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

In the Matter of the First Amended Accusation Against: Lloyd Gregory Braemer, M.D. Physician's and Surgeon's Certificate No. A 54939 Respondent.	Case No.: 800-2023-098172

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 20, 2026.

IT IS SO ORDERED: February 19, 2026.

MEDICAL BOARD OF CALIFORNIA

Veiling Tsai, M.D., Chair
Panel A

Rob Bonta
Attorney General of California
MICHAEL C. BRUMMEL
Supervising Deputy Attorney General
JOHN S. GATSCHET
Deputy Attorney General
State Bar No. 244388
California Department of Justice
1300 I Street, Suite 125
Sacramento, CA 95814
Telephone: (916) 210-7546
Facsimile: (916) 327-2247
E-mail: John.Gatschet@doj.ca.gov

Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **LLOYD GREGORY BRAEMER, M.D.** **1135 West Street** **Redding, CA 96001** **Physician's and Surgeon's Certificate No. A 54939** Respondent.	Case No. 800-2023-098172 OAH No. 2025060241 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by John S. Gatschet, Deputy Attorney General.

2. Respondent Lloyd Gregory Braemer, M.D. (Respondent) is represented in this proceeding by attorney Lawrence S. Giardina Esq., whose address is:

Schuering, Zimmerman, & Doyle, LLP
400 University Ave.
Sacramento, CA 95825-6502

3. On or about October 11, 1995, the Board issued Physician's and Surgeon's Certificate No. A 54939 to Lloyd Gregory Braemer, M.D. (Respondent). That Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2023-098172, and will expire on August 31, 2027, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2023-098172 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on October 16, 2025. Respondent timely filed his Notice of Defense contesting the First Amended Accusation.

5. A copy of First Amended Accusation No. 800-2023-098172 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2023-098172. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his 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.

9. Respondent acknowledges the fact that, if adopted by the Board, the Board will report this Stipulated Settlement and Disciplinary Order to the National Practitioner Data Bank (NPDB) and Federation of State Medical Boards (FSMB) and publicly post such enforcement action, and Respondent hereby waives any and all objections thereto.

CULPABILITY

10. Respondent understands and agrees that the charges and allegations in First Amended Accusation No. 800-2023-098172, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

11. Respondent agrees that, at a hearing, Complainant could establish a *prima facie* case for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

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

CONTINGENCY

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

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 he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in First Amended Accusation No. 800-2023-098172 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 54939 issued to Respondent Lloyd Gregory Braemer, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) 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 25 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 **50** hours of CME of which **25** hours were in satisfaction of this condition.

2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in

advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

3. PROFESSIONAL BOUNDARIES PROGRAM. Within 60 calendar days from the effective date of this Decision, Respondent shall enroll in a professional boundaries program approved in advance by the Board or its designee. Respondent, at the program's discretion, shall undergo and complete the program's assessment of Respondent's competency, mental health and/or neuropsychological performance, and at minimum, a 24-hour program of interactive education and training in the area of boundaries, which takes into account data obtained from the assessment and from the Decision(s), First Amended Accusation(s) and any other information that the Board or its designee deems relevant. The program shall evaluate Respondent at the end of the training and the program shall provide any data from the assessment and training as well as the results of the evaluation to the Board or its designee.

Failure to complete the entire program not later than six (6) months after Respondent's initial enrollment shall constitute a violation of probation unless the Board or its designee agrees in writing to a later time for completion. Based on Respondent's performance in and evaluations

from the assessment, education, and training, the program shall advise the Board or its designee of its recommendation(s) for additional education, training, psychotherapy and other measures necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with program recommendations. At the completion of the program, Respondent shall submit to a final evaluation. The program shall provide the results of the evaluation to the Board or its designee. The professional boundaries program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

The program has the authority to determine whether or not Respondent successfully completed the program.

