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

In the Matter of the First Amended Accusation Against: **Kathryn Elizabeth Beyrer, M.D.** Physician's and Surgeon's Certificate No. G 82334 Respondent.	Case No: 800-2018-043853

ORDER CORRECTING NUNC PRO TUNC CLERICAL ERROR IN THE "PROBATION CONDITION #2: EDUCATION COURSE" PORTION OF DECISION

On its own motion, the Medical Board of California (hereafter "Board") finds that there is a clerical error in the "Probation Condition #2: Education Course" portion of the Decision in the above-entitled matter and that such clerical error should be corrected to reflect the correct number of CME hours Respondent is required to complete each year of probation.

IT IS HEREBY ORDERED that the number of hours required outlined on page 5, Lines 18-19 of the Decision in the above-entitled matter be and hereby is amended and corrected nunc pro tunc as of the date of entry of the Decision to read as: "Respondent shall provide proof of attendance for 45 hours of CME of which 20 hours were in satisfaction of this condition, per year."

September 22, 2022

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

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

In the Matter of the First Amended Accusation Against: Kathryn Elizabeth Beyrer, M.D. Physician's and Surgeon's Certificate No. G 82334 Respondent.	Case No.: 800-2018-043853

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 October 3, 2022.

IT IS SO ORDERED: September 1, 2022.

MEDICAL BOARD OF CALIFORNIA

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

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JANE ZACK SIMON
Supervising Deputy Attorney General
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the First Amended Accusation Against: **KATHRYN ELIZABETH BEYRER, M.D.** 51 Santa Marina Street San Francisco, CA 94110-5431 Physician's and Surgeon's Certificate No. G 82334 Respondent.	Case No. 800-2018-043853 **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 Jane Zack Simon, Supervising Deputy Attorney General.

2. Respondent Kathryn Elizabeth Beyrer, M.D. (Respondent) is represented in this proceeding by attorney Nicole D. Hendrickson of La Follette, Johnson, DeHaas, Fesler & Ames, 655 University Avenue Suite 119, Sacramento, CA 95825.

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3. On June 19, 1996, the Board issued Physician's and Surgeon's Certificate No. G 82334 to Kathryn Elizabeth Beyrer, M.D. 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. 800-2018-043853, and will expire on April 30, 2024, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2018-043853 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, who timely filed her Notice of Defense contesting the First Amended Accusation. A copy of First Amended Accusation No. 800-2018-043853 is attached as Exhibit A.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2018-043853. Respondent has also carefully read, fully discussed with her counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of her 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 her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

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

CULPABILITY

8. Respondent understands and agrees that the charges and allegations in First Amended Accusation No. 800-2018-043853, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

9 Respondent does not contest that, at an administrative hearing, Complainant could establish a factual basis for the charges in the First Amended Accusation, and that Respondent hereby gives up her right to contest those charges.

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

CONTINGENCY

11. 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 her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her 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.

12. Respondent agrees that if she ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against her before the Board, all of the charges and allegations contained in First Amended Accusation No. 800-2018-043853 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.

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 82334 issued to Respondent Kathryn Elizabeth Beyrer, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

1. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent has demonstrated the ability to practice safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with the program's recommendations.

Determination as to whether Respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, 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 not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the Respondent does not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.

2. 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 20 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

3. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices 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 prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A prescribing practices 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.

4. 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.

5. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.

Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A professionalism program 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 program would have been approved by the Board or its designee had the program 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 program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

6. 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, 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 Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and 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.

7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and 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.

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

9. 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.

10. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board a portion of its costs of investigation and enforcement in the amount of $4,500.00 (four thousand five hundred dollars). 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.

11. 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.

12. 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.

13. 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.

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14. 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.

15. 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.

16. 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.

17. 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.

18. 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.

