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

| | |
|---|---|
| **In the Matter of the First Amended Accusation Against:**<br><br>**Gregory Paul Bowerman, M.D.**<br><br>**Physician's & Surgeon's Certificate No. G 49911**<br><br>**Respondent.** | **Case No. 800-2019-055798** |

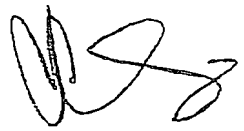
## DECISION

**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 September 30, 2022.**

**IT IS SO ORDERED: August 31, 2022.**

**MEDICAL BOARD OF CALIFORNIA**



**Laurie Rose Lubiano, J.D. , Chair**
**Panel A**

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
MICHAEL C. BRUMMEL
Deputy Attorney General
California Department of Justice
State Bar No. 236116
2550 Mariposa Mall, Room 5090
Fresno, CA 93721
Telephone: (559) 705-2307
Facsimile: (559) 445-5106
E-mail: Michael.Brummel@doj.ca.gov
*Attorneys for Complainant*

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

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| In the Matter of the First Amended Accusation Against:<br><br>**GREGORY PAUL BOWERMAN, M.D.**<br>**3100 W. Christoffersen Pkwy**<br>**Turlock, CA 95382-9547**<br><br>**Physician's and Surgeon's Certificate No. G 49911**<br><br>Respondent. | Case No. 800-2019-055798<br><br>OAH No. 2021100071<br><br>**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. William Prasifka (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 Michael C. Brummel, Deputy Attorney General.

2. Respondent Gregory Paul Bowerman, M.D. (Respondent) is represented in this proceeding by attorney Thomas E. Still, whose address is: 12901 Saratoga Avenue Saratoga CA 95070-4110.

3. On or about May 16, 1983, the Board issued Physician's and Surgeon's Certificate No. G 49911 to Gregory Paul Bowerman, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2019-055798, and will expire on December 31, 2022, unless renewed.

## JURISDICTION

4. First Amended Accusation No. 800-2019-055798 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, and this stipulation shall serve as Respondent's Notice of Defense pursuant to Government Code section 11506, subdivision (a)(4).

5. A copy of First Amended Accusation No. 800-2019-055798 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. 800-2019-055798. 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.

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## CULPABILITY

9. Respondent understands and agrees that the charges and allegations in First Amended Accusation No. 800-2019-055798, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case or factual basis for the charges in the First Amended Accusation, and that Respondent hereby gives up his right to contest those charges. Respondent agrees that if in any future case he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in First Amended Accusation No. 800-2019-055798 shall be deemed true, correct, and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

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

## CONTINGENCY

12. 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.

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13. 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.

14. 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. G 49911 issued to Respondent Gregory Paul Bowerman, M.D. is Publicly Reprimanded pursuant to Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand, which is issued in connection with Respondent's medical record-keeping related to the treatment of three patients as set forth in First Amended Accusation No. 800-2019-055798, is as follows:

> This Public Reprimand is issued pursuant to Code section 2227, subdivision (a)(4) as a result of the allegations set forth in the Accusation, relating to the treatment and medical record-keeping of Patient A.

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, 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. 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.

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 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. FAILURE TO COMPLY. Any failure by Respondent to comply with the terms and conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and grounds for further disciplinary action.

4. 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 First Amended Accusation No. 800-2019-055798 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 licensee.

5. 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, joint investigations, and subpoena enforcement, as applicable, in the amount of $4,612.50 (four thousand six hundred twelve dollars and fifty cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

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

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

**ACCEPTANCE**

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Thomas E. Still. 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: 2/10/2022

GREGORY PAUL BOWERMAN, M.D.
*Respondent*

I have read and fully discussed with Respondent Gregory Paul Bowerman, 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: 2/10/2022

THOMAS E. STILL
*Attorney for Respondent*

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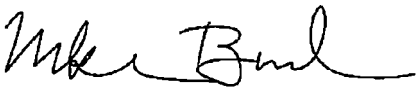
## ENDORSEMENT

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

DATED: February 10, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General



MICHAEL C. BRUMMEL
Deputy Attorney General
*Attorneys for Complainant*

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# Exhibit A

**First Amended Accusation No. 800-2019-055798**

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
MICHAEL C. BRUMMEL
Deputy Attorney General
State Bar No. 236116
California Department of Justice
2550 Mariposa Mall, Room 5090
Fresno, CA 93721
Telephone: (559) 705-2307
Facsimile: (559) 445-5106
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**PARTIES**

1. William Prasifka (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 May 16, 1983, the Board issued Physician's and Surgeon's Certificate No. G 49911 to Gregory Paul Bowerman, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2022, unless renewed.