A professional boundaries course taken after the acts that gave rise to the charges in the First Amended Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

If Respondent fails to complete the program within the designated time period, Respondent shall cease the practice of medicine within three (3) calendar days after being notified by the Board or its designee that Respondent failed to complete the program.

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

The Board or its designee shall provide the approved monitor with copies of the Decision(s) and First Amended Accusation(s), and a proposed monitoring plan. Within 15 calendar days of

receipt of the Decision(s), First Amended Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and First Amended Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

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

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

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

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

replacement monitor is approved and assumes monitoring responsibility.

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

5. THIRD PARTY CHAPERONE. During probation, Respondent shall have a third-party chaperone present while consulting, examining, or treating all patients. Respondent shall, within 30 calendar days of the effective date of the Decision, submit to the Board or its designee for prior approval name(s) of persons who will act as the third-party chaperone. A minor patient's parent and/or legal guardian[1] may decline an independent third-party chaperone and elect to be the third-party chaperone in satisfaction of this requirement during any consultation, examination or treatment, unless the minor patient requests that an independent third-party chaperone be provided by Respondent. If a minor patient does not have an adult and/or legal guardian present the Respondent shall provide a third-party chaperone.

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

Each independent third-party chaperone shall sign (in ink or electronically) and date each patient medical record at the time the independent third-party chaperone's services are provided. Each third-party chaperone shall read the Decision(s) and the First Amended Accusation(s), and fully understand the role of the third-party chaperone.

Respondent shall maintain a log of all patients seen for whom an independent third-party chaperone is required. The log shall contain the: 1) patient initials, address and telephone

[1] Legal Guardian shall refer to any person over the age of 18 whom can make medical decisions on behalf of the minor patient.

number; 2) medical record number; and 3) date of service. Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation.

Respondent shall maintain a separate log of all patients seen for whom a parent and/or legal guardian served as the chaperone in satisfaction of this condition. The log shall contain the following: 1) patient's initials; 2) Parent and/or legal guardian's name, address, telephone number, and e-mail; 3) medical record number; and 4) date of service. In addition, the log shall contain a space for the parent and/or legal guardian who served as the chaperone to initial. The parent and/or legal guardian shall initial said space upon completion of the visit. Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation.

Respondent is prohibited from terminating employment of a Board-approved third-party chaperone solely because that person provided information as required to the Board or its designee. Respondent is prohibiting from dissuading or preventing a parent and/or legal guardian from contacting the Board for any reason.

If the independent third-party chaperone resigns or is no longer available, Respondent shall, within five (5) calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name of the person(s) who will act as the third-party chaperone. If Respondent fails to obtain approval of a replacement chaperone within 30 calendar days of the resignation or unavailability of the chaperone, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement chaperone is approved and assumes monitoring responsibility.

Respondent shall provide written notification to Respondent's patients that a third-party chaperone shall be present during all consultations, examinations, or treatment with all patients, and that a parent and/or legal guardian may serve as a third-party chaperone. The notice shall

state that if a parent and/or legal guardian is not available, or the patient chooses to have an independent third-party chaperone, a third-party chaperone shall be present during all consultations, examination, or treatment with all patients. Respondent shall maintain in the patient's file a copy of the written notification, shall make the notification available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the notification for the entire term of probation.

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

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

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

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

9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusations, legal reviews, investigation(s), as applicable, in the amount of **$40,000** (forty thousand dollars). Respondent shall be permitted to pay these costs in a payment plan approved by the Board, with payments to be completed no later than four months prior to the completion of the probation term. Costs shall be payable to the Medical Board of California in forty-three equal monthly installments of $910.00 and a final forty-fourth

installment of $870.00, with the first such installment of $910.00 being due and payable no more than 30 calendar days from the effective date of the Decision and Order. Respondent further understands and agrees that the Board will only accept and process a Petition for Early Termination of Probation/Penalty Relief if all cost recovery under this section has been paid in full, regardless of a previously agreed upon payment plan. Failure to pay such costs or to comply with the aforesaid payment plan shall be considered a violation of probation.

