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

In the Matter of the Third Amended Accusation Against: Katrina Elaine Woodhall, M.D. Physician's and Surgeon's Certificate No. A 89622 Respondent.	Case No.: 800-2018-048146

DECISION

The attached Proposed Decision is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on December 23. 2021.

IT IS SO ORDERED: November 23, 2021.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, M.D., Chair
Panel B

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

In the Matter of the Third Amended Accusation Against:

KATRINA ELAINE WOODHALL, M.D., Respondent

Physician's and Surgeon's Certificate No. A 89622

Case No. 800-2018-048146

OAH No. 2020120288

PROPOSED DECISION

Abraham M. Levy, Administrative Law Judge, Office of Administrative Hearings (OAH), State of California, heard this matter by video/telephone conference on September 28 and 29, 2021, due to the COVID-19 pandemic.

Christine Rhee, Deputy Attorney General, represented complainant, William J. Prasifka, Executive Director of the Medical Board of California (board).

Robert Frank, Attorney at Law, Neil, Dymott, Frank, McCabe & Hudson APLC represented respondent, Katrina Elaine Woodhall, M.D., who was present.

The matter was submitted on September 29, 2021.

SUMMARY

Complainant asserts that respondent was convicted of a crime substantially related to the qualifications, functions, and duties of a physician, she used alcohol to an extent and in a manner dangerous to herself and others, and she engaged in unprofessional conduct when she violated the terms of the Stipulated Interim Suspension Order she signed. Complainant alleges as a factor for possible discipline that she was convicted of an alcohol related offense in 2011. After considering the record as a whole, it is determined that revocation is not needed to ensure public protection and that a five-year term of probation with terms and conditions that follow applicable board guidelines will ensure public protection.

PROTECTIVE ORDER

At the start of the hearing the parties asked that a protective order sealing Exhibits 12 and 21 be issued because these exhibits contain sensitive personal information regarding respondent. That motion was granted and a protective order sealing Exhibits 12 and 21 has been issued and served on the parties.

FACTUAL FINDINGS

Jurisdiction

1. On July 14, 2021, complainant filed the third amended accusation in this matter. Respondent had previously filed a Notice of Defense to the accusation and was not required to file an additional response to the third amended accusation under the Government Code.

2. Complainant alleges in this pleading that respondent was convicted of driving under the influence of alcohol on October 29, 2018, a crime substantially related to qualifications, functions, or duties of a physician (First Cause for Discipline); she used alcohol to an extent or manner that was dangerous to herself and the public (Second Cause for Discipline); and respondent engaged in unprofessional conduct because she repeatedly violated the terms of a Stipulated Interim Suspension Order she signed (Third Cause for Discipline). As a factor in assessing the degree of discipline to impose, complaint asks that respondent's July 1, 2011, conviction for reckless driving after her arrest for driving under the influence be considered.

3. Respondent does not dispute the facts alleged in the third amended accusation. At issue in this matter is the degree of discipline, if any, to impose and respondent's efforts to rehabilitate herself.

License History

4. On December 15, 2004, the board issued Physician's and Surgeon's Certificate No. A 89622 to respondent. The certificate was in full force and effect at all times relevant to the charges in this matter, and will expire on October 31, 2022, unless renewed. OAH in an order dated June 29, 2021, suspended her certificate pending a hearing. Respondent has no history of discipline.

Procedural History

5. Prior to the filing of the accusation in this matter, OAH and the board issued a number of orders that restricted respondent's ability to practice medicine due to concerns about her ability to safely practice medicine. These concerns arose after she was convicted for driving under the influence (DUI) on October 29, 2018, and due

to the results of a psychiatric evaluation she underwent on March 18, 2020, with Alan Abrams M.D., a board-designated expert.

6. Following his evaluation, Dr. Abrams found, as he wrote in his May 19, 2020, report, that respondent suffers from chronic Post Traumatic Stress Disorder (PTSD), Alcohol Abuse Disorder Mild, in early remission, a history of physical and psychological abuse by her ex-husband, generalized anxiety disorder with panic, and an unspecified personality disorder. He concluded that respondent can practice medicine safely with mandated sobriety and substance abuse monitoring restrictions. He opined that she does not have a mental illness or condition that impacts her ability to practice medicine safely as long as she remains sober.

7. On July 27, 2020, the parties entered into a Stipulation of the Parties re: Interim Order Imposing License Restrictions and Order (Stipulated ISO) that required respondent to immediately abstain from alcohol and controlled substances, submit to random biological fluid testing, and attend substance abuse support meetings.

Pursuant to this order, any violation of the Stipulated ISO is deemed unprofessional conduct and grounds for disciplinary action.

8. After a positive result for alcohol on a urine screen, the board issued a Cease Practice Order on October 22, 2020, prohibiting respondent from engaging in the practice of medicine because she violated the terms of the Stipulation when she tested positive for alcohol on October 11, 2020.

9. Respondent presented evidence to the board at the time that the alcohol identified in the screen was from a "kombucha" drink, a product that contains trace amounts of alcohol. The medical consultant for the board's vendor for monitoring respondent's compliance, FSS Solutions, thought this was plausible but because the

board had advised respondent to avoid products that contain even trace amounts of alcohol, the board nonetheless issued a cease practice order.

10. After respondent submitted 30 days of negative urine screens for alcohol, the board terminated the Cease Practice Order on December 7, 2020.

11. On May 27, 2021, the board issued a Cease Practice Order prohibiting respondent from engaging in the practice of medicine for failing to obey a term in the Stipulated ISO. That term required respondent to attend at least twice a week a substance abuse support group. Respondent did not attend Alcoholics Anonymous (AA) during the week of April 25, 2021.

12. On June 29, 2021, as mentioned earlier, following a noticed hearing, OAH issued an Interim Order that vacated the Stipulated ISO and immediately suspended respondent's certificate, pending this hearing.

Respondent's 2018 Conviction and the Facts and Circumstances of It

13. The facts of respondent's 2018 DUI conviction and the circumstances of her arrest for this offense are found in court documents and a San Diego Police Department report admitted as evidence. These documents show the following:

On October 29, 2018, in the matter entitled *People of the State of California v. Katrina Elaine Woodhall*, San Diego Superior Court Case No. M252303CA, respondent pled guilty to one count of violating Vehicle Code section 23152, subdivision (b), and was sentenced to five years of summary probation with the following conditions: 96 hours of custody, which respondent served over multiple weekends, self-help meetings, a 90-day program, standard alcohol conditions, and fines. The remaining counts including a violation of Penal Code section 273a(b), child endangerment

(because her child was in the vehicle), were dismissed. The criminal complaint also cited respondent's 2011 conviction for violating Vehicle Code section 23103, subdivision (a), reckless driving. Respondent remains on criminal probation.

14. The San Diego Police Department report provides the following details of the circumstance of her arrest:

On September 17, 2018, about 11:34 a.m., two San Diego police officers were dispatched to a residential neighborhood. A 911 caller expressed concern about respondent's well-being because she was threatening suicide by driving off a bridge and was on her way to get her four-year-old son from school. This person gave the dispatcher a physical description of respondent and her car.

About 11:48 a.m., as the officers neared the location, one saw a person they later identified as respondent driving the car described by the 911 caller. One of the officers approached respondent in her car and spoke to her while she was sitting in the driver's seat. The officer smelled the odor of alcohol on respondent's breath and noticed that her eyes looked slightly bloodshot and glassy. Respondent appeared to be visibly upset. She acknowledged that she told her friend she threatened suicide, she suffers from anxiety and depression and had attempted suicide in the past. The officer observed a small boy in the backseat of respondent's vehicle, without a seatbelt, who was later identified as respondent's son.

Respondent told the other officer that she had picked up her son from school to bring him to the dentist. This officer saw an eight-ounce plastic cup in the center console that was filled with a liquid that smelled like alcohol. Respondent told him that she drank three large glasses of wine about an hour before she was arrested.

Respondent submitted to standard field sobriety tests. Based on her performance, the officer determined that respondent was impaired while driving a vehicle. While searching the vehicle, the officers found a 750-milliliter bottle of wine that was approximately a quarter full. Respondent was detained for a DUI evaluation and being a danger to herself per Welfare and Institutions Code section 5150. Later, after a sample of respondent's blood was obtained, her blood alcohol content (BAC) was found to be 0.192 percent.

