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8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2017-035950

13 **Debra Lynne Bunker, M.D.**
14 **9057A Soquel Dr. Ste. E**
Aptos, CA 95003-4043

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. A 49526,**

17 Respondent.

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20 **PARTIES**

21 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity
22 as the Executive Director of the Medical Board of California, Department of Consumer Affairs
23 (Board).

24 2. On or about June 11, 1991, the Medical Board issued Physician's and Surgeon's
25 Certificate Number A 49526 to Debra Lynne Bunker, M.D. (Respondent). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on April 30, 2021, unless renewed.
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1 JURISDICTION

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

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

9 5. Section 2234 of the Code, states:

10 The board shall take action against any licensee who is charged with
11 unprofessional conduct. In addition to other provisions of this article, unprofessional
conduct includes, but is not limited to, the following:

12 (a) Violating or attempting to violate, directly or indirectly, assisting in or
13 abetting the violation of, or conspiring to violate any provision of this chapter.

14 (b) Gross negligence.

15 (c) Repeated negligent acts. To be repeated, there must be two or more
16 negligent acts or omissions. An initial negligent act or omission followed by a
separate and distinct departure from the applicable standard of care shall constitute
repeated negligent acts.

17 (1) An initial negligent diagnosis followed by an act or omission medically
18 appropriate for that negligent diagnosis of the patient shall constitute a single
negligent act.

19 (2) When the standard of care requires a change in the diagnosis, act, or
20 omission that constitutes the negligent act described in paragraph (1), including, but
not limited to, a reevaluation of the diagnosis or a change in treatment, and the
21 licensee's conduct departs from the applicable standard of care, each departure
constitutes a separate and distinct breach of the standard of care.

22 (d) Incompetence.

23 (e) The commission of any act involving dishonesty or corruption that is
24 substantially related to the qualifications, functions, or duties of a physician and
surgeon.

25 (f) Any action or conduct that would have warranted the denial of a certificate.

26 (g) The failure by a certificate holder, in the absence of good cause, to attend
27 and participate in an interview by the board. This subdivision shall only apply to a
certificate holder who is the subject of an investigation by the board.

1 6. Section 2239 of the Code states:

2 (a) The use or prescribing for or administering to himself or herself, of any
3 controlled substance; or the use of any of the dangerous drugs specified in Section
4 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous
5 or injurious to the licensee, or to any other person or to the public, or to the extent that
6 such use impairs the ability of the licensee to practice medicine safely or more than
7 one misdemeanor or any felony involving the use, consumption, or
8 self-administration of any of the substances referred to in this section, or any
9 combination thereof, constitutes unprofessional conduct. The record of the
10 conviction is conclusive evidence of such unprofessional conduct.

11 7. Section 2242 of the Code states:

12 (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section
13 4022 without an appropriate prior examination and a medical indication, constitutes
14 unprofessional conduct. An appropriate prior examination does not require a
15 synchronous interaction between the patient and the licensee and can be achieved
16 through the use of telehealth, including, but not limited to, a self-screening tool or a
17 questionnaire, provided that the licensee complies with the appropriate standard of
18 care.

19 (b) No licensee shall be found to have committed unprofessional conduct within
20 the meaning of this section if, at the time the drugs were prescribed, dispensed, or
21 furnished, any of the following applies:

22 (1) The licensee was a designated physician and surgeon or podiatrist serving in
23 the absence of the patient's physician and surgeon or podiatrist, as the case may be,
24 and if the drugs were prescribed, dispensed, or furnished only as necessary to
25 maintain the patient until the return of the patient's practitioner, but in any case no
26 longer than 72 hours.

27 (2) The licensee transmitted the order for the drugs to a registered nurse or to a
28 licensed vocational nurse in an inpatient facility, and if both of the following
conditions exist:

 (A) The practitioner had consulted with the registered nurse or licensed
vocational nurse who had reviewed the patient's records.

 (B) The practitioner was designated as the practitioner to serve in the absence
of the patient's physician and surgeon or podiatrist, as the case may be.

 (3) The licensee was a designated practitioner serving in the absence of the
patient's physician and surgeon or podiatrist, as the case may be, and was in
possession of or had utilized the patient's records and ordered the renewal of a
medically indicated prescription for an amount not exceeding the original prescription
in strength or amount or for more than one refill.

