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

In the Matter of the Accusation Against: Alexander Brian Meyer, M.D. Physician's and Surgeon's Certificate No. A 70543 Respondent.	Case No. 800-2022-087811

DECISION

The attached Stipulated Surrender of License and 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 December 20, 2023.

IT IS SO ORDERED December 13, 2023.

MEDICAL BOARD OF CALIFORNIA

Reji Varghese
Executive Director

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
REBECCA L. SMITH
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State Bar No. 179733
300 South Spring Street, Suite 1702
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **ALEXANDER BRIAN MEYER, M.D.** **243 10th Street** **Santa Paula, CA 93060** Physician's and Surgeon's Certificate No. A 70543, Respondent.	Case No. 800-2022-087811 **STIPULATED SURRENDER OF LICENSE AND 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 Rebecca L. Smith, Deputy Attorney General.

2. Alexander Brian Meyer, M.D. (Respondent) is represented in this proceeding by attorneys Dennis K. Ames and Pogey Henderson, whose address is 2677 North Main Street, Suite 901, Santa Ana, California 92705-6632.

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3. On or about December 17, 1999, the Board issued Physician's and Surgeon's Certificate No. A 70543 to Respondent. That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2022-087811 and will expire on August 21, 2023, unless renewed.

JURISDICTION

4. Accusation No. 800-2022-087811 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on October 5, 2022. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2022-087811 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2022-087811. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against 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.

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

CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 800-2022-087811, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

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9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

10. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and surrender, 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 Surrender 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. This Stipulated Surrender of License and 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.

13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Surrender of License and 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 formal proceeding, issue and enter the following Order:

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ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 70543, issued to Respondent Alexander Brian Meyer, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2022-087811 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent shall pay the Board its costs of investigation and enforcement in the amount of thirty-five thousand seven hundred sixty dollars and fifty cents ($35,760.50) prior to issuance of a new or reinstated license.

6. 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 agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2022-087811, 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 licensure.

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ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorneys Dennis K. Ames and Pogey Henderson. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 7/28/2023

ALEXANDER BRIAN MEYER, M.D.
Respondent

I have read and fully discussed with Respondent Alexander Brian Meyer, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 8/2/23

DENNIS K. AMES
POGEY HENDERSON
Attorneys for Respondents

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: August 2, 2023

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

REBECCA L. SMITH
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2022-087811

ROB BONTA
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **Alexander Brian Meyer, M.D.** **243 10th Street** **Santa Paula, CA 93060** **Physician's and Surgeon's Certificate No. A 70543,** Respondent.	Case No. 800-2022-087811 **ACCUSATION**

PARTIES

1. William Prasifka (Complainant) brings this 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 December 17, 1999, the Board issued Physician's and Surgeon's Certificate Number A 70543 to Alexander Brian Meyer, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2023, unless renewed.

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3. On September 12, 2022, an Interim Suspension Order was issued by the Office of Administrative Hearings. Pursuant to that Order, Respondent's Physician's and Surgeon's Certificate No. A 70543 is suspended and Respondent is immediately restrained and prohibited from practicing or attempting to practice any aspect of medicine or surgery pending a final Decision by the Board. Respondent was further ordered, upon receipt of the order of suspension, to immediately deliver to the Board, or its agent, for safekeeping pending a final administrative order of the Board in this matter, all indicia of his licensure as a physician, as contemplated by Business and Professions Code Section 119, including but not limited to his wall certificate and wallet card issued by the Board, as well as all prescription forms, all prescription drugs not legally prescribed to Respondent by his treating physician and surgeon, all Drug Enforcement Administration Drug Order forms, and all Drug Enforcement Administration registrations and permits.

JURISDICTION

4. This 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.

5. Section 2004 of the Code states:

> The board shall have the responsibility for the following:
>
> (a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.
>
> (b) The administration and hearing of disciplinary actions.
>
> (c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.
>
> (d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.
>
> (e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.
>
> (f) Approving undergraduate and graduate medical education programs.
>
> (g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

6. Section 2227 of the Code states:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

(1) Have his or her license revoked upon order of the board.