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## JURISDICTION

3. This First Amended Accusation, which supersedes the Accusation filed on June 4, 2021, 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 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:

> 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.
>
> (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.

## COST RECOVERY

6. 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

### Patient A[1]

7. On or about July 17, 2015, Patient A presented to Memorial Medical Center of Modesto ("MMC") and was diagnosed with an acute appendicitis. Patient A received a laparoscopic appendectomy, and was discharged in stable condition the next day on July 18, 2015.

8. On or about July 19, 2015, Patient A returned to the MMC emergency room with vomiting and hiccups. The physician assistant that evaluated him noted that he had a rapid heart rate, quiet abdominal sounds, and erythema around the umbilical incision. Patient A's temperature was normal, but his heart rate, respiratory rate, and blood pressure were all slightly elevated. Prior to completion of the entire evaluation, Patient A left the emergency room. That night, following his departure, the laboratory results revealed that Patient A had an elevated white blood cell count. Upon returning home, his family stated that he experienced worsening symptoms, including frequent vomiting through the night.

9. On or about July 20, 2015, Patient A returned to the MMC emergency room at 10:13 a.m., presenting to Respondent for the first time. Patient A's vitals included an elevated heart rate at 172, low oxygen saturation at 91%, normal respiratory rate, blood pressure, and temperature. Twenty-eight minutes later, Patient A's heart rate had increased to 177. The records documented that Patient A was vomiting and weak, presenting following a recent appendectomy, and experiencing shortness of breath. Patient A's history included hyperlipidemia, hyperglycemia,

[1] To protect the privacy of the patients, names are not identified in this Accusation.

and acute appendicitis. In the triage vitals, the records state "very tachy" and that he was slightly tender in the right lower quadrant, and over the suprapubic area for the abdominal exam. Respondent performed an ECG at 10:24 a.m., which the machine automatically identified as sinus tachycardia, showing short PR segment, anterior infarct and rightward axis. Patient A was provided with ondansetron, adenosine, and saline in the emergency room.

10. During the course of his treatment, Patient A's blood work evinced an improving white blood cell count and increase in the bicarbonate, resulting in a larger anion gap and worsening of the renal function. Patient A's glucose was elevated on both sets of labs. The results of the laboratory tests from July 19, 2015, and July 20, 2015, are included below for comparison.

| Lab Test | Reference Range | Results 7/19/2015 at 21:45 | Results 7/20/2015 at 10:35 |
|---|---|---|---|
| WBC | 4.0-11.0 K/uL | 19.8 | 9.3 |
| Hemoglobin | 13.5-18.0 g/dL | 15.9 | 17.6 |
| Sodium | 136-145 mmol/L | 136 | 136 |
| Potassium | 3.5-5.1 mmol/L | 3.8 | 3.5 |
| Chloride | 98-107 mmol/L | 94 | 94 |
| Bicarbonate | 21-32 mmol/L | 32 | 19 |
| Anion Gap | 10-20 mmol/L | 13.8 | 23.5 |
| Creatinine | 0.60-1.10 mg/dL | 0.91 | 2.12 |
| Glucose | 70-99 mg/dL | 248 | 369 |

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| Venous Blood Gas Results | | | | |
|---|---|---|---|---|
| Lab Test | Reference Range | Results 7/20/2015 at 14:11 | Results 7/20/2015 at 14:41 | Results 7/20/2015 at 14:56 |
| pH Venous, Corrected | 7.350-7.450 | 6.783 | 6.984 | 6.993 |
| pCO2 | 35-45 mmHg | 90.9 | 79.8 | 78 |
| pO2 | 80-100 mmHg | 134 | 71 | 84 |
| Bicarbonate | 20.0-26.0 mmol/L | 13.3 | 17.9 | 17.9 |
| Lactate | 0.4-2.0 mmol/L | 15.2 | 15.4 | 14.0 |