 (4) The licensee was acting in accordance with Section 120582 of the Health
and Safety Code.

1 8. Section 2266 of the Code states: The failure of a physician and surgeon to maintain
2 adequate and accurate records relating to the provision of services to their patients constitutes
3 unprofessional conduct.

4 **FACTUAL ALLEGATIONS**

5 9. At all times relevant to this matter, Respondent was a psychiatrist licensed to practice
6 in California.

7 10. In or about August 2017, Respondent announced on her website via a letter addressed
8 to her patients that she had closed her office in Aptos, California. Respondent described in the
9 letter several disturbing events that led to Respondent's decision to leave Santa Cruz, California.
10 Respondent's letter informed patients that they could continue to have medical visits with
11 Respondent by videoconference and if appropriate, prescriptions can be sent electronically to
12 patients.

13 **PATIENT P-1¹**

14 11. Patient P-1, a female born in 1986, first saw Respondent in or about December 2013.
15 Respondent diagnosed P-1 with unspecified Bipolar Disorder and prescribed Lamictal² at various
16 times. Respondent also diagnosed P-1 with Generalized Anxiety Disorder, Obsessive
17 Compulsive Disorder, Agoraphobia without Panic Disorder, Major Depressive Disorder, and
18 Attention Deficit Disorder. Respondent prescribed various antidepressants over the years in her
19 treatment and care of P-1.

20 12. During the time period from May 2015 to October 2019, Respondent saw P-1 on a
21 near monthly basis, with some intermittent gaps.

22 13. Respondent did not document in P-1's medical records that medical visits in 2017
23 through 2019 were conducted by videoconference.

24 14. On October 2, 2019, before a scheduled visit date with P-1, Respondent received a
25 text from someone who identified herself as P-1's sister. The text informed Respondent that

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27 ¹ The patient is designated in this document as Patient P-1 to protect the patient's privacy.
Respondent knows the name of the patient and can confirm the patient's identity through discovery.

28 ² Lamictal is a trade name for lamotrigine, used to help adults with bipolar disorder.

1 Respondent was negligent and legal action would be taken against Respondent because P-1 was
2 abusing her medications. Respondent described the text as “vicious and accusatory.” Respondent
3 contacted P-1 to inform P-1 of the content of the text. P-1 decided to cancel the scheduled
4 appointment with Respondent. P-1 informed Respondent that P-1 in fact needed to get help
5 because P-1 was abusing her pain medications. Respondent suggested P-1 stay on her
6 lamotrigine.

7 15. P-1 did not return to see Respondent after her cancelled appointment on October 2,
8 2019.

9 16. Respondent did not follow up with P-1 after October 2, 2019, even though P-1 had
10 disclosed to Respondent that P-1 believed she was abusing her pain medications.

11
12 **FIRST CAUSE FOR DISCIPLINE**

13 **(Unprofessional Conduct and/or Repeated Negligent Acts and/or**
14 **Failure to Maintain Adequate Records)**

15 17. Respondent Debra Lynne Bunger, M.D. is subject to disciplinary action for
16 unprofessional conduct under section 2234 (c) of the Code (repeated negligent acts) and/or 2266
17 (inadequate records) in that Respondent engaged in the conduct described above, including but
18 not limited to, the following:

19 a. Respondent failed to follow up on P-1 after the cancelled appointment on
20 October 2, 2019, after P-1 disclosed to Respondent that P-1 believed she was abusing her pain
21 medications.

22 b. Respondent failed to document in P-1’s medical records that medical visits in
23 2017 through 2019 were conducted by videoconference.

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PATIENT P-2³

18. Patient P-2, a female born in 1981, first saw Respondent around September 2013, as a referral visit for ongoing care for Attention Deficit Disorder. Respondent continued P-2 on Adderall⁴ for treatment.

19. On December 16, 2013, Respondent discussed fertility issues with P-2, noting P-2 has had two miscarriages and is trying to increase serotonin levels to get pregnant. P-2's primary physician⁵ ordered citalopram to increase P-2's serotonin levels.

20. Respondent recommended P-2 add 5HTP⁶, 50 mg three times per day between meals, (at least one hour before meals) increasing by 50 mg every 3 or 4 days until P-2 would be taking up to 100 mg three times per day.