(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

STATUTORY PROVISIONS

7. Section 820 of the Code states:

Whenever it appears that any person holding a license, certificate or permit under this division or under any initiative act referred to in this division may be unable to practice his or her profession safely because the licentiate's ability to practice is impaired due to mental illness, or physical illness affecting competency, the licensing agency may order the licentiate to be examined by one or more physicians and surgeons or psychologists designated by the agency. The report of the examiners shall be made available to the licentiate and may be received as direct evidence in proceedings conducted pursuant to Section 822.

8. Section 822 of the Code states:

If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:

(a) Revoking the licentiate's certificate or license.

(b) Suspending the licentiate's right to practice.

(c) Placing the licentiate on probation.

(d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.

The licensing section shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated.

9. Section 824 of the Code states:

The licensing agency may proceed against a licentiate under either Section 820, or 822, or under both sections.

10. 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.

11. Section 2228.1 of the Code states:

(a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board and the Podiatric Medical Board of California shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information internet web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, in any of the following circumstances:

(1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:

(A) The commission of any act of sexual abuse, misconduct, or relations with a patient or client as defined in Section 726 or 729.

(B) Drug or alcohol abuse directly resulting in harm to patients or the extent that such use impairs the ability of the licensee to practice safely.

(C) Criminal conviction directly involving harm to patient health.

(D) Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.

(2) An accusation or statement of issues alleged that the licensee committed any of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a stipulated settlement based upon a nolo contendre or other similar compromise that does not include any prima facie showing or admission of guilt or fact but does include an express acknowledgment that the disclosure requirements of this section would serve to protect the public interest.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2019, the board shall provide the following information, with respect to licensees on probation and licensees practicing under probationary licenses, in plain view on the licensee's profile page on the board's online license information internet web site.

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the board, the causes for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.

(4) The length of the probation and end date.

(5) All practice restrictions placed on the license by the board.

(e) Section 2314 shall not apply to this section.

12. Section 2239 of the Code states:

(a) The use or prescribing for or administering to himself or herself, of any controlled substance; or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous or injurious to the licensee, or to any other person or to the public, or to the extent that such use impairs the ability of the licensee to practice medicine safely or more than one misdemeanor or any felony involving the use, consumption, or self-administration of any of the substances referred to in this section, or any combination thereof, constitutes unprofessional conduct. The record of the conviction is conclusive evidence of such unprofessional conduct.

(b) A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The Medical Board may order discipline of the licensee in accordance with Section 2227 or the Medical Board may order the denial of the license when the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code allowing such person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment.

COST RECOVERY

13. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the

administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

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

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

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

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

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

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

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

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

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

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

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FIRST CAUSE FOR DISCIPLINE

(Mental Illness Affecting Competency)

14. Respondent is subject to disciplinary action under section 822 of the Code in that his ability to practice medicine safely is impaired due to mental illness affecting competency. The circumstances are as follows:

15. On April 22, 2022, the Board received a complaint from Respondent's treating psychiatrist, Dr. J.L., who stated that during her treatment session with Respondent on April 22, 2022, Respondent was delusional and using cannabis. According to the complaint, Respondent declined Dr. J.L.'s recommendation to participate in an outpatient program and cease using cannabis. He stated that he planned to use cannabis "if I need it." And he planned to resume seeing patients next week. Dr. J.L. reported that she informed Respondent that she recommended that he hold off on seeing patients, stop cannabis, and obtain a second psychiatric opinion. She further informed Respondent that she would need to file a report to the Board for potential future impairment due to cannabis use exacerbating his mania and triggering delusional symptoms.

16. The Board initiated an investigation of Respondent based upon the receipt of Dr. J.L.'s complaint.

17. On May 11, 2022, Investigator L.A. made an unannounced visit to Respondent's medical office, located at 243 Tenth Street in Santa Paula, California. Respondent voluntarily spoke with Investigator L.A.

A. Respondent stated that he had been an employee and shareholder of Identity Health Group and was discharged after he had admitted to other Identity employees that in 2019, he was drinking heavily and sometimes took a vodka shot before seeing patients to relax. Respondent stated that he quit drinking at the end of 2019, and began to use edible cannabis instead. He stated that cannabis keeps him from abusing alcohol, that he had not used alcohol since 2019, and goes to Alcoholics Anonymous when needed. He also told Identity employees that he was going to run for President of the United States and voice his opinion on the state of the country. He told Investigator L.A. that while he was aware that he would never actually be President of the United States, the statement made the employees at Identity think he was crazy.

