

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

In the Matter of the Accusation Against:

Allison Leach Monroe, M.D.

Physician's & Surgeon's  
Certificate No. A 86075

Respondent.

Case No. 800-2021-081954

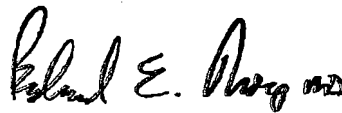
DECISION

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

This Decision shall become effective at 5:00 p.m. on August 09, 2023.

IT IS SO ORDERED: July 10, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 JANNSEN TAN  
Deputy Attorney General  
4 State Bar No. 237826  
1300 I Street, Suite 125  
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7 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:  
14 **ALLISON LEACH MONROE, M.D.**  
15 **1108 4th Street**  
16 **South Lake Tahoe, CA 96150**  
17 **Physician's and Surgeon's Certificate No.**  
18 **A 86075**  
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Respondent.

Case No. 800-2021-081954

OAH No: 2022100043

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

**PARTIES**

1. Reji Varghese (Complainant) is the Interim Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Jannsen Tan, Deputy Attorney General.



1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in Accusation  
3 No. 800-2021-081954, if proven at a hearing, constitute cause for imposing discipline upon her  
4 Physician's and Surgeon's Certificate.

5 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case  
6 or factual basis for the charges in the Accusation, and that Respondent hereby gives up her right  
7 to contest those charges.

8 11. Respondent does not contest that, at an administrative hearing, complainant could  
9 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-  
10 2021-081954, a true and correct copy of which is attached hereto as Exhibit A, and that she has  
11 thereby subjected her Physician's and Surgeon's Certificate, No. A 86075 to disciplinary action.

12 12. Respondent agrees that her Physician's and Surgeon's Certificate is subject to  
13 discipline and she agrees to be bound by the Board's imposition of discipline as set forth in the  
14 Disciplinary Order below.

15 RESERVATION

16 13. The admissions made by Respondent herein are only for the purposes of this  
17 proceeding, or any other proceedings in which the Medical Board of California or other  
18 professional licensing agency is involved, and shall not be admissible in any other criminal or  
19 civil proceeding.

20 CONTINGENCY

21 14. This stipulation shall be subject to approval by the Medical Board of California.  
22 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
23 Board of California may communicate directly with the Board regarding this stipulation and  
24 settlement, without notice to or participation by Respondent or her counsel. By signing the  
25 stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek  
26 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
27 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
28 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal

1 action between the parties, and the Board shall not be disqualified from further action by having  
2 considered this matter.

3 **ADDITIONAL PROVISIONS**

4 15. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to  
5 be an integrated writing representing the complete, final, and exclusive embodiment of the  
6 agreements of the parties in the above-listed matter.

7 16. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,  
8 including copies of the signatures of the parties, may be used in lieu of original documents and  
9 signatures and, further, that such copies shall have the same force and effect as originals.

10 17. In consideration of the foregoing admissions and stipulations, the parties agree that  
11 the Board may, without further notice or opportunity to be heard by the Respondent, issue and  
12 enter the following Disciplinary Order:

13 **DISCIPLINARY ORDER**

14 **A. PUBLIC REPRIMAND**

15 **IT IS HEREBY ORDERED** that that Physician's and Surgeon's Certificate No. A 86075  
16 issued to Respondent Allison Leach Monroe, M.D. shall be and is hereby publicly reprimanded  
17 pursuant to California Business and Professions Code, section 2227, subdivision (a) (4). This  
18 public reprimand, which is issued in connection Respondent's care and treatment of Patients A,  
19 B, C, D, and E, as set forth in Accusation No. 800-2021-081954, is as follows:

20 "You failed to document a valid medical reason for a vaccine exemption, erroneously  
21 believing that there was a second level state reviewer if you checked 'other' on the CAIR ME  
22 form."

23 **B. EDUCATION COURSE** Within 60 calendar days of the effective date of this Decision,  
24 Respondent shall submit to the Board or its designee for its prior approval, educational  
25 program(s) or course(s) which shall not be less than 40 hours, in addition to the 25 hours required  
26 for license renewal. The educational program(s) or course(s) shall be aimed at correcting any  
27 areas of deficient practice or knowledge and shall be Category I certified. The educational  
28 program(s) or course(s) shall be at Respondent's expense and shall be in addition to the

1 Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
2 completion of each course, the Board or its designee may administer an examination to test  
3 Respondent's knowledge of the course. Within 12 months of the effective date of this Decision,  
4 Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in  
5 satisfaction of this condition.