19. 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. 800-2018-043853 shall be deemed to be true, correct, and

admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Nicole D. Hendrickson. 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: 6/10/2022

KATHRYN ELIZABETH BEYRER, M.D.
Respondent

I have read and fully discussed with Respondent Kathryn Elizabeth Beyrer, 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: 06/13/2022

NICOLE D. HENDRICKSON
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: 6/13/2022

Respectfully submitted,

ROB BONTA
Attorney General of California

Jane Zack Simon

JANE ZACK SIMON
Supervising Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2018-043853

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

In the Matter of the First Amended Accusation Against: **Kathryn Elizabeth Beyrer, M.D.** **450 Gough Street** **San Francisco, CA 94102-4425** **Physician's and Surgeon's Certificate No. G 82334,** Respondent.	Case No. 800-2018-043853 **FIRST AMENDED ACCUSATION**

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 June 19, 1996, the Medical Board issued Physician's and Surgeon's Certificate Number G 82334 to Kathryn Elizabeth Beyrer, 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 April 30, 2022, unless renewed.

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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 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.

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.

6. Section 2242 of the Code provides that prescribing without an appropriate prior examination and a medical indication constitutes unprofessional conduct.

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

COST RECOVERY

8. Section 125.3 of the Code provides 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 licensee to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

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FACTUAL ALLEGATIONS

9. Respondent specializes in psychiatry. In May 2016, Patient 1[1] sought psychiatric assistance from Respondent for depression and anxiety. Between May 2016 and September 2017, Respondent treated Patient 1 with in-person and telephonic sessions. There were also a number of text message communications between Respondent and Patient 1.

10. Patient 1's initial visit with Respondent was on May 26, 2016. Respondent documented the patient reported sadness and anxiety, loss of appetite, and early morning wakening. She noted a history of family dysfunction. Respondent assessed the patient as being depressed, and prescribed the antidepressant Cymbalta[2]. Over the next several weeks, Respondent noted Patient 1 was "distinctly better." On June 8, 2016, Respondent added a prescription for Klonopin,[3] to be used as needed for anxiety and difficulty sleeping. Respondent's note of a June 29, 2016 visit indicated the patient complained of difficulty organizing tasks, a "lifelong issue." Respondent added Attention Deficit Hyperactivity Disorder (ADHD) as a diagnosis, and prescribed the stimulant Adderall[4].

11. Respondent diagnosed Patient 1 with Major Depression and anxiety, and prescribed Cymbalta and Klonopin to treat those conditions. However, Respondent never obtained and/or documented information sufficient to support her diagnosis. Respondent did not consider and/or document the nature and extent of Patient 1's depression, how it impacted her life, physical or psychological symptoms of depression, or behavioral patterns that would lead to the conclusion the patient suffered from Major Depression. She did not document a comprehensive history of the patient's complaints, a mental health history, a mental status examination, or any current or past medical conditions. She did not document a substance abuse history. Similarly, Respondent diagnosed Patient 1 with ADHD and prescribed Adderall to treat that condition, but never

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[1] The patient is referred to as Patient 1 to protect privacy.

[2] Cymbalta is a trade name for duloxetine. It is an antidepressant used to treat major depression and general anxiety.

[3] Klonopin is a trade name for clonazepam. It is a benzodiazepine and a controlled substance. It produces central nervous system depression and must be used with caution with other CNS depressant substances, including alcohol.

[4] Adderall is a trade name for a combination of amphetamine and dextroamphetamine. It is a CNS stimulant and a controlled substance. Adderall has a high potential for abuse and the prescriber must take steps to ensure it is not overused or misused.

obtained and/or documented a sufficient history or assessment to support the diagnosis and treatment with a habit-forming drug.