B. Respondent stated that he currently uses edible cannabis on the weekends and at home. He never goes to work or provides patient care while under the influence of any substance. He is not currently taking any prescription medications. He recently discovered that he experiences hypomania when he overuses cannabis.

C. Respondent stated that he has been seeing Dr. J.L. for psychiatric treatment since 2020. He stated that he does not feel that she listens to him. Dr. J.L. wanted to prescribe Lithium but he does not want to take it because he is not bipolar and feels it is unnecessary. Dr. J.L. wants Respondent to stop using cannabis, but he believes it helps him.

D. Respondent stated that he had an appointment with Dr. L.M. for a secondary psychiatric opinion on May 10, 2022, and that Dr. L.M. stated that Respondent was healthy and fit to work with patients.

18. On May 11, 2022, the Board requested that Respondent voluntarily submit to a drug screening test. Respondent's test results were positive for marijuana and marijuana metabolites.

19. Respondent's records from Identity Medical Group reflect that he was placed on a leave of absence on May 26, 2020, due to behaviors concerning for mania. On June 10, 2022, Identity Medical Group sent Respondent a letter documenting concerning topics that he had discussed with an Identity Medical Group employee, including: (1) his admission of being an alcoholic, currently having six months of sobriety; (2) his admission of having a drink before work in 2019 in order to help with the shakes when he was "really bad," documented; (3) his interest in wanting to train a goose to fly with him while he paramotored; and (4) his interest in wanting to run for President of the United States and wanting to use his videos of flying with his goose as a way to market himself in his campaign run for President. The letter further set forth requirements, including an evaluation by an independent behavioral health specialist, in order for Respondent to return to work.

20. On July 27, 2020, psychiatrist, Dr. P.K. conducted an independent psychiatric evaluation of Respondent at the request of Identity Medical Group. With respect to his past employment history, Respondent reported that prior to working at Identity Medical Group, he worked at Westside Family Practice where he engaged in use of opiate medication samples for

about one-and-one-half years. Once staff noticed that there were samples missing, Respondent admitted that he was responsible and stopped using the narcotics. He could not recall the dates that this had occurred. Respondent reported that he began working at Identity Medical Group in approximately 2012. Respondent reported that in the two years prior to seeing Dr. P.K., he was drinking excessively, developed acute hepatitis, quit using alcohol and replaced alcohol with cannabis. Dr. P.K. noted that Respondent had a relatively acute change in thoughts and behavior in May 2020 and displayed manic-like symptoms of rapid speech, grandiose beliefs and thought content, and potentially racing thoughts and increased goal-directed activity. Based upon his examination and evaluation of Respondent, Dr. P.K. was of the opinion that Respondent's symptoms appeared to be temporally related to the level of his cannabis use, with relatively rapid reduction in symptoms with cessation of use. Though a primary bipolar disorder could not be ruled out, Respondent exhibits symptoms of a substance-induced bipolar disorder. In Dr. P.K.'s opinion, to a reasonable degree of medical probability, Respondent was able to safely resume the practice of medicine. Dr. P.K. recommended regular follow-up with a psychiatrist for at least six months, for further diagnostic observations, and prevention and treatment of potential future episodes. Dr. P.K. also recommended that Respondent abstain from using substances for a six-month period because of the lack of clarity on etiology of his symptoms, and because significant substance use has the potential to hasten the onset of a primary psychiatry disorder.

21. On August 4, 2020, Respondent entered into a "Last Chance Agreement" with Identity Medical Group agreeing to abstain from the use of marijuana and alcohol for the next six (6) months, at a minimum, and participate in counseling and psychiatric appointments as recommended by Dr. J.L.

22. Sometime after September 2020, Respondent left employment with Identity Medical Group and opened his own family practice.