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

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

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

11. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's

license.

Travel or Residence Outside California

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

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

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

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

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete the Federation of State Medical Boards's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program

that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

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

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

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

16. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its 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.

17. 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.

18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, or petition for early termination before the Medical Board of California or any other health care licensing action agency in the State of California, all of the charges and allegations contained in First Amended Accusation No. 800-2023-098172 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, revoke, suspend or restrict a license.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Lawrence S. Giardina Esq. 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: 12-14-25

LLOYD GREGORY BRAEMER, M.D.
Respondent

I have read and fully discussed with Respondent Lloyd Gregory Braemer, 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: 12-15-25

LAWRENCE S. GIARDINA 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: 12-15-2025

Respectfully submitted,

ROB BONTA
Attorney General of California
MICHAEL C. BRUMMEL
Supervising Deputy Attorney General

John Gatschet
Digitally signed by John Gatschet
Date: 2025.12.15 08:40:11 -08'00'

JOHN S. GATSCHET
Deputy Attorney General
Attorneys for Complainant

SA2025300327/39519535

Exhibit A

First Amended Accusation No. 800-2023-098172

ROB BONTA
Attorney General of California
MICHAEL C. BRUMMEL
Supervising Deputy Attorney General
JOHN S. GATSCHET
Deputy Attorney General
State Bar No. 244388
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7546
Facsimile: (916) 327-2247
E-mail: John.Gatschet@doj.ca.gov

Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **Lloyd Gregory Braemer, M.D.** **1135 West Street** **Redding, CA 96001** **Physician's and Surgeon's Certificate No. A 54939,** Respondent.	Case No. 800-2023-098172 **FIRST AMENDED ACCUSATION**

PARTIES

1. Reji Varghese ("Complainant") brings this First Amended Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs ("Board").

2. On or about October 11, 1995, the Medical Board issued Physician's and Surgeon's Certificate No. A 54939 to Lloyd Gregory Braemer, M.D. ("Respondent"). That Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2027, unless renewed.

JURISDICTION

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

4. Section 2227 of the Code provides, in pertinent part, that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

STATUTORY PROVISIONS

5. Section 2234 of the Code states, in pertinent 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.
>
> (b) Gross negligence.
>
> (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
>
> (1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
>
> (2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.
>
> ...

6. Unprofessional conduct under Code section 2234 is conduct, which breaches the rules or ethical code of the medical profession or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice

medicine.[1]

AMA ETHICAL GUIDELINES

7. The American Medical Association's Principles of Medical Ethics[2] states, in pertinent part:

> Principles
>
> I. A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.
>
> II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.
>
> ...
>
> IV. A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.
>
> ...
>
> VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.

8. The American Medical Association's Code of Medical Ethics, Opinion 9.1.3,[3] *Sexual Harassment in the Practice of Medicine* states, in pertinent part:

> Sexual harassment can be defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.
>
> Sexual harassment in the practice of medicine is unethical. Sexual harassment exploits inequalities in status and power, abuses the rights and trust of those who are subjected to such conduct; interferes with an individual's work performance, and may influence or be perceived as influencing professional advancement in a manner unrelated to clinical or academic performance harm professional working relationships, and create an intimidating or hostile work environment; and is likely to jeopardize patient care. Sexual relationships between medical supervisors and trainees are not acceptable, even if

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[1] *Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.

[2] https://code-medical-ethics.ama-assn.org/principles

[3] https://code-medical-ethics.ama-assn.org/index.php/ethics-opinions/sexual-harassment-practice-medicine

consensual. The supervisory role should be eliminated if the parties wish to pursue their relationship.

Physicians should promote and adhere to strict sexual harassment policies in medical workplaces. Physicians who participate in grievance committees should be broadly representative with respect to gender identity or sexual orientation, profession, and employment status, have the power to enforce harassment policies, and be accessible to the persons they are meant to serve.