21. Respondent did not consult with P-2's primary care physician regarding treatment of P-2, that is outside Respondent's scope of practice for a psychiatrist.

22. Respondent did not obtain informed consent regarding her treatment plans and did not inform P-2 that Respondent is not qualified as an allopathic physician in fertility medicine.

23. On January 6, 2014, Respondent recommended P-2 take supplements "with or instead of Adderall." Respondent listed the amino acid supplements as tyrosine⁷, 500 mg, 1-3,

³ The patient is designated in this document as Patient P-2 to protect the patient's privacy. Respondent knows the name of the patient and can confirm the patient's identity through discovery.

⁴ Adderall is a trade name for dextroamphetamine-amphetamine, used to treat attention deficit hyperactivity disorder (ADHD). Adderall is a Schedule II drug and belongs to a class of drugs known as stimulants which is FDA-approved for the treatment of ADHD and can help increase your ability to pay attention, stay focused on an activity, and control behavior problems.

⁵ All references to primary physician is intended to mean P-2's primary care physician, OB/GYN, or another physician caring for P-2, other than Respondent. P-2's medical records indicate another physician prescribed Citalopram to P-2. It is unclear if this physician is P-2's primary care physician, OB/GYN or another physician caring for P-2.

⁶ 5HTP is an amino acid and a supplement taken to raise levels of serotonin in the brain.

⁷ Tyrosine is an amino acid and a supplement commonly used to improve learning, memory, and alertness.

1 phenylalanine⁸, 500 mg, 1-3, DLPA⁹, 500 mg, 1-2 each before breakfast, mid- morning and mid-
2 afternoon.

3 24. On August 17, 2016, Respondent again recommended tyrosine to P-2, stating tyrosine
4 “can be used with the stimulants to help your brain to make more Dopamine.”

5 25. Respondent’s recommendation to replace stimulant treatment, which is FDA-
6 approved and has peer-reviewed studies supporting its use, with amino acids, is not the standard
7 of care for ADHD in treatment or practice.

8 26. Respondent’s recommendation to use tyrosine with stimulants to make dopamine is
9 not the standard of care for ADHD in treatment or practice.

10 27. Respondent did not obtain informed consent regarding her treatment plans and did not
11 inform P-2 of the non-allopathic modalities of Respondent’s practice.

12 28. Respondent did not document in P-2’s medical records that medical visits in 2017
13 through 2019 were conducted by videoconference.

14 **SECOND CAUSE FOR DISCIPLINE**

15 **(Unprofessional Conduct and/or Repeated Negligent Acts and/or**
16 **Failure to Maintain Adequate Records)**

17 29. Respondent Debra Lynne Bunger, M.D. is subject to disciplinary action for
18 unprofessional conduct under section 2234 (c) of the Code (repeated negligent acts) and/or 2266
19 (inadequate records) in that Respondent engaged in the conduct described above, including but
20 not limited to, the following:

21 a. Respondent failed to consult with P-2’s primary physician regarding treatment
22 of P-2 that is outside Respondent’s scope of practice for a psychiatrist.

23 b. Respondent recommended P-2 replace stimulant treatment, which is FDA-
24 approved and has peer-reviewed studies supporting its use, with amino acids, which is not the
25 current model of ADHD in treatment or practice.

26 ⁸ Phenylalanine is an amino acid used to treat depression, attention deficit hyperactivity disorder,
27 pain and other symptoms.

28 ⁹ DLPA is a nutritional supplement with 2 different forms of phenylalanine to boost energy,
manage pain, and balance mood.

1 c. Respondent's recommendation that P-2 use tyrosine with stimulants to make
2 more dopamine is not the standard of care for ADHD in treatment or practice.

3 c. Respondent failed to obtain informed consent regarding her treatment plans and
4 did not inform P-2 of the non-allopathic modalities of Respondent's practice.

5 d. Respondent failed to document in P-2's medical records that medical visits in
6 2017 through 2019 were conducted by videoconference.

7 **PATIENT P-3**¹⁰

8 30. Patient P-3, a female born in 1979, saw Respondent on or about and from January
9 2011 to January 2020. Respondent diagnosed P-3 with Major Depression and ADHD and treated
10 P-3 with Vyvanse¹¹, Adderall, and Zoloft¹².