12. On Patient 1's intake form, completed in early June 2016, Respondent documented diagnoses of Major Depression and Polysubstance Abuse . Respondent stated during her Board investigative interview that the patient informed her in June 2016 that she had in the past used alcohol and GHB[5] to self-treat depression and anxiety, but the patient assured her she was no longer using those substances. However, Respondent also informed the Board's investigator that in the summer of 2016, Patient 1 told her she regularly used GHB and drank alcohol when she was alone at night. In November 2016, Respondent made a home visit, and discovered that Patient 1's boyfriend was using their home to grow marijuana. Again, Respondent told the Board's investigators she accepted the patient's representation she was not using marijuana. In January 2017, Respondent noted the patient missed an appointment because she was intoxicated, and also that Patient 1 told her during a phone call that she was drinking alcohol to console herself. In May 2017, Respondent documented that Patient 1 brought her a large quantity of marijuana as a gift in lieu of payment for sessions. Aside from her June 2016 notation in the diagnosis section of the intake form that the patient had Polysubstance Abuse, Respondent's medical record for Patient 1 contains no substance abuse history, and no ongoing assessment of substance abuse or a response to new information received indicating the patient was using GHB and alcohol. Respondent's record contains no reference to any discussion with the patient regarding the risks of using alcohol and/or GHB while taking Klonopin. There is no indication that Respondent at any time took steps to monitor her patient's safe use of the medications she prescribed by way of testing or that she inquired about or determined the frequency of use of the benzodiazepine.

13. Respondent's medical record for Patient 1 consists of brief notations, routinely lacking in significant discussion of the patient's complaints, response to treatment, or the rationale for prescribing. At no time during her care of Patient 1 did Respondent complete a

[5] GHB is gamma-Hydroxybutyric acid, a psychoactive drug that is used recreationally as an intoxicant. It is a central nervous system depressant and has sedative effects. It is particularly dangerous when used with alcohol or combined with other sedatives.

medical history, including an assessment of the patient's mental status, substance abuse history, history of prior psychiatric treatment, or assessment of other underlying or coexisting conditions, an assessment and a treatment plan. A number of the chart entries were inaccurately dated. Respondent represented to the Board's investigators there were significant additional facts, assessments and evaluations that were not included in her medical records.

14. Over the course of treatment, Respondent obtained information indicating Patient 1 was not doing well on her prescribed course of treatment. Respondent noted that Patient 1 had a "meltdown" at work, and had taken a leave of absence and was seeking disability. Respondent's records contain little assessment of the patient's condition or complaints. Respondent attributed the patient's difficulties to her own absence during a vacation, but her record reflects no meaningful assessment of the patient's mental status or response to treatment. While Respondent occasionally noted her patient complained she was increasingly depressed, anxious and overwhelmed, and remained on disability and unable to work, she documented no assessment of these complaints, and did not change her treatment plan. When the patient cancelled an appointment because she was intoxicated and "drinking to console herself" and then attempted to pay for her treatment with an "enormous jar" of marijuana, and even though Respondent informed the Board's investigators that she wondered if the patient had resumed her use of GHB and alcohol, Respondent failed to conduct any substance abuse assessment. There is no indication in the record that she discussed with the patient the risks posed by consumption of alcohol with a benzodiazepine, or that Respondent ever re-evaluated the efficacy of her treatment plan.

15. Respondent regularly issued prescriptions for Cymbalta, Klonopin and Adderall. She wrote monthly prescriptions for 90 pills of Klonopin, an amount far in excess of the instructed dosage, particularly given Respondent's assertion she prescribed clonazepam for "occasional" use when needed for severe anxiety or difficulty sleeping. Similarly, Respondent wrote monthly prescriptions for 90 pills of Adderall, an amount far in excess of the amount Respondent instructed the patient to take. In June 2017, Respondent issued the patient two Klonopin and two Adderall prescriptions, to be filled in June and July. Respondent stated during her Board

interview that she prescribed in large amounts so that the patient would have extra medication on hand in the event she lost her job or insurance or was unable to pay for medication. Respondent continued this practice even after she was aware Patient 1 was abusing alcohol and using GHB.