Violations of Terms of Stipulated ISO

15. As noted above, respondent is alleged to have engaged in unprofessional conduct because she violated the terms of the Stipulated ISO she signed. She violated the Stipulated ISO as follows:

16. On October 11, 2020, respondent was selected to provide a urine sample per the terms of the board's interim order imposing licensing restrictions. Respondent provided a urine sample on or about the same day. On October 15, 2020, the board received the results of respondent's urine sample, which indicated the presence of alcohol metabolites as discussed above.

17. On October 28, 2020, respondent was selected to provide a blood sample. On October 29, 2020, she submitted a urine sample instead of the requested blood sample.

18. On January 19, 2021, respondent was selected to provide a blood sample. On or about the same day, respondent submitted a urine sample instead of the requested blood sample.

19. On February 4, 2021, respondent was selected to provide a blood sample. On or about the same day, respondent submitted a urine sample instead of the requested blood sample.

20. On February 6, 2021, respondent was selected provide a urine sample. According to the terms of the Stipulated ISO, if respondent was selected to provide a sample, she had to do so within 24 hours. During the COVID-19 pandemic this term was modified, and the board allowed respondent to provide a sample within 48 hours. Respondent provided a urine sample on February 8, 2021, outside of the required timeframe.

21. On February 23, 2021, respondent was selected to provide a blood sample. On or about the same day, respondent submitted a urine sample instead of the requested blood sample.

22. On March 1, 2021, respondent failed to check in to determine whether she had to provide a biological sample for that day.[1]

23. On April 8, 2021, respondent was selected to provide a blood sample. On or about the same day, respondent submitted a urine sample instead of the requested blood sample.

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[1] In an email she sent on March 2, 2021, to her probation monitor, respondent said FSS Solutions made an error and she wasn't required to check in. She said she would comply with the program. FSS Solutions's March 2, 2021, report identifies March 1, 2021, as the date respondent was to check in. Respondent did not dispute this at the hearing.

Testimony of Alan Abrams M.D.

24. Complainant called Dr. Abrams as a witness. His testimony is summarized as follows:

The board asked Dr. Abrams to evaluate respondent as part of a voluntary two-and-a-half-hour evaluation pursuant to Section 820 on March 18, 2019. Dr. Abrams reviewed materials obtained during the Health Quality Investigation Unit investigation of respondent related to her 2018 and 2011 DUIs and the 5150 hold. Dr. Abrams was also asked to consider the facts surrounding respondent's recent arrest on September 11, 2021, for DUI. A copy of a report from the Riverside County Sheriff's Department was received into evidence. Charges have not yet been filed in that matter.

Dr. Abrams is board certified in forensic and addiction medicine psychiatry, and board certified in preventative medicine. He has been a board consultant for 22 years and has served as a subject matter expert and mental health evaluator for the board. He has conducted about 50 to 60 mental health evaluations over the years for the board. Dr. Abrams also has had his own practice since 1979 where he treats patients and is medical director of a residential treatment facility.

25. As mentioned earlier, and based on his forensic evaluation of respondent, Dr. Abrams diagnosed respondent with the following conditions: chronic PTSD, Alcohol Abuse Disorder Mild in early remission, a history of physical and psychological abuse by her ex-husband, generalized anxiety disorder with panic, and an unspecified personality disorder.

Dr. Abrams concluded that respondent is able to practice medicine safely with mandated sobriety and substance abuse monitoring restrictions even considering that she may have suffered a relapse when she was arrested for DUI on September 11,

2021. At the same time, Dr. Abrams said he could not find respondent had a relapse because he did not have the toxicology report. Regardless, he would recommend that respondent be given another chance with a three-year term of probation from her arrest on September 11, 2021, plus therapy. He said a 30-day or 90-day inpatient recovery program may be indicated.

26. As he stated in his report, Dr. Abrams opined that respondent does not have a mental illness or condition that impacts her ability to practice medicine safely, as long as she remains sober. He stated respondent does not have a cognitive impairment, but she has psychological impairments with regards to her understanding of herself.

27. Dr. Abrams commented that he felt respondent seemed in denial about her problem with alcohol. But he noted respondent acknowledged that she abused alcohol, and she received intensive outpatient treatment at Casa Palmera immediately after her 2018 arrest. Respondent told Dr. Abrams she has not used alcohol since her 2018 arrest. She also told him that her substance abuse history was from the stress of her divorce and her fight with her ex-husband over child custody. Dr. Abrams felt that respondent was very pre-occupied with her marriage and the mental and psychological abuse and domestic violence she suffered. He added she did not mention sexual abuse to him. Amber Learn Psy.D., respondent's treating psychologist, who testified in this matter, stated that respondent's history of sexual abuse made it difficult for her to comply with the required urine screening testing requirements.

28. Dr. Abrams stated respondent gave very "whitewashed" accounts of her problems and blamed all of them on a very mentally ill and abusive husband. He said she disputed that she threatened to commit suicide on October 8, 2018, and she denied she had any suicidal thoughts. She said she made a flippant remark to her

friend about suicide. To Dr. Abrams, this seemed to conflict with the information in the police report where police found her crying uncontrollably, smelling of alcohol, and she admitted to the police that she threatened to kill herself.

29. Regarding his alcohol abuse disorder diagnosis, Dr. Abrams stated that he termed respondent's condition mild because she only met two or three Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria for alcohol abuse disorder and these criteria primarily related to respondent's legal problems.

30. Dr. Abrams repeated the conclusion he made in his May 19, 2019, report that respondent is not safe to practice medicine without restrictions. He said she continues to require treatment and a "whole spectrum of treatment" is needed to keep her sober including group and individual therapy and AA, and she should be monitored for future use of intoxicants. With these restrictions in place, respondent can safely practice. He stressed that the restrictions are needed to ensure she maintains her sobriety.

31. With regards to her September 11, 2021, DUI arrest, Dr. Abrams was asked to assume the facts of her September 11, 2021, arrest are true as found in the Riverside County Sheriff's Department report, and whether these facts changed his opinion about respondent's ability to practice medicine safely. Dr. Abrams stated it did not change his opinion; he reemphasized his opinion as he expressed it in his May 19, 2021, report. As noted above he said he can't determine that her conduct on September 11, 2021, was a relapse because he didn't have the toxicology report. He added that a relapse may be brief or extended.

32. Dr. Abrams was further asked to comment on the opinion of respondent's treating psychologist, Dr. Learn, that because of the trauma respondent

suffered as a result of sexual abuse, respondent should be permitted to submit to a different kind of screening that is less physically exposing. Dr. Abrams said that he doesn't have the ability to comment on that, but he expressed skepticism about Dr. Learn's conclusion. He found nothing in respondent's records from Dr. Learn that urine screening would affect respondent's ability to comply, noting she refused blood testing. Dr. Abrams said that the records do not mention respondent was sexually abused. In addition, Dr. Abrams stated that respondent didn't mention she had problems providing urine samples while being supervised, and according to these records, before July 12, 2021, and after complainant initiated the action against her, respondent did not mention to Dr. Learn that she had a problem with providing urine samples.

Respondent's Testimony

33. Respondent's testimony is summarized as follows:

Respondent graduated from Loma Linda University Medical School in 2003 and completed a residency in dermatology at Loma Linda where she served as Chief Resident. She completed a fellowship in dermatology in a practice associated with the University of California, San Diego. She is a Fellow of the American Academy of Dermatology and the American Academy of Cosmetic Surgery.

Most recently, until the issuance of the cease practice order, respondent worked as Chief Medical Director in the Department of Dermatology for the Pacific Dermatology Institute. Because of her DUI and 5150 hold, she found it hard to find employment. Her primary focus is on taking care of her seven-year-old son and completing outpatient therapy. She is the sole provider for her son. Respondent also

contributes to the college education of her two college-aged children and pays support for her 14-year-old son who lives with his father.

34. Respondent said she has no current plans to return to the practice of medicine because she is not sure who would hire her considering her history. If she remains licensed, she said she would try to pursue practicing medicine.

35. Regarding her behavior on September 17, 2018, respondent said she made a poor decision to pick her son up because she couldn't get a nanny. She said she made a flippant remark to the person who called 911 about jumping off a bridge. Respondent said she was upset about the ongoing court battles with her husband. She acknowledged that she was placed on two 5150 holds as Dr. Abrams referenced in his report, but only one involved a hold for the 72-hour observation period.

36. Respondent said she has tried to comply with the terms of the Stipulated ISO but because of her financial situation and the fact that she has not been employed, she has found it difficult to pay for the repeated testing through FSS Solutions. The copayments for the testing are expensive. She noted that the cost for a blood test range from $150 to $200 with an additional fee of $70 the facility that administers the test charges. She underwent urine screens instead of blood screens because urine screens are less expensive. If she could afford to undergo only blood tests, she would choose these tests. On November 23, 2020, she emailed the FSS Solutions representative that she was unable to afford the costs of testing and asked for an accommodation.