11. Respondent believed that Patient A had an AV node arrhythmia, rather than sepsis. Respondent unsuccessfully attempted to slow Patient A's elevated heart rate with chemical cardioversion using 6 mg, then 12 mg, of Adenosine. Following the failed chemical cardioversion with adenosine, Respondent administered two liters of normal saline. Patient A's pulse remained unchanged, but he was slightly short of breath following the saline. Respondent focused on the possibility that the tachycardia was causing myocardial distress, and elected to proceed with an electrical cardioversion with synchronized cardioversion. Respondent sedated Patient A, administered 39 Joules of electricity, followed by 50 Joules in the second attempt. Following the failed electrical cardioversion, Respondent administered diltiazem, a blood pressure medication. Patient A aspirated on his gastrointestinal contents after the electrical cardioversion, likely due to his yet undiagnosed bowel obstruction. Patient A became hypoxic, with an oxygen saturation of 76%, and vomited 2-3 liters on the floor. When Patient A awoke, he developed a new cough and left infiltrate on his chest x-ray. Respondent made another unsuccessful attempt at chemical cardioversion, ordering the antiarrhythmic diltiazem. During the following 30-40 minutes, Patient A's hypoxia worsened, his dyspnea progressed, and his mental state became increasingly altered.

12. At approximately 13:50, Patient A suffered a cardiac arrest, loss of consciousness, his blood pressure dropped to 94/69, and his oxygen saturation fell to 56%. Patient A received CPR and was resuscitated. Patient A was given medication for his blood pressure, severe acidosis,

elevated glucose, and possible diabetic ketoacidosis. Patient A underwent three venous blood gas tests following his cardiac arrest, revealing a mixed respiratory acidosis and metabolic acidosis. Patient A was transferred to the ICU, where he received a CAT scan that revealed a small bowel obstruction secondary to a new/enlarged umbilical hernia containing small bowel. Patient A's care was transferred from Respondent to a hospitalist for further care. Patient A received additional surgery to reduce the small bowel incarceration and repair the umbilical incision. Following surgery, Patient A remained unstable, continued to decline, and went into Acute Respiratory Distress Syndrome. Patient A suffered from asystole and died on July 23, 2015.

13. On or about November 12, 2020, Respondent participated in a subject interview with investigators from the Board. Respondent stated that he was not following any specific treatment protocols in the treatment of Patient A's tachycardia and that he was not following any ACLS protocol.

14. Respondent failed to adequately manage Patient A's tachycardia. Respondent believed Patient A was suffering from SVT, rather than sinus tachycardia. Respondent attempted to correct Patient A's heart rate through medication, rather than identifying the underlying cause for the elevated heart rate. When that failed, Respondent attempted to correct Patient A's heart rate with cardioversion, but did not utilize sufficient electricity as indicated by the standard of care. Respondent used 30 Joules followed by 50 Joules of electricity, when the standard of care requires 50 Joules followed by 100 Joules for synchronized cardioversion. Respondent failed to consider that Patient A's tachycardia could be related to infection, pulmonary embolism, post-operative ileus, or hemorrhage. Respondent failed to obtain an initial lactate, blood cultures, initiate broad-spectrum antibiotics, and imaging of Patient A's abdomen and pelvis. Respondent's management of Patient A's tachycardia constitutes a departure from the standard of care.

15. Respondent failed to adequately manage Patient A's presentation of sepsis. Respondent failed to order sufficient fluids for Patient A, who was hypoxic during the entire visit, was vomiting, recently underwent surgery, and had elevated heart rate, respiratory rate, and creatinine. Respondent narrowly focused his treatment on Patient A's elevated heart rate, failing

to recognize Patient A's worsening systemic inflammatory response that lead to septic shock. Respondent's management of Patient A's sepsis constitutes a departure from the standard of care.

## CAUSE FOR DISCIPLINE

**(Repeated Negligent Acts)**

16. Respondent's Physician's and Surgeon's Certificate No. G 49911 is subject to disciplinary action under section 2227, as defined by section 2234, subdivision (c) of the Code, in that he committed act(s) and/or omissions(s) constituting negligence, as more particularly alleged in paragraphs 7 through 15, which are hereby incorporated by reference and realleged as if fully set forth herein.

## PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 49911, issued to Respondent;

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

3. Ordering Respondent, if placed on probation, to pay the Board the costs of probation monitoring;

4. Ordering Respondent, to pay the Medical Board of California the reasonable costs of the enforcement of this case, pursuant to Business and Professions Code section 125.3; and

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

DATED: MAR 14 2022

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

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