16. In June 2017, Respondent was away on vacation. Patient 1 understood and expected that Respondent would submit documentation certifying her for extended disability, but the necessary paperwork was not submitted, and Patient 1 was terminated from her employment. Text messages were exchanged between Respondent and Patient 1, and the patient requested a referral to a new psychiatrist. When Respondent returned from vacation, she learned that the Patient had appeared at work intoxicated.

17. In early August 2017, Patient 1 decided to take herself off of the medication Respondent prescribed, without medical supervision. The patient experienced suicidal thoughts and severe anxiety. She went to a detoxification facility, where she was diagnosed with and treated for sedative, hypnotic or anxiolytic withdrawal and a sedative, hypnotic or anxiolytic use disorder, severe. Patient 1 also reported heavy alcohol use. After leaving the detoxification facility, Patient 1 entered treatment for substance abuse.

18. Respondent's last documented encounter with Patient 1 was on September 2, 2017. Respondent noted she issued prescriptions for one month, and provided the patient with names of other therapists.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence/Repeated Negligent Acts/Prescribing Without Adequate Evaluation/Indication)

19. Respondent is guilty of unprofessional conduct in her care and treatment of Patient 1, and is subject to disciplinary action under sections 2234, and/or 2234(b), and/or 2234(c), and /or 2242 of the Code in that she committed gross negligence and/or repeated negligent acts, and/or prescribed in the absence of an appropriate examination and medical indication, including but not limited to the following:

A. Respondent diagnosed Patient 1 with Major Depression and anxiety, and prescribed medication to treat those conditions, without conducting an adequate and appropriate assessment

and examination, and without obtaining sufficient information to support the diagnosis and treatment.

B. Respondent diagnosed Patient 1 with Attention Deficit Hyperactivity Disorder, and prescribed a controlled substance to treat that condition, without conducing an adequate and appropriate assessment and examination, and without obtaining sufficient information to support the diagnosis and treatment.

C. Respondent prescribed medications, including a benzodiazepine and a stimulant, to a patient with a history and diagnosis of polysubstance abuse, without conducting or documenting an evaluation of the patient's use of alcohol and other substances or the potential impact of the prescribed medication taken in conjunction with alcohol and other substances, and without informing the patient of the significant risks associated with her use of these substances.

D. Respondent prescribed dangerous drugs and controlled substances, over an extended period of time, without adequate monitoring or follow- up, and without adjusting her treatment plan according to the patient's response.

E. Respondent failed to conduct a substance abuse assessment or history of substance abuse, failed to identify, document, diagnose and address Patient 1's current substance abuse, or to refer her to a provider who could provide necessary assessment and treatment.

F. Respondent prescribed Klonopin and Adderall in amounts far in excess of the intended dosage, for the purpose of allowing a known substance abusing patent to stockpile medication, and without taking steps to monitor the patient for alcohol use.

G. Respondent failed to adjust her treatment plan even when it became plain that Patient 1's mental state was deteriorating and she was actively abusing alcohol and/or GHB, and failed to assess or evaluate the patient's response to treatment.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Accurate and Adequate Medical Records)

18. Respondent is guilty of unprofessional conduct and subject to discipline for violation of Section 2266 of the Code for failure to keep adequate and accurate medical records.

19. Respondent's medical records fail to include an adequate or full assessment of the patient's presenting condition, her past medical, mental health or substance abuse history, the basis for her diagnosis, the rationale for prescribing, or response to treatment. Respondent did not document an appropriate or adequate informed consent provided to Patient 1 regarding the potential risks of the medications she was prescribed, or the risks associated with use of alcohol or other drugs in connection with the prescribed medication. If indeed Respondent conducted the additional assessment and evaluation she described to the Board's investigators, that information was not included in Respondent's medical record.

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 82334, issued to respondent Kathryn Elizabeth Beyrer, M.D.;

2. Revoking, suspending or denying approval of respondent Kathryn Elizabeth Beyrer, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering respondent Kathryn Elizabeth Beyrer, M.D., to pay the costs of the investigation and enforcement of this case, and, if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: MAR 23 2022

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

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