37. Respondent also said that she found it difficult to comply with the urine screens because she found it embarrassing and personally compromising. The "sheer volume" of testing she was required to undergo served as a trigger for her due to the

problems she had during her long-term marriage. She said she had to expose her genitals to the testing monitor, spread her butt cheeks, and was subjected to body checks to provide assurance she was not hiding something. Staff persons at the testing sites have made inappropriate comments to her.

Respondent added that due to the COVID-19 pandemic, it was more difficult for her to get to testing sites because her seven-year-old wasn't allowed to accompany her. She said that she has had to wait up to two hours at these testing sites.

38. When asked whether she would comply with a board requirement that she submit to random screens once a month, respondent said she would be willing to comply with such a term. She emphasized that she was sure she would comply with such a term because retaining her medical license is important to her. Respondent stressed she would work with the board if there are any problems. In addition, she said that she would comply with board monitoring even if she is not practicing medicine.

39. Respondent also testified that in place of urine screens, she would be willing to wear a SCRAM bracelet as a means to measure her sobriety. A SCRAM bracelet is an electronic device attached to the ankle that registers sweat. It is a 24-hour monitoring system that directly reports to a criminal probation department. The board does not utilize this device in the monitoring of licensees on probation.

40. Respondent acknowledged she sent intemperate emails to her practice monitor Jennifer Saucedo, Sandra Borja, board Staff Services Manager, and to FSS Solutions. In an email dated May 4, 2021, she sent to Ms. Saucedo and Ms. Borja, respondent accused the board of hurting her children because of her 2018 DUI and bullying her, threatening her, and engaging in a form of police brutality. She wrote that she will not go "quietly into the night." Respondent concluded her email with

"may God forgive what you have done." She added as a post-script that she will not go to urgent care to show her private parts to anyone as she has been doing for three years. She wrote that doing so constituted sexual abuse. Respondent then added "Try new technology . . . William. This antiquated system is draconian and pathetic." "William" is a reference to Executive Director Prasifka. Respondent copied a photo of her son into the email.

41. In her email, respondent was replying to an email she received earlier that morning from FSS Solutions that advised respondent that beginning May 10, 2021, "the extended testing window" for testing compliance due to the COVID-19 pandemic ended. In response to this advisement, respondent wrote "Fuck off" in an email. A short while later respondent sent another email to the representative stating: "No good girl should have to show their ass and vagina every fucking day you people are sick" [*sic*]. An FSS Solutions representative forwarded this email to Ms. Saucedo.

42. To try to explain these emails respondent testified she became exacerbated, frustrated, she felt unheard, and she was in despair due to the testing regimen. She said these emails were out of character for her. She testified that she was "dehumanized" from her interactions with Ms. Saucedo and tried to engage with Ms. Borja.

Respondent recognized that the emails she sent were intemperate and, on her initiative, she wrote a detailed letter to the board and apologized for them.

43. Regarding her failure to attend AA meetings, as referenced in the May 27, 2021 cease practice order, respondent said that she is not rejecting AA but circumstances involving a medical emergency she suffered made her unable to attend the meetings. She said she was not healthy and did not attend meetings because she

did not feel well enough. Her sponsor was aware of her situation and took her for medical care. Respondent remains in contact with her sponsor.

When asked why she didn't report she was hospitalized as the reason she didn't attend AA, respondent said she was panicked about the MRI and CT scan test results and wasn't thinking clearly.

44. With respect to respondent's compliance with her criminal probation, respondent said she complied completely with probation. Under the terms of her probation, she underwent twice weekly urine testing and participated in therapy. Under separate requirements for child custody, San Diego County Child Protective Services has also monitored her for alcohol and substance abuse, and she has complied with this monitoring. She has had no positive results under any monitoring conducted as a result of her criminal probation.

45. Concerning her psychological treatment, respondent said she continues to work with Dr. Learn, and she follows her recommendation. Per a letter Dr. Learn wrote dated July 29, 2021, Dr. Learn detailed respondent's treatment history with her. Dr. Learn treated respondent from June 10, 2019, until August 17, 2020, because, as Dr. Learn stated, respondent had achieved multiple treatment goals and was participating in AA. In July 2021 respondent contacted Dr. Learn to resume treatment and had three sessions with Dr. Learn in July 2021 with weekly care after that.

46. Concerning respondent's participation in AA or other group therapy programs, respondent did not state she is presently participating in AA or group therapy. She only stated, as noted above, that she is in contact with her sponsor.

47. On cross-examination, respondent was asked about her 2011 conviction. She said she was arrested for DUI, but the charge was amended to reckless driving.[2] She admitted she drove after drinking two glasses of wine. She was placed on probation for three years. Respondent said the charge has been expunged.

48. Regarding her behavior on September 17, 2018, respondent said she made a poor decision to pick her son up because she couldn't get a nanny. She said she made a flippant remark to the person who called 911 about jumping off a bridge. Respondent said she was upset about the ongoing court battles with her husband.

Respondent was also asked on cross-examination about her September 11, 2021, arrest for DUI. Under the advice of counsel, she declined to answer questions about the circumstances of the arrest. The charges are pending. No inference is drawn regarding her refusal to answer. A report of her arrest was admitted pursuant to *Lake v. Reed* (1997) 16 Cal.4th 448, and is only considered as an indication that respondent may have suffered a relapse in her sobriety.

Testimony of Amber Learn Psy.D.

49. Respondent called Dr. Learn as a witness. Her testimony is summarized as follows:

Dr. Learn holds a Psy.D. in clinical psychology and has been practicing psychology since 2012. She is a provider of Eye Movement Desensitization and

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[2] Per the court record received into evidence respondent was convicted of violating Vehicle Code section 23103, subdivision (a), per Vehicle Code section 23103.5.

Reprocessing (EMDR) therapy, which is a form of therapy used in the treatment of PTSD. The concept as she succinctly stated it is to refocus a person's trauma.

Dr. Learn presently sees respondent weekly and since June 2019 has held 61 sessions with respondent. In July 2021, at respondent's request, she restarted treating respondent as discussed above. Dr. Learn plans to continue to treat respondent with a focus on substance abuse. Through the sessions she has held with respondent, Dr. Learn does not have a concern regarding respondent's ability to care for patients. At the same time, Dr. Learn stated that she is not giving an opinion regarding respondent's fitness for duty as Dr. Abrams had because this is outside her area of expertise. She added she is not testifying as an expert witness but as a fact witness.

50. Dr. Learn has diagnosed respondent with chronic PTSD, and Alcohol Abuse, early sustained remission. She said that respondent has had a history of sexual physical abuse and financial abuse from her ex-husband. She said she has no reason to believe that respondent made up elaborate tales of abuse from her husband. Dr. Learn does not find it unusual that respondent did not mention this abuse to Dr. Abrams during his evaluation because she was not in a trusting therapeutic relationship with him.

51. Dr. Learn said respondent talked to her about her difficulty complying with the urine screens the county and the board required her to undergo. She said respondent found it distressing to have to submit to these tests in front of multiple people. Dr. Learn said respondent was stressed about having to expose her breasts and expose her private parts due to the violent sexual and physical abuse she suffered.

52. Dr. Learn testified further that through her treatment with respondent, she was trying to help respondent reduce the risk of exposure to accidental triggers.

But it was difficult to reduce this risk since respondent is required to expose herself to strangers for testing. Ideally, Dr. Learn said that respondent should be screened in a way that would not require that level of clinical exposure.

Testimony of Eric J. Zimmer M.D.

53. Respondent called Eric J. Zimmer M.D. as a character witness. He testified as follows:

Dr. Zimmer is a board-certified anesthesiologist and is a senior partner in a medical group and medical director of a surgical center. He has served as Chief of the Department of Anesthesia at Sharp Cabrillo Hospital. Dr. Zimmer also has acted as a medical reviewer for attorneys in San Diego and San Francisco and has an ongoing relationship as an expert with respondent's attorney's firm. He has had both a professional and personal relationship with respondent and regards her as a friend.

54. Dr. Zimmer became familiar with respondent in the professional setting when she was working under a fellowship. He then co-treated with respondent over the year and saw her perform as a doctor in and out of the operating room. After this, he has interacted with her in professional settings where he has referred friends and family to her for dermatological and cosmological care. Dr. Zimmer has received treatment from respondent.

55. Dr. Zimmer characterized respondent as an excellent surgical dermatologist based on his observations and the feedback he has received from her patients. He believes that respondent is committed to patients and patient care, and she has an excellent knowledge base and ability to make sure her treatment plans are on point.