6 Failure to successfully complete and provide proof of attendance to the Board or its  
7 designee of the educational program(s) or course(s) within 12 months of the effective date of this  
8 Decision, unless the Board or its designee agrees in writing to an extension of time, shall  
9 constitute general unprofessional conduct and may serve as the grounds for further disciplinary  
10 action.

11 **C. MEDICAL RECORD KEEPING COURSE** Within 60 calendar days of the effective  
12 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
13 advance by the Board or its designee. Respondent shall provide the approved course provider  
14 with any information and documents that the approved course provider may deem pertinent.  
15 Respondent shall participate in and successfully complete the classroom component of the course  
16 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
17 complete any other component of the course within one (1) year of enrollment. The medical  
18 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
19 Medical Education (CME) requirements for renewal of licensure and the coursework  
20 requirements as set forth in Condition B of this stipulated settlement.

21 A medical record keeping course taken after the acts that gave rise to the charges in the  
22 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
23 or its designee, be accepted towards the fulfillment of this condition if the course would have  
24 been approved by the Board or its designee had the course been taken after the effective date of  
25 this Decision.

26 Respondent shall submit a certification of successful completion to the Board or its  
27 designee not later than 15 calendar days after successfully completing the course, or not later than  
28 15 calendar days after the effective date of the Decision, whichever is later.

1 Failure to provide proof of successful completion to the Board or its designee within  
2 twelve (12) months of the effective date of this Decision, unless the Board or its designee agrees  
3 in writing to an extension of that time, shall constitute general unprofessional conduct and may  
4 serve as the grounds for further disciplinary action.

5 **D. PROFESSIONALISM COURSE (ETHICS COURSE)** Within 60 calendar days of  
6 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
7 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.  
8 Respondent shall participate in and successfully complete the program. Respondent shall provide  
9 any information and documents that the program may deem pertinent. Respondent shall  
10 successfully complete the classroom component of the program not later than six (6) months after  
11 Respondent's initial enrolment, and the longitudinal component of the program not later than the  
12 time specified by the program, but no later than one (1) year after attending the classroom  
13 component. The professionalism program shall be at the Respondent's expense and shall be in  
14 addition to the Continuing Medical Education (CME) requirement for renewal of licensure.

15 Failure to provide proof of successful completion to the Board or its designee within twelve  
16 (12) months of the effective date of this Decision, unless the Board or its designee agrees in  
17 writing to an extension of that time, shall constitute general unprofessional conduct and may  
18 serve as the grounds for further disciplinary action.

19 **E. INVESTIGATION/ENFORCEMENT COST RECOVERY.** Respondent is hereby  
20 ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
21 limited to, expert review, legal reviews, and investigation and other costs, in the amount of  
22 \$20,575.25 (twenty thousand five hundred seventy five dollars and twenty five cents). Costs shall  
23 be payable to the Medical Board of California. Failure to pay such costs shall be considered  
24 unprofessional conduct and may serve as the grounds for further disciplinary action.

25 Payment must be made in full within 30 calendar days of the effective date of the Order, or  
26 by a payment plan approved by the Medical Board of California. Any and all requests for a  
27 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with  
28 the payment plan shall be considered unprofessional conduct and may serve as the grounds for

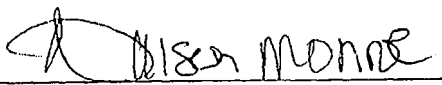
1 further disciplinary action.

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

4 **ACCEPTANCE**

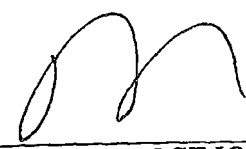
5 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
6 discussed it with my attorney, Peter R. Osinoff, Esq. I understand the stipulation and the effect it  
7 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
8 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
9 Decision and Order of the Medical Board of California.

10  
11 DATED: 4/20/23

  
ALLISON LEACH MONROE, M.D.  
Respondent

13 I have read and fully discussed with Respondent Allison Leach Monroe, M.D., the terms  
14 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
15 Order. I approve its form and content.

