, Jr., testified at hearing and wrote a letter in support of respondent. Mr. Pillsbury has been a trial lawyer since 1976 and has known respondent for almost 40 years because he is a friend of her husband. He echoed the other witnesses' reports that respondent only drank alcohol moderately and responsibly, save for the 2022 DUI offense. Mr. Pillsbury picked respondent up from the sheriff's substation when she was released from custody. He reports that she was very quiet, was crying and seemed very ashamed. He believes her attitude towards alcohol is

forever changed. He reports that she very rarely drinks alcohol since then; for example, she drank a little wine last year during the toast at her daughter's wedding.

22. Alex S. Metzger, M.D., testified at hearing and wrote a letter in support of respondent. Dr. Metzger is a board-certified oncologist who has worked with respondent in the same practice group for 19 years. Dr. Metzger reports that respondent is an excellent clinician, who brings an extraordinary energy and enthusiasm to the office each day. Dr. Metzger reports that he has attended 10 or more social functions with respondent where alcohol was served and never saw her inebriated or acting inappropriately. He was very surprised when she told him about the DUI offense. Dr. Metzger is also the chair of the committee that considered her offense during her biannual renewal of credentials and privileges at Marin Health Medical Center. He reports that the committee considered the offense a red flag, but unanimously approved her recredentialling. He is confident that respondent will not reoffend.

23. Respondent submitted a sworn declaration from Jennifer Lucas, M.D. Dr. Lucas is a hematologist/oncologist and has practiced and been a partner of respondent for 23 years. Dr. Lucas describes respondent as an outstanding clinician who is a hard worker and devoted to her patients and coworkers. Dr. Lucas reports that she was surprised to learn of respondent's DUI offense because she "never witnessed any problem/issue she has had with alcohol during innumerable social and business engagements throughout the years." Dr. Lucas reports that respondent was humiliated and Dr. Lucas reports that she has "the utmost confidence that it will not recur."

Expert Opinions

DR. SCOVIS

24. During the underlying criminal proceedings, respondent engaged Teena Scovis, Ph.D., MFT, to evaluate her for substance abuse disorder and alcohol abuse. On November 12, 2022, Dr. Scovis conducted a psychosocial interview of, and administered several formal psychological assessment instruments to, respondent. The assessment instruments included five focused on alcohol and/or drug abuse. Dr. Scovis also reviewed the relevant police reports. On December 30, 2022, she issued a report. Dr. Scovis found respondent to be cooperative and opined that nothing in the interview cast doubt on the validity of the formal assessments. Dr. Scovis' report of respondent's account of the August 17, 2022, DUI offense was consistent with respondent's other accounts. Dr. Scovis reports that respondent evidenced no history of habitual or compulsive alcohol consumption; her alcohol intoxication on August 17, 2022, appeared to be an uncharacteristic and isolated incident; she denied any medical issues related to alcohol consumption; respondent's interview and testing suggested no past or current mental health diagnosis; there was no objective need for treatment; there was "no/low potential for further alcohol abuse or related dysfunction"; and respondent had a supportive environment and thus no additional risk in that context. Dr. Scovis opined that respondent did not meet the criteria for substance use disorder, or the ASAM (American Society of Addiction Medicine) criteria for alcohol or drug treatment.

DR. ABRAMSON

25. Respondent engaged Paul Abramson, M.D., to evaluate her physical health, mental health, and substance use. Dr. Abramson interviewed, examined, and

administered psychological testing to respondent on April 12, 2023. Dr. Abramson reviewed relevant police and court records, and the CURES database to verify that respondent was not prescribed controlled substances within the previous two years. He reviewed the report of Dr. Scovis and spoke with her about the matter. Dr. Abramson "compared notes" with Kelly Yi, a psychologist in his office, after she also interviewed respondent. Dr. Abramson issued a report dated July 4, 2023, and a supplemental report dated August 16, 2023, and he testified at hearing.