56. Dr. Zimmer said he knows that respondent has some issues with the medical board. In his social interactions with respondent, he has seen her drink alcohol 20 to 30 times but has not seen her drink alcohol the last year. During this last year, Dr. Zimmer has not seen respondent in a social type setting.

Parties' Arguments

57. In closing arguments, complainant argued that respondent did not rebut the presumption that she is a substance abusing physician and the board's Disciplinary Guidelines and the Uniform Standards for Substance Abusing Licensees apply. Under the terms of these guidelines, respondent is subject to a minimum of seven years' probation but in respondent's case the only appropriate discipline is revocation. Complainant stated such a disposition is necessary because respondent has consistently been unable to comply with the board's monitoring system. Complainant stressed that respondent's recent DUI is a factor regarding the need to revoke respondent's license as a matter of public safety. However, for purposes of this matter, a conclusion cannot be drawn regarding the pending DUI charge against respondent as discussed later in this decision.

58. Respondent, in closing, argued that revocation would be punitive, and it is not necessary to ensure public protection. Respondent argued that less onerous terms of probation can be fashioned to ensure this aim. She stated that testing should only be done once a month consistent with the Substance Abusing Licensee Guidelines because she is not in the health care field. Respondent cited Dr. Abrams's opinion that respondent should be allowed to show she is rehabilitated. She added that she has been under rigorous monitoring and she had one positive test for an alcohol metabolite that was attributed to a health drink.

59. In his reply to respondent's assertions in closing, complainant stated that the board is not bound by Dr. Abrams's view because the board has different priorities and Dr. Abrams was speaking as a forensic psychiatrist.

Complainant agreed that there is an exception to first year guidance under the Substance Abusing Licensee Guidelines, but respondent's 2021 arrest shows that more frequent monitoring is required. In addition, if the licensee is not employed in the health care field, respondent would face a problem because one of terms of probation requires that she work as a doctor.

LEGAL CONCLUSIONS

Purpose of Physician Discipline

1. The purpose of the Medical Practice Act (Chapter I, Division 2, of the Business and Professions Code) is to assure the high quality of medical practice; in other words, to keep unqualified and undesirable persons and those guilty of unprofessional conduct out of the medical profession. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 574.) The purpose of administrative discipline is not to punish, but to protect the public by eliminating those practitioners who are dishonest, immoral, disreputable or incompetent. (*Fahmy v. Medical Board of California* (1995) 38 Cal.App.4th 810, 817.)

Standard of Proof

2. Complainant bears the burden of proof of establishing that the charges in the first amended accusation are true.

The standard of proof in an administrative action seeking to suspend or revoke a physician's certificate is clear and convincing evidence. (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.) Clear and convincing evidence requires a finding of high probability, or evidence so clear as to leave no substantial doubt; sufficiently strong evidence to command the unhesitating assent of every reasonable mind. (*Katie V. v. Superior Court* (2005) 130 Cal.App.4th 586, 594.)

Applicable Statutes Regarding Causes to Impose Discipline

3. Section[3] 2227, subdivision (a), states:

> 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.

[3] References are to the Business and Professions Code unless otherwise stated.

(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 the discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

4. Section 2234 subdivision (a) provides as follows:

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.

5. Section 2236 states in pertinent part as follows:

(a) The conviction of any offense substantially related to the qualifications, functions, or duties of a physician and surgeon constitutes unprofessional conduct within the meaning of this chapter [Chapter 5, the Medical Practice Act]. The record of conviction shall be conclusive evidence only of the fact that the conviction occurred.

(d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is deemed to be a conviction within the meaning of this section and Section 2236.1. The record of conviction shall be conclusive evidence of the fact that the conviction occurred.

6. Section 2239 of the Code states, in pertinent part:

(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 Division of Medical Quality may order discipline of the licensee in accordance with Section 2227 or the Division of Licensing 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.

Case Law Regarding Unprofessional Conduct

7. In *Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575, the appellate court noted that "unprofessional conduct" as that term was used in Business and Professions Code section 2361 (now section 2234), included certain enumerated conduct. (*Id.* at p. 575.) The court further stated (*Ibid.*):

> This does not mean, however, that an overly broad connotation is to be given the term "unprofessional conduct;" it must relate to conduct which indicates an unfitness to practice medicine. [Citations.] Unprofessional conduct is that conduct which breaches the rules or ethical code of a profession, or conduct which is unbecoming a member in good standing of a profession. [Citation.]

Disposition Regarding Causes for Discipline

CAUSE EXISTS TO IMPOSE DISCIPLINE AGAINST RESPONDENT'S LICENSE

8. Complainant proved by clear and convincing evidence that respondent was convicted of a crime substantially related to the qualifications, functions, and duties of a physician and surgeon pursuant to Sections 2227, 2234 subdivision (a), and 2236 when she was convicted on October 29, 2018, of violating Vehicle Code section 23152 subdivision (b), driving under the influence of alcohol.

9. Complainant proved by clear and convincing evidence that respondent used alcohol to an extent and manner that was dangerous to herself and to others pursuant to Sections 2227 and 2239. On September 17, 2017, respondent drove her car with a BAC of 0.192 percent and picked up her minor son from school. Police officers observed her to be very impaired from the effects of alcohol.

10. Complainant proved by clear and convincing evidence that respondent committed unprofessional conduct under Sections 2227 and 2234 because she violated the terms of the Stipulated ISO as found above.

The Board's Disciplinary Guidelines and Evaluation Regarding the Degree of Discipline

11. With causes for discipline having been found, the determination now must be made regarding the degree of discipline and the terms and conditions to impose. There are two sets of guidelines the board has promulgated that must be considered in this matter to fashion any discipline with appropriate terms and conditions: The board's Manual of Model Disciplinary Orders and Disciplinary

Guidelines (12th Edition 2016) and the board's Uniform Standards for Substance Abusing Licensees (2015).

The board's Manual of Model Disciplinary Orders and Disciplinary Guidelines provides the following directive regarding the applicability and use of the guidelines:

> The Board expects that, absent mitigating or other appropriate circumstances such as early acceptance of responsibility, demonstrated willingness to undertake Board-ordered rehabilitation, the age of the case, and evidentiary problems, Administrative Law Judges hearing cases on behalf of the Board and proposed settlements submitted to the Board will follow the guidelines, including those imposing suspensions. Any proposed decision or settlement that departs from the disciplinary guidelines shall identify the departures and the facts supporting the departure.

12. Pursuant to California Code of Regulations, title 16, section 1360.1:

> When considering the suspension or revocation of a license, certificate or permit on the ground that a person holding a license, certificate or permit under the Medical Practice Act has been convicted of a crime, the division, in evaluating the rehabilitation of such person and his or her eligibility for a license, certificate or permit shall consider the following criteria:
>
> (a) The nature and severity of the act(s) or offense(s).

(b) The total criminal record.

(c) The time that has elapsed since commission of the act(s) or offense(s).

(d) Whether the licensee, certificate or permit holder has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against such person.

(e) If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of the Penal Code.

(f) Evidence, if any, of rehabilitation submitted by the licensee, certificate or permit holder.

13. Under these guidelines, the recommended penalty range for excessive use of controlled substances and a substantially related conviction is a minimum of five years' probation to a maximum of revocation. The recommended terms and conditions of probation include biological fluid testing.

The Board's Uniform Standards for Substance Abusing Licensees (2015)

14. The board's Uniform Standards for Substance Abusing Licensees (2015) supplement the board's Manual of Model Disciplinary Orders and Disciplinary Guidelines. From these guidelines the following regulations have been given due consideration in reaching a disposition of respondent's matter.

15. California Code of Regulations, title 16, section 1361 (Disciplinary Guidelines and Exceptions for Uniform Standards Related to Substance-Abusing Licensees), states in pertinent part:

> (a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code section 11400 et seq.), the Medical Board of California shall consider the disciplinary guidelines entitled "Manual of Model Disciplinary Orders and Disciplinary Guidelines" (11th Edition/2011) which are hereby incorporated by reference. Deviation from these orders and guidelines, including the standard terms of probation, is appropriate where the Board in its sole discretion determines by adoption of a proposed decision or stipulation that the facts of the particular case warrant such a deviation – for example: the presence of mitigating factors; the age of the case; evidentiary problems.
>
> (b) Notwithstanding subsection (a), the Board shall use the Uniform Standards for Substance-Abusing Licensees as provided in section 1361.5, without deviation, for each individual determined to be a substance-abusing licensee. . .
>
> . .