11 31. On January 4, 2017, Respondent recommended tyrosine to P-3, stating tyrosine "can
12 be used with the stimulants to help your brain to make more Dopamine."

13 32. Respondent's recommendation to replace stimulant treatment, which is FDA-
14 approved and has peer-reviewed studies supporting its use, with amino acids, is not the current
15 model of ADHD in treatment or practice.

16 33. Respondent's recommendation to use tyrosine with stimulants to make dopamine is
17 not the standard of care for ADHD in treatment or practice.

18 34. Respondent did not obtain informed consent regarding her treatment plans and did not
19 inform P-3 of the non-allopathic modalities of Respondent's practice.

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24 ¹⁰ The patient is designated in this document as Patient P-3 to protect the patient's privacy.
25 Respondent knows the name of the patient and can confirm the patient's identity through discovery.

26 ¹¹ Vyvanse is a tradename for lisdexamfetamine, a stimulant used to treat ADHD and help to
27 increase the ability to pay attention, stay focused, and stop fidgeting.

28 ¹² Zoloft is a tradename for sertraline, used to treat depression, panic attacks, Obsessive
Compulsive Disorder, Post-Traumatic Stress Disorder, Social Anxiety Disorder, and Premenstrual
Dysphoric Disorder.

1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct and/or Repeated Negligent Acts and/or**
3 **Failure to Maintain Adequate Records)**

4 Respondent Debra Lynne Bunger, M.D. is subject to disciplinary action for
5 unprofessional conduct under section 2234 (c) of the Code (repeated negligent acts) and/or 2266
6 (inadequate records) in that Respondent engaged in the conduct described above, including but
7 not limited to, the following:

- 8 a. Respondent's recommendation that P-3 use tyrosine with stimulants to make
9 more dopamine is not the standard of care for ADHD in treatment or practice.
- 10 b. Respondent failed to obtain informed consent regarding her treatment plans and
11 did not inform P-3 of the non-allopathic modalities of Respondent's practice.
- 12 d. Respondent failed to document in P-3's medical records that medical visits in
13 2017 through 2020 were conducted by videoconference.

14 **FOURTH CAUSE FOR DISCIPLINE**

15 **(Unprofessional Conduct and/or Self-Prescribing and/or**
16 **Prescribing Without Prior Examination and a Medical Indication)**

17 35. A review of a Patient Activity Report for Respondent using the Controlled Substance
18 Utilization Review and Evaluation database ("CURES")¹³ revealed Respondent self-prescribed a
19 "compound"¹⁴, of unspecified controlled substances, quantity 8 count, 28 day supply, on April 6,
20 2016, June 24, 2016, and September 27, 2016.

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23 ¹³ CURES (Controlled Substance Utilization Review and Evaluation System) is a database of
24 Schedule II, III and IV controlled substance prescriptions dispensed in California serving the public health,
25 regulatory oversight agencies, and law enforcement. CURES is committed to the reduction of prescription
26 drug abuse and diversion without affecting legitimate medical practice or patient care.

26 ¹⁴ It is unclear what "compound" controlled substance was prescribed. Drug compounding is
27 generally regarded as the process of combining, mixing, or altering ingredients to create a medication
28 tailored to the needs of an individual patient. Compounding includes the combining of two or more drugs.
29 Compounded drugs are not FDA-approved. <https://www.fda.gov/drugs/human-drug-compounding/compounding-and-fda-questions-and-answers>

1 36. Respondent Debra Lynne Bunger, M.D. is subject to disciplinary action for
2 unprofessional conduct under sections 2239 (self-prescribing) and 2242 of the Code (prescribing
3 without prior examination and medical indication), in that Respondent engaged in the conduct
4 described above, including but not limited to, the following:

5 a. Respondent prescribed a "compound" of controlled substances to herself on
6 April 6, 2016, June 24, 2016, and September 27, 2016, without prior examination and medical
7 indication.

8
9 **PRAYER**

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


12 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 49526,
13 issued to Debra Lynne Bunger, M.D.;

14 2. Revoking, suspending or denying approval of Debra Lynne Bunger, M.D.'s authority
15 to supervise physician assistants and advanced practice nurses;

16 3. Ordering Debra Lynne Bunger, M.D., if placed on probation, to pay the Board the
17 costs of probation monitoring; and

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

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20 DATED: **AUG 17 2020**



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

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