16 DATED: 4/20/2023

  
PETER R. OSINOFF, ESQ.  
Attorney for Respondent

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ENDORSEMENT

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

DATED: 4/20/2023

Respectfully submitted,  
ROB BONTA  
Attorney General of California  
ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General

*Jannsen Tan*  
JANNSEN TAN  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 800-2021-081954**

1 ROB BONTA  
Attorney General of California  
2 STEVEN D. MUNI  
Supervising Deputy Attorney General  
3 JANNSEN TAN  
Deputy Attorney General  
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7 *Attorneys for Complainant*

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12 In the Matter of the Accusation Against:

Case No. 800-2021-081954

13 **Allison Leach Monroe, M.D.**  
14 **1108 4th Street**  
**South Lake Tahoe, CA 96150**

**ACCUSATION**

15 **Physician's and Surgeon's Certificate**  
16 **No. A 86075;**

17 Respondent.

18 94

19  
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 February 25, 2004, the Medical Board issued Physician's and Surgeon's  
25 Certificate Number A 86075 to Allison Leach Monroe, M.D. (Respondent). The Physician's  
26 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
27 herein and will expire on November 30, 2023, unless renewed.  
28

**JURISDICTION**

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

4. Section 2227 of the Code states:

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

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

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

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

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

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

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

**STATUTORY PROVISIONS**

5. Section 2234<sup>1</sup> of the Code, states:

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

<sup>1</sup> Unprofessional conduct under California Business and Professions Code section 2234 is conduct which breaches the rules of ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

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

3 (b) Gross negligence.

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

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

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

16 (d) Incompetence.

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

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

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

24 6. Section 2266 of the Code states: The failure of a physician and surgeon to maintain  
25 adequate and accurate records relating to the provision of services to their patients constitutes  
26 unprofessional conduct.

27 7. Health and Safety Code section 120325 states:

28 In enacting this chapter, but excluding Section 120380, and in enacting  
Sections 120400, 120405, 120410, and 120415, it is the intent of the Legislature to  
provide:

(a) A means for the eventual achievement of total immunization of  
appropriate age groups against the following childhood diseases:

- (1) Diphtheria.
- (2) Hepatitis B.
- (3) Haemophilus influenza type b.
- (4) Measles.
- (5) Mumps.
- (6) Pertussis (whooping cough).
- (7) Poliomyelitis.
- (8) Rubella.

(9) Tetanus.

(10) Varicella (chickenpox).

(11) Any other disease deemed appropriate by the department, taking into consideration the recommendations of the Advisory Committee on Immunization Practices of the United States Department of Health and Human Services, the American Academy of Pediatrics, and the American Academy of Family Physicians.

(b) That the persons required to be immunized be allowed to obtain immunizations from whatever medical source they so desire, subject only to the condition that the immunization be performed in accordance with the regulations of the department and that a record of the immunization is made in accordance with the regulations.

(c) Exemptions from immunization for medical reasons.

(d) For the keeping of adequate records of immunization so that health departments, schools, and other institutions, parents or guardians, and the persons immunized will be able to ascertain that a child is fully or only partially immunized, and so that appropriate public agencies will be able to ascertain the immunization needs of groups of children in schools or other institutions.

(e) Incentives to public health authorities to design innovative and creative programs that will promote and achieve full and timely immunization of children.

8. At all relevant times, Health and Safety Code section 120370 provided, in pertinent

part:

(a)(1) Prior to January 1, 2021, if the parent or guardian files with the governing authority a written statement by a licensed physician and surgeon to the effect that the physical condition of the child is such, or medical circumstances relating to the child are such, that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances, including, but not limited to, family medical history, for which the physician and surgeon does not recommend immunization, that child shall be exempt from the requirements of this chapter, except for Section 120380, and exempt from Sections 120400, 120405, 120410, and 120415 to the extent indicated by the physician and surgeon's statement.

9. At all relevant times, Health and Safety Code Section 120372 states:

(a)(1) By January 1, 2021, the department shall develop and make available for use by licensed physicians and surgeons an electronic, standardized, statewide medical exemption certification form that shall be transmitted directly to the department's California Immunization Registry (CAIR) established pursuant to Section 120440. Pursuant to Section 120375, the form shall be printed, signed, and submitted directly to the school or institution at which the child will attend, submitted directly to the governing authority of the school or institution, or submitted to that governing authority through the CAIR where applicable. Notwithstanding Section 120370, commencing January 1, 2021, the standardized form shall be the only documentation of a medical exemption that the governing authority may accept.