16. California Code of Regulations, title 16, section 1361.5 (Uniform Standards for Substance-Abusing Licensees), provides in pertinent part:

(a) If the licensee is to be disciplined for unprofessional conduct involving the use of illegal drugs, the abuse of drugs and/or alcohol, or the use of another prohibited substance as defined herein, the licensee shall be presumed to be a substance-abusing licensee for purposes of section 315 of the Code.

(b) Nothing in this section shall prohibit the Board from imposing additional terms or conditions of probation that are specific to a particular case or that are derived from the Board's disciplinary guidelines referenced in section 1361 that the Board determines is necessary for public protection or to enhance the rehabilitation of the licensee.

(c) The following probationary terms and conditions shall be used without deviation in the case of a substance-abusing licensee: (1) Clinical Diagnostic Evaluations and Reports; [¶] (2) Notice of Employer or Supervisor Information; [¶] (3) Biological Fluid Testing; [¶] (4) Group Support Meetings; [¶] (5) Worksite Monitor Requirements and Responsibilities; [¶] and (6) The licensee must remain in compliance with all terms and conditions of probation. . . .

17. Under these guidelines "biological fluid testing" and "testing" mean the acquisition and chemical analysis of a licensee's urine, blood, breath, or hair. (Cal. Code Regs., tit. 16, § 1361.5, subd. (c)(3)(B).) The licensee is subject to between 52 to 104 random tests per year. (Cal. Code Regs., tit. 16, § 1361.5, subd. (c)(3)(C).)

18. California Code of Regulations, title 16, section 1361.5, subdivision (c)(3)(I), provides for an exception to testing frequency when the licensee is not employed in health care. This rule states:

> Not Employed in Health Care Field. The Board may reduce the testing frequency to a minimum of 12 times per year for any licensee who is not practicing or working in any health care field. If a reduced testing frequency schedule is established for this reason, and if a licensee wants to return to practice or work in a health care field, the licensee shall notify and secure the approval of the Board. Prior to returning to any health care employment, the licensee shall be required to test at the first-year testing frequency requirement for a period of at least 60 days. At such time the person returns to employment in a health care field, if the licensee has not previously met the first-year testing frequency requirement, the licensee shall be required to test at the first-year testing frequency requirement for a full year before he or she may be reduced to testing frequency of at least 36 tests per year.

19. The language of regulations 1361 and 1361.5 indicates that, although the Uniform Standards for Substance-Abusing Licensees must be followed without deviation, variation from the Manual of Model Disciplinary Orders and Disciplinary Guidelines is allowed.

Disposition

20. Based on the totality of the evidence, it is determined that revocation of respondent's license to practice medicine would constitute unduly harsh discipline. A five-year probationary period, with appropriate terms and conditions, including terms following the Uniform Standards for Substance-Abusing Licensees because respondent did not rebut the presumption that she is a substance abusing licensee, should provide adequate protection of the public health, safety and welfare.

This determination is made based on the evidence of record for these reasons: The facts and circumstances that led to respondent's October 29, 2018, conviction for driving under the influence of alcohol raise concerns about respondent's judgment and mental health, which directly relate to her ability to care for patients and make sound judgments as a physician. With an extremely high BAC level, an open container of alcohol in her car, and in severe emotional distress, she drove and picked up her young son from school. After her friend called 911, because this person was concerned for respondent's well-being, police made contact with respondent and found her visibly under the influence of alcohol. The conviction, while not remote in time, is not recent. After this incident, respondent basically followed the terms and conditions of criminal probation. These terms required respondent to attend and complete inpatient treatment and participate in group therapy. Respondent has complied with her criminal probation and remains on criminal probation.

21. Despite the seriousness of the September 17, 2018, incident, respondent has not consistently undergone mental health therapy or participated in group therapy. Her treatment has consisted of seeing Dr. Learn over the last several years with a significant break in her treatment with Dr. Learn. Respondent restarted treatment with Dr. Learn after the accusation was filed in this matter. At this hearing

respondent said she plans to continue treating with Dr. Learn and follow her recommendations. Notably, she did not state she plans to continue with AA or group therapy. Respondent said little about her participation in AA and appeared to have gained little self-insight from her participation in that program.

22. With respect to her violations of the Stipulated ISO, standing by themselves, these violations don't warrant revocation of her license. Only two of the violations involve material violations: She failed to check in on March 1, 2021, to determine if she needed to submit a biological sample, and on October 11, 2021, her sample tested positive for an alcohol metabolite. Regarding this violation, it is accepted that the alcohol metabolite recorded on this date was from a health drink she had. The remaining violations are less serious and involve late submissions of screens and submitting urine screens instead of blood samples, or on one occasion submitting a blood sample instead of a urine screen. Respondent credibly explained that these violations were due to financial issues, the stress of submitting to urine screens, childcare issues, and complications due to COVID-19 restrictions.

23. Dr. Abrams's testimony is an important factor in concluding that revocation is not necessary to ensure public protection. Dr. Abrams evaluated respondent and reviewed the evidence of record in this matter. He stated in no uncertain terms that respondent can safely practice medicine as long as she is monitored and tested to ensure that she is sober. As her treating psychologist, Dr. Learn corroborated Dr. Abrams's opinion in her testimony. She said she has no concerns about respondent's ability to safely care for patients. Even in light of the possibility that respondent may have suffered a relapse on September 11, 2021, Dr. Abrams did not change his opinion.

24. Respondent seems willing to follow the terms of probation but wants to be tested only once a month because she is not presently practicing medicine. Under the Uniform Standards for Substance-Abusing Licensees once respondent is on probation, she will need to ask the board to reduce the frequency of testing. OAH does not have the authority under the Under the Uniform Standards for Substance-Abusing Licensees to deviate from this requirement and reduce the frequency of testing. The same reasoning applies to respondent's request to be allowed to use the SCRAM system to monitor her sobriety. OAH does not have the authority to order the board to change its monitoring system.

25. As a disciplinary factor, respondent's 2011 alcohol related conviction for reckless driving has been considered. But the conviction is remote in time and no details were provided regarding the facts or circumstances of that conviction. It thus has been given little weight in this decision.

26. Respondent's recent arrest on September 11, 2021, as documented in the Sherriff's department report, is not considered except as noted above to indicate that respondent may have suffered a relapse. Respondent was not given notice of this incident as a factor for discipline in this hearing and a motion was not made to amend the third amended accusation to include it. Under Government Code section 11503, subdivision (a), in order to prepare her defense, respondent is entitled to have a written statement that her arrest on September 11, 2021, is a possible basis to discipline her license. She has not been given such notice.

27. It is recognized that respondent may face challenges complying with the probationary terms that are imposed. She was clearly frustrated with the board's monitoring program under the Stipulated ISO. Her intemperate emails to board and

FSS Solutions staff highlight her level of frustration complying with the terms of the Stipulated ISO.

But the terms and conditions imposed in this decision are necessary as a matter of public protection to ensure public safety given the circumstances of the September 17, 2018, incident and because respondent has not fully embraced mental health care or group therapy. Respondent may face a choice of how she wants to proceed once she is on probation, but that is not a matter that can be addressed here.

ORDER

Physician's and Surgeon's Certificate Number A89622, issued to respondent, Katrina Elaine Woodhall, M.D., is revoked. However, the revocation is stayed, and respondent is placed on probation for five years upon the following terms and conditions.

1. Clinical Diagnostic Evaluations and Reports

Within thirty (30) calendar days of the effective date of this Decision, and on whatever periodic basis thereafter as may be required by the board or its designee, respondent shall undergo and complete a clinical diagnostic evaluation, including any and all testing deemed necessary, by a board-appointed board certified physician and surgeon. The examiner shall consider any information provided by the board or its designee and any other information he or she deems relevant, and shall furnish a written evaluation report to the or its designee.

The clinical diagnostic evaluation shall be conducted by a licensed physician and surgeon who holds a valid, unrestricted license, has three (3) years' experience in

providing evaluations of physicians and surgeons with substance abuse disorders, and is approved by the board or its designee. The clinical diagnostic evaluation shall be conducted in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations. The evaluator shall not have a current or former financial, personal, or business relationship with respondent within the last five (5) years. The evaluator shall provide an objective, unbiased, and independent evaluation. The clinical diagnostic evaluation report shall set forth, in the evaluator's opinion, whether respondent has a substance abuse problem, whether respondent is a threat to himself or others, and recommendations for substance abuse treatment, practice restrictions, or other recommendations related to respondent's rehabilitation and ability to practice safely. If the evaluator determines during the evaluation process that respondent is a threat to himself or others, the evaluator shall notify the board within twenty-four (24) hours of such a determination.