26. Dr. Abramson is a highly qualified addiction medicine specialist. He earned bachelor's and master's degrees in electrical engineering and a doctoral degree in medicine in 1991, 1993, and 1999, respectively. He completed a residency in family medicine in 2003, and a fellowship in integrative medicine in 2007. He is licensed to practice in California. He is board-certified in family medicine and addiction medicine. Since 2008, he has provided primary medical care and addiction treatment in private practice. He estimates that one-third of his practice is providing addiction treatment. Dr. Abramson has evaluated approximately ten physicians on behalf of the Board and evaluated physicians and other professionals for alcohol or substance abuse in connection with other civil and administrative proceedings.

27. Dr. Abramson reports that respondent was tested for more than 150 drugs on the date of her examination, and the test was negative, except for two prescription drugs, which are not of concern for abuse. He also confirms (and respondent submitted corroborating documentation) that respondent underwent alcohol abstinence testing for three months, via the Soberlink breathalyzer system, which uses facial recognition and photographs during testing to ensure validity. During this period, respondent was subject to 296 tests (approximately three per day). She was completely compliant with 262, and missed 34. She did not test positive in

any test. Dr. Abramson estimates that respondent was in the top 25 percent for compliance for busy professionals. He opines that, based on his experience it was "very, very likely that she was completely abstinent from alcohol during this period."

28. Regarding respondent's consumption of alcohol on August 17, 2022, Dr. Abramson opines that, based on her height and weight (5 foot, 3 inches and 115 pounds), and the reported BAC from the breath and blood tests (0.147, 0.151, and 0.175 percent), he estimates that she drank four or five "standard sized drinks" (five ounces of wine per drink). He opines this level of intoxication impacted her driving, especially because, based on her reported use history, she likely had little tolerance for alcohol. Dr. Abramson opines that once someone with a low tolerance starts drinking in an environment where alcohol is provided "by an enthusiastic provider . . . this is a common scenario for single DUI's." He does not blame the hostess for respondent's offense, but opines that one may consume more than intended when a host is refilling one's glass.

29. Dr. Abramson opined that respondent's BAC may have been significantly lower when she decided to drive home from the party, than when it was tested later in the evening, because it appears that she began driving shortly after she stopped drinking wine and before she had metabolized all the alcohol she had consumed.

30. Dr. Abramson reports that respondent told him she would stop drinking altogether when he evaluated her on April 12, 2023. However, when informed that she had resumed some consumption of alcohol, he reported that his opinions were unchanged.

31. Dr. Abramson agrees with the opinions of Dr. Scovis. He found respondent to be a sincere and credible historian. He reports that he observes

individuals throughout the evaluation process and queries his nurses on their observations as well, looking for inconsistencies. Dr. Abramson reports that he did not see any signs that the information respondent provided was inaccurate and did not believe that it was necessary to interview her family or associates.

32. Dr. Abramson opines that respondent's August 17, 2022, DUI offense appears to have been an isolated incident. He opines that she meets no criteria for any substance abuse, mental health, or behavioral disorder. Specifically, he opines that she does not have an addiction to alcohol. He opines that respondent demonstrated insight and a high level of regret for her offense, and she appeared very motivated to not reoffend. He opines that there is a "low risk of future problems."

Ultimate Findings

33. It is undisputed that on February 24, 2023, respondent was convicted of driving under the influence of alcohol. During the underlying offense, her car collided with a "crash cushion," causing major damage. Respondent's BAC was more than double the legal limit. In committing the underlying offense, respondent used alcoholic beverages in a manner dangerous to herself and the public.

34. As discussed in Legal Conclusions 5 and 6, under California Code of Regulations, title 16, section 1361.5, subdivision (a), respondent is "presumed to be a substance-abusing licensee." However, respondent rebutted this presumption. The testimony of Dr. Abramson that respondent does not meet the criteria for alcohol use disorder, that she is not addicted to alcohol, and that her DUI offense was an isolated incident, was persuasive and unrebutted. This opinion is supported by the similar opinions of Dr. Scovis and psychologist Yi. Critically, Dr. Abramson's opinion is also supported by respondent's three months of total abstinence from alcohol (as

confirmed by Soberlink) and the credible testimony of respondent and five other witnesses (plus one additional declarant) familiar with her use of alcohol.