9. The American Medical Association's Code of Medical Ethics, Opinion 2.2.1[4], *Pediatric Decision Making* states, in pertinent part:

As the person best positioned to understand their child's unique needs and interests, parents (or guardians) are asked to fill the dual responsibility of protecting their children and, at the same time, empowering them and promoting development of children's capacity to become independent decision makers. In giving or withholding permission for medical treatment for their children, parents/guardians are expected to safeguard their children's physical health and well-being and to nurture their children's developing personhood and autonomy.

But parents' authority as decision makers does not mean children should have no role in the decision-making process. Respect and shared decision making remain important in the context of decisions for minors. Thus, physicians should evaluate minor patients to determine if they can understand the risks and benefits of proposed treatment and tailor disclosure accordingly. The more mature a minor patient is, the better able to understand what a decision will mean, and the more clearly the child can communicate preferences, the stronger the ethical obligation to seek minor patients' assent to treatment. Except when immediate intervention is essential to preserve life or avert serious, irreversible harm, physicians and parents/guardians should respect a child's refusal to assent, and when circumstances permit should explore the child's reason for dissent.
For health care decisions involving minor patients, physicians should:

a) Provide compassionate, humane care to all pediatric patients.
b) Negotiate with parents/guardians a shared understanding of the patient's medical and psychosocial needs and interests in the context of family relationships and resources.
c) Develop an individualized plan of care that will best serve the patient, basing treatment recommendations on the best available evidence and in general preferring alternatives that will not foreclose important future choices by the adolescent and adult the patient will become. Where there are questions about the efficacy or long-term impact of treatment alternatives, physicians should encourage ongoing collection of data to help clarify value to patients of different approaches to care.
d) Work with parents/guardians to simplify complex

[4] https://code-medical-ethics.ama-assn.org/ethics-opinions/pediatric-decision-making

treatment regimens whenever possible and educate parents/guardians in ways to avoid behaviors that will put the child or others at risk.

e) Provide a supportive environment and encourage parents/guardians to discuss the child's health status with the patient, offering to facilitate the parent-child conversation for reluctant parents. Physicians should offer education and support to minimize the psychosocial impact of socially or culturally sensitive care, including putting the patient and parents/guardians in contact with others who have dealt with similar decisions and have volunteered their support as peers.

f) When decisions involve life-sustaining treatment for a terminally ill child, ensure that patients have an opportunity to be involved in decision making in keeping with their ability to understand decisions and their desire to participate. Physicians should ensure that the patient and parents/guardians understand the prognosis (with and without treatment). They should discuss the option of initiating therapy with the intention of evaluating its clinical effectiveness for the patient after a specified time to determine whether it has led to improvement and confirm that if the intervention has not achieved agreed-on goals it may be discontinued.

g) When it is not clear whether a specific intervention promotes the patient's interests, respect the decision of the patient (if the patient has capacity and is able to express a preference) and parents/guardians.

h) When there is ongoing disagreement about patient's best interest or treatment recommendations, seek consultation with an ethics committee or other institutional resource.

COST RECOVERY

10. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to 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, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

FACTUAL ALLEGATIONS

11. Respondent is Board Certified in Pediatrics by the American Board of Pediatrics. Respondent has been self-employed in a private pediatric practice in Redding, California since 1997.

Patient A

12. On or about April 27, 2022, Patient A[5], a three-year-old male child, was seen by Respondent at his clinic for a possible foreign object in his nasal cavity. While at preschool, Patient A allegedly shoved a "water bead[6]" up his nose. Prior to the visit with Respondent, Patient A had been evaluated for autism on or about September 27, 2021. In order for Patient A to have more of a sense of calm during the visit with Respondent due to his recent diagnosis of autism, Patient A's mother ("Witness B") placed headphones on his head for the visit. Witness B informed Respondent's office staff of Patient A's autism evaluation but the staff was not accommodating.