In formulating his or her opinion as to whether respondent is safe to return to either part-time or full-time practice and what restrictions or recommendations should be imposed, including participation in an inpatient or outpatient treatment program, the evaluator shall consider the following factors: respondent's license type; respondent's history; respondent's documented length of sobriety (i.e., length of time that has elapsed since respondent's last substance use); respondent's scope and pattern of substance abuse; respondent's treatment history, medical history and current medical condition; the nature, duration and severity of respondent's substance abuse problem or problems; and whether respondent is a threat to himself or herself or the public.

For all clinical diagnostic evaluations, a final written report shall be provided to the board no later than ten (10) days from the date the evaluator is assigned the

matter. If the evaluator requests additional information or time to complete the evaluation and report, an extension may be granted, but shall not exceed thirty (30) days from the date the evaluator was originally assigned the matter.

The board shall review the clinical diagnostic evaluation report within five (5) business days of receipt to determine whether respondent is safe to return to either part-time or full-time practice and what restrictions or recommendations shall be imposed on respondent based on the recommendations made by the evaluator. Respondent shall not be returned to practice until she has at least thirty (30) days of negative biological fluid tests or biological fluid tests indicating that he or she has not used, consumed, ingested, or administered to himself or herself a prohibited substance, as defined in section 1361.51, subdivision (e), of Title 16 of the California Code of Regulations.

Clinical diagnostic evaluations conducted prior to the effective date of this Decision shall not be accepted towards the fulfillment of this requirement. The cost of the clinical diagnostic evaluation, including any and all testing deemed necessary by the examiner, the board or its designee, shall be borne by the licensee.

Respondent shall not engage in the practice of medicine until notified by the board or its designee that he or she is fit to practice medicine safely. The period of time that respondent is not practicing medicine shall not be counted toward completion of the term of probation. Respondent shall undergo biological fluid testing as required in this Decision at least two (2) times per week while awaiting the notification from the board if he or she is fit to practice medicine safely.

Respondent shall comply with all restrictions or conditions recommended by the examiner conducting the clinical diagnostic evaluation within fifteen (15) calendar days after being notified by the board or its designee.

2. Notice of Employer or Supervisor Information

Within seven (7) days of the effective date of this Decision, respondent shall provide to the board the names, physical addresses, mailing addresses, and telephone numbers of any and all employers and supervisors. Respondent shall also provide specific, written consent for the board, respondent's worksite monitor, and respondent's employers and supervisors to communicate regarding respondent's work status, performance, and monitoring.

For purposes of this section, "supervisors" shall include the Chief of Staff and Health or Well Being Committee Chair, or equivalent, if applicable, when the respondent has medical staff privileges.

3. Biological Fluid Testing

Respondent shall immediately submit to biological fluid testing, at respondent's expense, upon request of the board or its designee. "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair follicle testing, or similar drug screening approved by the board or its designee. Respondent shall make daily contact with the board or its designee to determine whether biological fluid testing is required. Respondent shall be tested on the date of the notification as directed by the board or its designee. The board may order a respondent to undergo a biological fluid test on any day, at any time, including weekends and holidays. Except when testing on a specific date as ordered by the board or its designee, the scheduling of biological

fluid testing shall be done on a random basis. The cost of biological fluid testing shall be borne by the respondent.

During the first year of probation, respondent shall be subject to 52 to 104 random tests. During the second year of probation and for the duration of the probationary term, respondent shall be subject to 36 to 104 random tests per year. Nothing precludes the board from increasing the number of random tests to the first-year level of frequency for any reason.

Prior to practicing medicine, respondent shall contract with a laboratory or service, approved in advance by the board or its designee, which will conduct random, unannounced, observed, biological fluid testing and meets all the following standards:

(a) Its specimen collectors are either certified by the Drug and Alcohol Testing Industry Association or have completed the training required to serve as a collector for the United States Department of Transportation.

(b) Its specimen collectors conform to the current United States Department of Transportation Specimen Collection Guidelines

(c) Its testing locations comply with the Urine Specimen Collection Guidelines published by the United States Department of Transportation without regard to the type of test administered.

(d) Its specimen collectors observe the collection of testing specimens.

(e) Its laboratories are certified and accredited by the United States Department of Health and Human Services.

(f) Its testing locations shall submit a specimen to a laboratory within one (1) business day of receipt and all specimens collected shall be handled pursuant to chain of custody procedures. The laboratory shall process and analyze the specimens and provide legally defensible test results to the board within seven (7) business days of receipt of the specimen. The board will be notified of non-negative results within one (1) business day and will be notified of negative test results within seven (7) business days.

(g) Its testing locations possess all the materials, equipment, and technical expertise necessary in order to test respondent on any day of the week.

(h) Its testing locations are able to scientifically test for urine, blood, and hair specimens for the detection of alcohol and illegal and controlled substances.

(i) It maintains testing sites located throughout California.

(j) It maintains an automated 24-hour toll-free telephone system and/or a secure on-line computer database that allows the respondent to check in daily for testing.

(k) It maintains a secure, HIPAA-compliant website or computer system that allows staff access to drug test results and compliance reporting information that is available 24 hours a day.

(l) It employs or contracts with toxicologists that are licensed physicians and have knowledge of substance abuse disorders and the appropriate medical training to interpret and evaluate laboratory biological fluid test results, medical histories, and any other information relevant to biomedical information.

(m) It will not consider a toxicology screen to be negative if a positive result is obtained while practicing, even if the respondent holds a valid prescription for the substance.

Prior to changing testing locations for any reason, including during vacation or other travel, alternative testing locations must be approved by the board and meet the requirements above.

The contract shall require that the laboratory directly notify the board or its designee of non-negative results within one (1) business day and negative test results within seven (7) business days of the results becoming available. Respondent shall maintain this laboratory or service contract during the period of probation.

A certified copy of any laboratory test result may be received in evidence in any proceedings between the board and respondent.

If a biological fluid test result indicates respondent has used, consumed, ingested, or administered to himself or herself a prohibited substance, the board shall order respondent to cease practice and instruct respondent to leave any place of work where respondent is practicing medicine or providing medical services. The board shall immediately notify all of respondent's employers, supervisors and work monitors, if any, that respondent may not practice medicine or provide medical services while the cease-practice order is in effect.

A biological fluid test will not be considered negative if a positive result is obtained while practicing, even if the practitioner holds a valid prescription for the substance. If no prohibited substance use exists, the board shall lift the cease-practice order within one (1) business day.

After the issuance of a cease-practice order, the board shall determine whether the positive biological fluid test is in fact evidence of prohibited substance use by consulting with the specimen collector and the laboratory, communicating with the licensee, his or her treating physician(s), other health care provider, or group facilitator, as applicable.

For purposes of this condition, the terms "biological fluid testing" and "testing" mean the acquisition and chemical analysis of a respondent's urine, blood, breath, or hair.

For purposes of this condition, the term "prohibited substance" means an illegal drug, a lawful drug not prescribed or ordered by an appropriately licensed health care provider for use by respondent and approved by the board, alcohol, or any other substance the respondent has been instructed by the board not to use, consume, ingest, or administer to himself or herself.

If the board confirms that a positive biological fluid test is evidence of use of a prohibited substance, respondent has committed a major violation, as defined in section 1361.52(a), and the board shall impose any or all of the consequences set forth in section 1361.52(b), in addition to any other terms or conditions the board determines are necessary for public protection or to enhance respondent's rehabilitation.

4. Substance Abuse Support Group Meetings

Within thirty (30) days of the effective date of this Decision, respondent shall submit to the board or its designee, for its prior approval, the name of a substance abuse support group which she shall attend for the duration of probation. Respondent shall attend substance abuse support group meetings at least once per week, or as

ordered by the board or its designee. Respondent shall pay all substance abuse support group meeting costs.

The facilitator of the substance abuse support group meeting shall have a minimum of three (3) years of experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or nationally certified organizations. The facilitator shall not have a current or former financial, personal, or business relationship with respondent within the last five (5) years. Respondent's previous participation in a substance abuse group support meeting led by the same facilitator does not constitute a prohibited current or former financial, personal, or business relationship.

The facilitator shall provide a signed document to the board or its designee showing respondent's name, the group name, the date and location of the meeting, respondent's attendance, and respondent's level of participation and progress. The facilitator shall report any unexcused absence by respondent from any substance abuse support group meeting to the board, or its designee, within twenty-four (24) hours of the unexcused absence.