35. Respondent also showed significant rehabilitation from her offense. She is remorseful and demonstrated insight into the danger and wrongfulness of her decision to drive while under the influence of alcohol. She appears deeply committed to avoiding any further problems related to alcohol and maintaining her otherwise sterling reputation as a physician.

Costs

36. In connection with the investigation and enforcement of this accusation, complainant requests an award of costs in the total amount of $32,675.75, comprising $3,601.75 in investigative services and $29,074 in attorney and paralegal services provided by the Department of Justice and billed to the Board through June 16, 2025. That request is supported by declarations that comply with the requirements of California Code of Regulations, title 1, section 1042. The billing records submitted show some inefficiency and duplication of effort. Complainant proved $27,000 in reasonable costs.

LEGAL CONCLUSIONS

Burden and Standard of Proof

1. Complainant is required to prove cause for discipline of a professional license, permit, or registration by "clear and convincing proof to a reasonable certainty." (Cf. *Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.) To the extent respondent contends mitigation or rehabilitation, or attempts

to rebut the presumption discussed in Legal Conclusions 5 and 6, it is her burden to prove those contentions by a preponderance of the evidence. (Evid. Code, §§ 115, 500.)

Causes for Discipline (Unprofessional Conduct – Criminal Conviction/ Dangerous Use of Alcohol)

2. The Board may discipline the physician's and surgeon's certificate of a licensee who commits unprofessional conduct. (Bus. & Prof. Code, § 2234 [all further statutory references are to the Business and Professions Code unless stated otherwise].) Use of alcoholic beverages to such an extent, or in a manner, as to be dangerous or injurious to oneself, others, or the public constitutes unprofessional conduct. (§ 2239, subd. (a).) Cause exists to discipline respondent's physician's and surgeon's certificate under sections 2234 and 2239, subdivision (a), for dangerous use of alcohol, in light of the matters set forth in Factual Findings 4, 5, and 33.

3. Conviction of an offense substantially related to the qualifications, functions, or duties of a physician and surgeon also constitutes unprofessional conduct. (§ 2236, subd. (a).) A criminal offense is substantially related to the qualifications, functions, or duties of a physician and surgeon "if to a substantial degree it evidences present or potential unfitness of a person holding a license . . . to perform the functions authorized by the license . . . in a manner consistent with the public health, safety or welfare." (Cal. Code Regs., tit. 16, § 1360.) Respondent's February 24, 2023, conviction for driving under the influence of alcohol suggests potential unfitness to perform her licensed functions safely and is substantially related to her physician's and surgeon's certificate. (Factual Findings 4, 5 & 33.) Cause exists to discipline respondent's physician's and surgeon's certificate under sections 2234 and 2236, subdivision (a), and California Code of Regulations, title 16, section 1360.

Determination of Discipline

4. Cause for discipline having been established, the next issue is what discipline is appropriate. The Board's highest priority is protection of the public. (§ 2229.)

5. "If the licensee is to be disciplined for unprofessional conduct involving the use of illegal drugs, the abuse of drugs and/or alcohol, or the use of another prohibited substance as defined herein, the licensee shall be presumed to be a substance-abusing licensee." (Cal. Code Regs., tit. 16, § 1361.5, subdivision (a).) If this presumption is not rebutted, certain probationary terms and conditions "shall be used without deviation." Respondent is to be disciplined for unprofessional conduct involving the use of alcohol. (Legal Conclusions 2 & 3.) Her counsel argues that the presumption that she is a substance-abusing licensee is not triggered because she was not charged with the abuse of alcohol and because the relevant portion of the regulation states "abuse," not merely "use" of alcohol. However, the trigger is simply unprofessional conduct "involving" the abuse of alcohol. In the accusation complainant alleged the material facts and that respondent "operated a vehicle while under the influence of an excessive amount of alcohol in a manner dangerous to herself and others." At hearing, it was proven that respondent's car collided with a "crash cushion," causing major damage, and that her BAC was more than double the legal limit. (Factual Finding 33.) In committing the underlying offense, respondent used alcoholic beverages in a manner dangerous to herself and the public. This use constitutes "abuse" under section 1361.5, subdivision (a). Therefore, in this proceeding the presumption that respondent is a substance abusing licensee was established.