13. Patient A and Witness B were placed in an examination room. When Respondent entered the room, Witness B explained that Patient A had recently been evaluated for autism and that he was wearing headphones to remain calm. Without first providing an explanation for the examination, Respondent removed the headphones from Patient A's head and shoved him down on the examination table. Patient A began screaming. Respondent held Patient A down on the bed and looked in Patient A's nasal cavity. Respondent did not explain any of his actions to Patient A or Witness B prior to performing the examination, nor did he document any discussion of consent in Patient A's medical records. Following the visit at Respondent's clinic, Respondent also called Witness B and verbally harassed her for going to another clinic where they evaluated her son for autism.

Patient C

14. On or about May 18, 2023, Patient C and her mother ("Witness D") went to Respondent's medical office for a thirteen-year-old wellness checkup. Patient C and Witness D were placed in an examination room. Respondent entered the examination room. Respondent and his medical staff did not offer Patient C and/or Witness D the use of an independent chaperone prior to performing a physical examination. Respondent did not obtain Patient C and

[5] All patient and witness identities are being kept confidential. All patient and witness identities will be fully provided during discovery.

[6] Water beads are composed of a gel that absorbs and contains a large amount of water, typically in a spherical form and composed of water-absorbing superabsorbent polymers.

Witness D's consent to have Witness D act as a chaperone. With Patient C sitting upright on the examination table, Respondent checked her ears, nose, and throat. Witness D was observing the physical examination as the de facto chaperone.

15. Respondent next placed his hands on Patient C's shoulders and pushed her backwards on to the examination table. Respondent did not say anything to Patient C prior to pushing her backwards and did not explain what the next steps in his examination included. During this time, Respondent's back was to Witness D. Patient C attempted to sit back up and Respondent continued to push her back down on the examination table. Respondent proceeded to unbutton and unzip Patient C's pants as part of the examination. Respondent did not ask Patient C to unzip her own pants and did not explain to Patient C the next part of the examination. Patient C did not give Respondent prior permission to unzip and/or unbutton her pants.

16. Respondent proceeded to press against Patient C's lower abdomen and moved his hands underneath her underwear. Respondent continued to press on Patient C's pubic area, pressing down on the sides of her pelvic and/or genital region. Respondent's examination made Patient C and Witness D very uncomfortable. After pressing for a few seconds, Respondent zipped and buttoned up Patient C's pants. As Respondent prepared to leave the examination room, Witness D asked if there were any treatments available to assist with Patient C's menstrual period and Respondent told them they should consult a gynecologist. Respondent failed to explain why he was performing an examination of Patient C's lower abdomen and pelvic region and he failed to obtain consent prior to performing the physical examination of that area.

Patient E

17. On or about February 20, 2019, Patient E, a three-and-a-half-year-old child who had been previously diagnosed with autism, attended a well child visit with Respondent. Patient E was accompanied by his mother, Witness F. Patient E was non-verbal and still wearing diapers at the time of the visit. Witness F stated the exam appeared normal but suddenly while her son was seated on the table, Respondent reached out with his hand, placed it on Patient E's chest and laid him down. Respondent did not say anything before touching Patient E and did not ask for consent. Respondent proceeded to pull down Patient E's pants, open his diaper and check his

groin and testicles and press down on the groin area. Respondent did not say anything to Witness F and/or ask for informed consent before performing the examination of Patient E's groin area. Witness F stated that Respondent did not appear to take into consideration Patient E's autism diagnosis while he examined Patient E. Patient E appeared uncomfortable during the examination.

18. On or about April 24, 2019, Witness F took Patient E for another wellness visit. During the visit, Respondent examined Patient E's genitals. Respondent failed to explain why he was performing the examination and failed to ask for informed consent before performing the examination. Patient E appeared uncomfortable during the examination. Following the second examination, Witness F decided to transfer Patient E's care to another medical provider.