5. Worksite Monitor for Substance-Abusing Licensee

Within thirty (30) calendar days of the effective date of this Decision, respondent shall submit to the board or its designee for prior approval as a worksite monitor, the name and qualifications of one or more licensed physician and surgeon, other licensed health care professional if no physician and surgeon is available, or, as approved by the board or its designee, a person in a position of authority who is capable of monitoring the respondent at work.

The worksite monitor shall not have a current or former financial, personal, or familial relationship with respondent, or any other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the board or its designee. If it is impractical for anyone but respondent's employer to serve as the worksite monitor, this requirement may be waived by the board or its designee, however, under no circumstances shall respondent's worksite monitor be an employee or supervisee of the licensee.

The worksite monitor shall have an active unrestricted license with no disciplinary action within the last five (5) years, and shall sign an affirmation that he or she has reviewed the terms and conditions of respondent's disciplinary order and agrees to monitor respondent as set forth by the board or its designee.

Respondent shall pay all worksite monitoring costs.

The worksite monitor shall have face-to-face contact with respondent in the work environment on as frequent a basis as determined by the board or its designee, but not less than once per week; interview other staff in the office regarding respondent's behavior, if requested by the board or its designee; and review respondent's work attendance.

The worksite monitor shall verbally report any suspected substance abuse to the board and respondent's employer or supervisor within one (1) business day of occurrence. If the suspected substance abuse does not occur during the board's normal business hours, the verbal report shall be made to the board or its designee within one (1) hour of the next business day. A written report that includes the date, time, and location of the suspected abuse; respondent's actions; and any other

information deemed important by the worksite monitor shall be submitted to the board or its designee within 48 hours of the occurrence.

The worksite monitor shall complete and submit a written report monthly or as directed by the board or its designee which shall include the following: (1) respondent's name and Physician's and Surgeon's Certificate number; (2) the worksite monitor's name and signature; (3) the worksite monitor's license number, if applicable; (4) the location or location(s) of the worksite; (5) the dates respondent had face-to-face contact with the worksite monitor; (6) the names of worksite staff interviewed, if applicable; (7) a report of respondent's work attendance; (8) any change in respondent's behavior and/or personal habits; and (9) any indicators that can lead to suspected substance abuse by respondent. Respondent shall complete any required consent forms and execute agreements with the approved worksite monitor and the board, or its designee, authorizing the board, or its designee, and worksite monitor to exchange information.

If the worksite monitor resigns or is no longer available, respondent shall, within five (5) calendar days of such resignation or unavailability, submit to the board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within fifteen (15) calendar days. If respondent fails to obtain approval of a replacement monitor within sixty (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.

6. Violation of Probation Condition for Substance-Abusing Licensees

Failure to fully comply with any term or condition of probation is a violation of probation.

A. If respondent commits a major violation of probation as defined by section 1361.52, subdivision (a), of Title 16 of the California Code of Regulations, the board shall take one or more of the following actions:

(1) Issue an immediate cease-practice order and order respondent to undergo a clinical diagnostic evaluation to be conducted in accordance with section 1361.5, subdivision (c)(1), of Title 16 of the California Code of Regulations, at respondent's expense. The cease-practice order issued by the board or its designee shall state that respondent must test negative for at least a month of continuous biological fluid testing before being allowed to resume practice. For purposes of the determining the length of time a respondent must test negative while undergoing continuous biological fluid testing following issuance of a cease-practice order, a month is defined as thirty calendar (30) days. Respondent may not resume the practice of medicine until notified in writing by the board or its designee that he or she may do so.

(2) Increase the frequency of biological fluid testing.

(3) Refer respondent for further disciplinary action, such as suspension, revocation, or other action as determined by the board or its designee. (Cal. Code Regs., tit. 16, § 1361.52, subd. (b).)

B. If respondent commits a minor violation of probation as defined by section 1361.52, subdivision (c), of Title 16 of the California Code of Regulations, the board shall take one or more of the following actions:

(1) Issue a cease-practice order;

(2) Order practice limitations;

(3) Order or increase supervision of respondent;

(4) Order increased documentation;

(5) Issue a citation and fine, or a warning letter;

(6) Order respondent to undergo a clinical diagnostic evaluation to be conducted in accordance with section 1361.5, subdivision (c)(1), of Title 16 of the California Code of Regulations, at respondent's expense;

(7) Take any other action as determined by the board or its designee. (Cal. Code Regs., tit. 16, § 1361.52, subd. (d).)

C. Nothing in this Decision shall be considered a limitation on the board's authority to revoke respondent's probation if he or she has violated any term or condition of probation. (See Cal. Code Regs., tit. 16, § 1361.52, subd. (e).) 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.

7. Notification

Respondent shall provide a true copy of this Decision 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. Psychotherapy

Within 60 calendar days of the effective date of this Decision, respondent shall submit to the board or its designee for prior approval the name and qualifications of a California-licensed board certified psychiatrist or a licensed psychologist who has a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders. Upon approval, respondent shall undergo and continue psychotherapy treatment, including any modifications to the frequency of psychotherapy, until the board or its designee deems that no further psychotherapy is necessary.

The psychotherapist shall consider any information provided by the board or its designee and any other information the psychotherapist deems relevant and shall furnish a written evaluation report to the board or its designee. Respondent shall cooperate in providing the psychotherapist any information and documents that the psychotherapist may deem pertinent.

Respondent shall have the treating psychotherapist submit quarterly status reports to the board or its designee. The board or its designee may require respondent to undergo psychiatric evaluations by a board-appointed board certified psychiatrist. If, prior to the completion of probation, respondent is found to be

mentally unfit to resume the practice of medicine without restrictions, the board shall retain continuing jurisdiction over respondent's license and the period of probation shall be extended until the board determines that respondent is mentally fit to resume the practice of medicine without restrictions.

Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

9. Controlled Substances - Abstain From Use

Respondent shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, dangerous drugs as defined by Business and Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not apply to medications lawfully prescribed to respondent by another practitioner for a bona fide illness or condition.

Within 15 calendar days of receiving any lawfully prescribed medications, respondent shall notify the board or its designee of the: issuing practitioner's name, address, and telephone number; medication name, strength, and quantity; and issuing pharmacy name, address, and telephone number.

If respondent has a confirmed positive biological fluid test for any substance (whether or not legally prescribed) and has not reported the use to the board or its designee, respondent shall receive a notification from the board or its designee to immediately cease the practice of medicine. The respondent shall not resume the practice of medicine until final decision on an accusation and/or a petition to revoke probation. An accusation and/or petition to revoke probation shall be filed by the board within 15 days of the notification to cease practice. If the respondent requests a hearing on the accusation and/or petition to revoke probation, the board shall provide the respondent with a hearing within 30 days of the request, unless the respondent

stipulates to a later hearing. A decision shall be received from the Administrative Law Judge or the board within 15 days unless good cause can be shown for the delay. The cessation of practice shall not apply to the reduction of the probationary time period.

If the board does not file an accusation or petition to revoke probation within 15 days of the issuance of the notification to cease practice or does not provide respondent with a hearing within 30 days of such a request, the notification of cease practice shall be dissolved.

10. Alcohol - Abstain From Use

Respondent shall abstain completely from the use of products or beverages containing alcohol.

If respondent has a confirmed positive biological fluid test for alcohol, respondent shall receive a notification from the board or its designee to immediately cease the practice of medicine. The respondent shall not resume the practice of medicine until final decision on an accusation and/or a petition to revoke probation. An accusation and/or petition to revoke probation shall be filed by the board within 15 days of the notification to cease practice. If the respondent requests a hearing on the accusation and/or petition to revoke probation, the board shall provide the respondent with a hearing within 30 days of the request, unless the respondent stipulates to a later hearing. A decision shall be received from the Administrative Law Judge or the board within 15 days unless good cause can be shown for the delay. The cessation of practice shall not apply to the reduction of the probationary time period.

If the board does not file an accusation or petition to revoke probation within 15 days of the issuance of the notification to cease practice or does not provide

respondent with a hearing within 30 days of such a request, the notification of cease practice shall be dissolved.

11. 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. 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.

12. Supervision of Physician Assistants and Advanced Practice Nurses

During probation, respondent is prohibited from supervising physician assistants and advanced practice nurses.

13. 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.

14. 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.

15. 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(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.

16. 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.

17. 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 Board'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.

18. 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.

19. 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.

20. 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 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.

21. 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.