6. However, respondent successfully rebutted this presumption, as set forth in Factual Finding 34. Therefore, there is no requirement to impose the probation conditions set forth in California Code Regulations, title 16, section 1361.5.

7. The next step is to consult the Board's Manual of Model Disciplinary Orders and Disciplinary Guidelines ("Guidelines") (12th ed. 2016) (see Cal. Code Regs., tit. 16, §§ 1361, 1361.5, subd (b).) For conviction of a misdemeanor not arising from patient care, treatment, management, or billing, the Guidelines recommend a minimum disciplinary order of a five-year period of probation, with standard conditions of probation plus community service; professionalism program; psychiatric evaluation; medical evaluation and training; and victim restitution. (Guidelines, at p. 25.) For dangerous use of alcohol, the Guidelines also recommend substance abuse conditions, including abstinence from alcohol and controlled substances; biological fluid testing; psychotherapy; and medical treatment. However, the Guidelines expressly provide for disciplinary orders that deviate from the recommended discipline, in appropriate circumstances where the departures and supporting facts are identified. Complainant argues for the recommended discipline. Respondent argues that probation is not necessary and that a public reprimand is sufficient.

8. Respondent's DUI offense was serious and potentially deadly. It was a grave error in judgment that raised serious concerns about her ability to practice safely. However, she provided compelling evidence that this offense was an aberration in a lifetime of temperate and responsible use of alcohol in social situations, and a mistake that she is very unlikely to repeat. Respondent's evidence shows that monitoring by the Board is not necessary and deviation from the Guidelines is warranted in this unusual case. The public will be adequately protected by imposition of a public reprimand. (See § 2227, subd. (a)(4).)

Costs

9. A licensee who is found to have committed a violation of the licensing act may be ordered to pay a sum not to exceed the reasonable costs of investigation and enforcement. (§ 125.3.) Cause exists to order respondent to pay the Board's costs. (Legal Conclusions 2 & 3.) As set forth in Factual Finding 36, the reasonable costs in this matter are $27,000.

10. Cost awards must not deter licensees with potentially meritorious claims from exercising their right to an administrative hearing. (*Zuckerman v. State Board of Chiropractic Examiners* (2002) 29 Cal.4th 32, 45.) Cost awards must be reduced where a licensee has been successful at hearing in getting the charges dismissed or reduced; a licensee is unable to pay; or where the scope of the investigation was disproportionate to the alleged misconduct. (*Ibid.*) The agency must also consider whether the licensee has raised a colorable challenge to the proposed discipline, and a licensee's good faith belief in the merits of his or her position. (*Ibid.*) Respondent successfully rebutted the presumption that she is a substance abusing licensee and proved mitigation and rehabilitation sufficient to warrant a significant deviation from the discipline recommended by the Guidelines and sought by complainant. Accordingly, pursuant to *Zuckerman*, the award of costs will be reduced from $27,000 to $10,000.

ORDER

1. Physician's and Surgeon's Certificate No. G 50943, issued to respondent Bobbie Head, M.D., is hereby reprimanded within the meaning of Business and Professions Code section 2227, subdivision (a)(4).

2. Respondent is hereby ordered to reimburse the Medical Board of California the amount of $10,000 for its enforcement costs, pursuant to Business and Professions Code section 125.3. Respondent shall complete this reimbursement within 90 days from the effective date of this decision, or pursuant to a payment plan authorized by the Board.

DATE: 07/11/2025

Michael C. Starkey

MICHAEL C. STARKEY
Administrative Law Judge
Office of Administrative Hearings