Patient G

19. On or about May 20, 2020, Patient G attended her 12-year-old-child wellness exam with Respondent. Patient G was joined at the wellness examination by Witness H, Patient G's mother. Patient G was not offered an independent chaperone. During the examination, Respondent placed his hands on Patient G's chest and laid her back on the examination table. Respondent did not explain the examination, what he was doing or ask Patient G to lay down. Respondent proceeded to listen to Patient G's lungs and heart. Respondent then moved to the top of Patient G's pants and began unbuttoning the top button of her pants. Patient G became concerned and asked for Witness H. Witness H was surprised by Respondent's actions but told her daughter that Respondent was performing an examination. Respondent failed to tell Patient G that he was going to be unbuttoning her pants or ask for informed consent before examining the area below Patient G's pant line.

20. Respondent opened up the jean "flaps" and began palpating Patient G's bladder area and above the pubic area. Respondent asked if Patient G had any pain. Patient G and Witness H had not previously reported any concerns related to Patient G's bladder or any menstrual issues prior to the examination. Respondent failed to ask Patient G and/or Witness H for informed consent before palpating above Patient G's bladder area and above the pubic area.

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

21. Respondent's license is subject to disciplinary action under sections 2227 and 2234, subdivision (b), of the Code, and the American Medical Association's Code of Medical Ethics I, II, IV, and VIII, and the American Medical Association's Code of Medical Ethics Articles 2.2.1 and 9.1.3, in that Respondent committed gross negligence in the following way. The circumstances are set forth in paragraphs 12 through 20, and those paragraphs are incorporated by reference as if fully set forth herein.

22. Respondent committed gross negligence in the following way:

A.) On or about May 18, 2023, Respondent failed to obtain Patient C's informed consent before laying her down on an examination table and unbuttoning and unzipping her pants to perform a physical examination of Patient C's lower abdomen, pelvic region and/or genital region.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

23. Respondent's license is subject to disciplinary action under sections 2227 and 2234, subdivision (c), of the Code, and the American Medical Association's Code of Medical Ethics I, II, IV, and VIII, and the American Medical Association's Code of Medical Ethics Articles 2.2.1 and 9.1.3, in that Respondent committed a series of distinct and simple departures from the standard of care. The circumstances are set forth in paragraphs 12 through 20, and those paragraphs are incorporated by reference as if fully set forth herein.

24. Complainant realleges the gross departure as set forth in paragraph 22, as a distinct and separate simple departure from the standard of care.

25. Respondent committed repeated negligent acts in the following additional ways:

A.) On or about May 18, 2023, Respondent failed to offer and/or document offering Patient C and/or Witness D, a medical staff person to serve as an independent chaperone prior to performing a physical examination on Patient C;

B.) On or about April 27, 2022, Respondent failed to provide and/or obtain

Patient A and/or Witness B's informed consent before performing a physical examination of Patient A that involved holding Patient A down;

C.) On or about February 20, 2019, and/or April 24, 2019, Respondent failed to provide and/or obtain Patient E and/or Witness F's informed consent before performing a physical examination of Patient E that involved holding Patient E down and examining his groin area;

D.) On or about May 20, 2020, Respondent failed to obtain Patient G's and/or Witness H's informed consent before laying Patient G down on an examination table and unbuttoning Patient G's pants to perform a physical examination of Patient G's bladder area below the top of the line of her pants.

THIRD CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

26. Respondent's license is subject to disciplinary action under sections 2227 and 2234 of the Code, and the American Medical Association's Code of Medical Ethics I, II, IV, and VIII, and the American Medical Association's Code of Medical Ethics Articles 2.2.1 and 9.1.3, in that Respondent engaged in general unprofessional conduct during the care and treatment of Patients A, C, E, and/or G. The circumstances are set forth in paragraphs 12 through 20, and those paragraphs are incorporated by reference 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 54939, issued to Respondent Lloyd Gregory Braemer, M.D.;

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

3. Ordering Respondent Lloyd Gregory Braemer, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and,

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

DATED: 10/16/2025

for

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

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