DATE: October 29, 2021

Abraham M. Levy (Oct 29, 2021 14:38 PDT)

ABRAHAM M. LEVY

Administrative Law Judge

Office of Administrative Hearings

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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 Third Amended Accusation Against: **Katrina Elaine Woodhall, M.D.** **#200216** **31915 Rancho California Rd.** **Temecula, CA 92591-5132** **Physician's and Surgeon's Certificate No. A 89622,** Respondent.	Case No. 800-2018-048146 OAH No. 2020120288 **THIRD AMENDED ACCUSATION**

PARTIES

1. William Prasifka (Complainant) brings this Third 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 December 15, 2004, the Medical Board issued Physician's and Surgeon's Certificate No. A 89622 to Katrina Elaine Woodhall, 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 October 31, 2022, unless renewed.

JURISDICTION

3. This Third Amended Accusation, which supersedes the Second Amended Accusation filed on March 16, 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 states, in pertinent part:

> (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.
>
> ...

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.
>
> ...

6. Unprofessional conduct under Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Bd. of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

7. Section 2236 of the Code states, in pertinent part:

(a) The conviction of any offense substantially related to the qualifications, functions, or duties of a physician and surgeon constitutes unprofessional conduct within the meaning of this chapter [Chapter 5, the Medical Practice Act]. The record of conviction shall be conclusive evidence only of the fact that the conviction occurred.

...

(d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is deemed to be a conviction within the meaning of this section and Section 2236.1. The record of conviction shall be conclusive evidence of the fact that the conviction occurred.

8. Section 2239 of the Code states, in pertinent part:

(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 Division of Medical Quality may order discipline of the licensee in accordance with Section 2227 or the Division of Licensing 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.

9. California Code of Regulations, title 16, section 1360, states:

For the purposes of denial, suspension or revocation of a license, certificate or permit pursuant to Division 1.5 (commencing with Section 475) of the code, a crime or act shall be considered to be substantially related to the qualifications, functions or duties of a person holding a license, certificate or permit under the Medical Practice Act if to a substantial degree it evidences present or potential unfitness of a person holding a license, certificate or permit to perform the functions authorized by the license, certificate or permit in a manner consistent with the public health, safety or welfare. Such crimes or acts shall include but not be limited to the following: Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision of the Medical Practice Act.

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10. On or about July 27, 2020, a Stipulation of the Parties re: Interim Order Imposing License Restrictions and Order was issued, immediately requiring Respondent to abstain from alcohol and controlled substances, submit to random biological fluid testing, and attend substance abuse support meetings. Any violation of the Stipulation constitutes unprofessional conduct and grounds for disciplinary action.

11. As a result of a positive result for alcohol on a urine drug screen, on or about October 26, 2020, the Board issued a Corrected Cease Practice Order prohibiting Respondent from engaging in the practice of medicine. The Corrected Cease Practice Order was terminated on or about December 7, 2020.

12. On or about May 27, 2021, the Board issued a Cease Practice Order prohibiting Respondent from engaging in the practice of medicine for failing to obey a term in the Stipulation of the Parties re: Interim Order Imposing License Restrictions and Order,.

13. On or about June 29, 2021, following a noticed hearing, an Interim Order was issued by the Office of Administrative Hearings, immediately suspending Respondent's Physician's and Surgeon's Certificate No. A 89622, pending the issuance of a final decision in the instant Third Amended Accusation.

FIRST CAUSE FOR DISCIPLINE

(Conviction of a Crime Substantially Related to the Qualifications, Functions or Duties of a Physician and Surgeon)

14. Respondent has subjected her Physician's and Surgeon's Certificate No. A 89622 to disciplinary action under sections 2227 and 2234, as defined by section 2236, of the Code, in that she was convicted of a crime substantially related to the qualifications, functions or duties of a physician and surgeon, as more particularly alleged hereinafter:

15. On or about September 17, 2018, at approximately 1134 hours, two San Diego Sheriff Deputies were dispatched to a residential neighborhood. A 911 caller gave a physical description of Respondent and her car.

16. At approximately 1148 hours, as the officers neared the location, one saw Respondent driving the vehicle described by the 911 caller. One of the officers approached Respondent in her car and spoke to her while she was sitting in the driver's seat. The officer smelled the odor of

alcohol on Respondent's breath and noticed that her eyes looked slightly bloodshot and glassy. Respondent appeared to be visibly upset. The officer observed a small boy in the backseat of Respondent's vehicle, who was later identified as Respondent's son.

17. Respondent told the other officer that she had picked up her son from school to bring him to the dentist. This officer saw an eight ounce plastic cup in the center console that was filled with a liquid that smelled like alcohol. Respondent told him that she had three glasses of wine that day.

18. Respondent submitted to standard field sobriety tests. Based on her performance, the officer determined that Respondent was impaired while driving a vehicle. While searching the vehicle, the officers found a 750 milliliter bottle of wine that was approximately a quarter full. Later that day, a sample of Respondent's blood was obtained, and the blood alcohol content (BAC) was found to be 0.192.

19. On or about October 4, 2018, in *People of the State of California v. Katrina Elaine Woodhall*, San Diego Superior Court case no. M252303CA, Respondent was charged with the following: (1) one count of a violation of Vehicle Code section 23152(a), driving under the influence of alcohol, a misdemeanor; (2) one count of a violation of Vehicle Code section 23152(b), driving while having a measurable blood alcohol, a misdemeanor; and (3) one count of a violation of Penal Code section 273a(b), child endangerment, a misdemeanor. The criminal complaint also alleged Respondent's 2011 conviction for a violation of Vehicle Code section 23103(a), reckless driving.

20. On or about October 29, 2018, Respondent pled guilty to one count of a violation of Vehicle Code section 23152(b), and was sentenced to five years of summary probation with the following conditions: 96 hours of custody, which Respondent served over multiple weekends, self-help meetings, 90-day program, standard alcohol conditions, and fines.

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SECOND CAUSE FOR DISCIPLINE
(Use of Alcoholic Beverages to the Extent, or in a Manner, as to be Dangerous to Respondent, Another Person, or the Public)

21. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 89622 to disciplinary action under sections 2227 and 2239 of the Code, in that she used alcoholic beverages to the extent, or in a manner, as to be dangerous to Respondent, another person, or the public, as more particularly alleged in paragraphs 15 through 20, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE
(Unprofessional Conduct)

22. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 89622 to disciplinary action under sections 2227 and 2234 of the Code, in that she committed unprofessional conduct by violating the terms of the Stipulation of the Parties re: Interim Order Imposing Licensing Restrictions and Order, as more particularly alleged hereafter:

23. On or about October 11, 2020, Respondent was selected to provide a urine sample as part of the terms of the Board's interim order imposing licensing restrictions. Respondent provided a urine sample on or about the same day.

24. On or about October 15, 2020, the Board received the results of Respondent's urine sample, which indicated the presence of alcohol metabolites.

25. On or about October 28, 2020, Respondent was selected to provide a blood sample. On or about October 29, 2020, Respondent submitted a urine sample instead of the requested blood sample.

26. On or about January 19, 2021, Respondent was selected to provide a blood sample. On or about the same day, Respondent submitted a urine sample instead of the requested blood sample.

27. On or about February 4, 2021, Respondent was selected to provide a blood sample. On or about the same day, Respondent submitted a urine sample instead of the requested blood sample.

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28. On or about February 6, 2021, Respondent was selected provide a urine sample. According to the terms of the Board's interim order, if Respondent was selected to provide a sample, she had to do so within 24 hours. This term was modified during the COVID-19 pandemic, and the Board allowed Respondent to provide a sample within 48 hours. Respondent provided a urine sample on or about February 8, 2021, outside of the required timeframe.

29. On or about February 23, 2021, Respondent was selected to provide a blood sample. On or about the same day, Respondent submitted a urine sample instead of the requested blood sample.

30. On or about March 1, 2021, Respondent failed to check in to determine whether she had to provide a biological sample for that day.

31. On or about April 8, 2021, Respondent was selected to provide a blood sample. On or about the same day, Respondent submitted a urine sample instead of the requested blood sample.

DISCIPLINARY CONSIDERATIONS

32. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that on or about July 1, 2011, in a prior criminal proceeding entitled, *People of the State of California v. Katrina Elaine Woodhall*, San Diego Superior Court case no. CN292258, Respondent pled guilty and was convicted for one count of a violation of Vehicle Code section 23103(a), reckless driving, per Vehicle Code section 23103.5, and was sentenced to three years of summary probation with the first conviction program, standard alcohol conditions, and fines. The record of this criminal proceeding is incorporated 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 No. A 89622, issued to Respondent Katrina Elaine Woodhall, M.D.;

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

3. Ordering Respondent Katrina Elaine Woodhall, M.D., 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: JUL 14 2021

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