23. In approximately 2021 to 2022, Respondent leased medical office space from Dr. A.L. In February 2022, Dr. A.L. witnessed Respondent hallucinating outside of the office building. Respondent stated that someone had fallen off the roof, was hurt, and possibly dead. Dr. A.L. did not see what Respondent reported seeing and concluded that Respondent was

hallucinating. Dr. A.L. took Respondent inside his office to calm him down. Respondent locked himself in Dr. A.L.'s private office and refused to come out. When Dr. A.L. was able to get into the office, Respondent was sitting in the office completely undressed from the waist down. It took several hours to get Respondent out of Dr. A.L.'s office. The next day, Dr. A.L. spoke to Respondent's staff and was told that Respondent packed and left in the middle of the night to drive to the East Coast to visit his family. Respondent was gone for five or six weeks. Respondent returned to work and resumed seeing patients in early May 2022.

24. Respondent continued to receive psychiatric treatment from Dr. J.L. from March 2022 through May 2022. Dr. J.L. continued to recommend that Respondent not resume seeing patients, stop using cannabis, and obtain a second psychiatric opinion with Dr. L.M.

25. Respondent did not undergo the secondary psychiatric evaluation with Dr. L.M. that he told Investigator L.A. he had undergone. Dr. L.M. reported to Investigator L.A. that Respondent had a scheduled Zoom appointment on April 10, 2022, with him for an evaluation. Respondent got on the Zoom call and told Dr. L.M. that he did not need to be evaluated. Respondent stated that he only agreed to speak with Dr. L.M. because his nurse threatened to resign if he did not get help. Respondent ended the appointment and did not complete his psychiatric evaluation. Respondent was not evaluated by Dr. L.M. and Dr. L.M. did not state that Respondent was healthy and fit to work with patients. Dr. L.M. executed a certificate of no records for Respondent.

26. On May 26, 2022, Respondent underwent a mental examination by psychiatrist, Dr. A.S. Upon completion of his examination of Respondent, Dr. A.S. concluded that Respondent suffers from a mental illnesses that impacts his ability to engage in the practice of medicine. Specifically, Respondent meets the diagnostic criteria for alcohol use disorder, cannabis use disorder, and substance/medication-induced Bipolar and related disorder.

27. In Dr. A.S.'s professional opinion, Respondent has a problematic pattern of alcohol and cannabis use that has led to clinically significant impairment or distress. The substance use/abuse has induced a prominent and persistent disturbance in mood, characterized by elevated,

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expansive, or irritable mood. Respondent has continued to use alcohol and cannabis and had not been receiving treatment to address these issues.

28. It is the professional opinion of Dr. A.S. that Respondent's continued practice of medicine poses a significant danger to public health, welfare, and safety. Respondent has a mood disorder that is most likely caused by or unmasked by his use of cannabis; and, by his own admission, he is an alcoholic. When Respondent uses cannabis he becomes manic or hypomanic and is unstable; he experiences visual hallucinations. Respondent is not able to safely practice medicine while he continues to use cannabis and alcohol. In order to practice medicine safely without endangerment to the public, Respondent requires monitoring, treatment and an oversight plan specifically tailored to address his alcohol use disorder and cannabis use disorder.

29. Respondent's ability to practice medicine safely is impaired due to a mental illness or condition that affects his competency.

SECOND CAUSE FOR DISCIPLINE

(Use of Cannabis and Alcohol in a Dangerous Manner)

30. Respondent's license is subject to disciplinary action under section 2234, subdivision (a) and section 2239 of the Code, in that he used cannabis and alcoholic beverages, to the extent, or in such a manner as to be dangerous and injurious to Respondent, or to any other person or to the public. The circumstances are as follows:

31. The allegations set forth in the First Cause for Discipline are incorporated herein as if fully set forth.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

32. Respondent's license is subject to disciplinary action under section 2234, subdivision (a), of the Code in that he has engaged in unprofessional 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. The circumstances are as follows:

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33. The allegations set forth in the First and Second Causes for Discipline are incorporated herein as if fully set forth.

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 A 70543, issued to Alexander Brian Meyer, M.D.;

2. Revoking, suspending or denying approval of Alexander Brian Meyer, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Alexander Brian Meyer, 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;

4. Ordering Respondent Alexander Brian Meyer, M.D., if placed on probation, to provide patient notification in accordance with Business and Professions Code section 2228.1; and,

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

DATED: OCT 0 5 2022

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

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