(2) At a minimum, the form shall require all of the following information:

1 (A) The name, California medical license number, business address, and  
2 telephone number of the physician and surgeon who issued the medical exemption,  
and of the primary care physician of the child, if different from the physician and  
surgeon who issued the medical exemption.

3 (B) The name of the child for whom the exemption is sought, the name and  
4 address of the child's parent or guardian, and the name and address of the child's  
school or other institution.

5 (C) A statement certifying that the physician and surgeon has conducted a  
6 physical examination and evaluation of the child consistent with the relevant standard  
of care and complied with all applicable requirements of this section.

7 (D) Whether the physician and surgeon who issued the medical exemption is  
the child's primary care physician. If the issuing physician and surgeon is not the  
8 child's primary care physician, the issuing physician and surgeon shall also provide an  
explanation as to why the issuing physician and not the primary care physician is  
9 filling out the medical exemption form.

(E) How long the physician and surgeon has been treating the child.

10 (F) A description of the medical basis for which the exemption for each  
11 individual immunization is sought. Each specific immunization shall be listed  
separately and space on the form shall be provided to allow for the inclusion of  
12 descriptive information for each immunization for which the exemption is sought.

13 (G) Whether the medical exemption is permanent or temporary, including the  
14 date upon which a temporary medical exemption will expire. A temporary exemption  
shall not exceed one year. All medical exemptions shall not extend beyond the grade  
span, as defined in Section 120370.

15 (H) An authorization for the department to contact the issuing physician and  
16 surgeon for purposes of this section and for the release of records related to the  
medical exemption to the department, the Medical Board of California, and the  
Osteopathic Medical Board of California.

17 (I) A certification by the issuing physician and surgeon that the statements and  
information contained in the form are true, accurate, and complete.

18 (3) An issuing physician and surgeon shall not charge for either of the  
following:

19 (A) Filling out a medical exemption form pursuant to this section.

20 (B) A physical examination related to the renewal of a temporary medical  
exemption.

21 (b) Commencing January 1, 2021, if a parent or guardian requests a licensed  
22 physician and surgeon to submit a medical exemption for the parent's or guardian's  
23 child, the physician and surgeon shall inform the parent or guardian of the  
requirements of this section. If the parent or guardian consents, the physician and  
24 surgeon shall examine the child and submit a completed medical exemption  
certification form to the department. A medical exemption certification form may be  
submitted to the department at any time.

25 (c) By January 1, 2021, the department shall create a standardized system to  
26 monitor immunization levels in schools and institutions as specified in Sections  
120375 and 120440, and to monitor patterns of unusually high exemption form  
27 submissions by a particular physician and surgeon.

28 (d)(1) The department, at a minimum, shall annually review immunization  
reports from all schools and institutions in order to identify medical exemption forms

1 submitted to the department and under this section that will be subject to paragraph  
2 (2).

3 (2) A clinically trained immunization department staff member, who is either a  
4 physician and surgeon or a registered nurse, shall review all medical exemptions from  
5 any of the following:

6 (A) Schools or institutions subject to Section 120375 with an overall  
7 immunization rate of less than 95 percent.

8 (B) Physicians and surgeons who have submitted five or more medical  
9 exemptions in a calendar year beginning January 1, 2020.

10 (C) Schools or institutions subject to Section 120375 that do not provide reports  
11 of vaccination rates to the department.

12 (3)(A) The department shall identify those medical exemption forms that do not  
13 meet applicable CDC, ACIP, or AAP criteria for appropriate medical exemptions. The  
14 department may contact the primary care physician and surgeon or issuing physician  
15 and surgeon to request additional information to support the medical exemption.

16 (B) Notwithstanding subparagraph (A), the department, based on the medical  
17 discretion of the clinically trained immunization staff member, may accept a medical  
18 exemption that is based on other contraindications or precautions, including  
19 consideration of family medical history, if the issuing physician and surgeon provides  
20 written documentation to support the medical exemption that is consistent with the  
21 relevant standard of care.

22 (C) A medical exemption that the reviewing immunization department staff  
23 member determines to be inappropriate or otherwise invalid under subparagraphs (A)  
24 and (B) shall also be reviewed by the State Public Health Officer or a physician and  
25 surgeon from the department's immunization program designated by the State Public  
26 Health Officer. Pursuant to this review, the State Public Health Officer or physician  
27 and surgeon designee may revoke the medical exemption.

28 (4) Medical exemptions issued prior to January 1, 2020, shall not be revoked  
unless the exemption was issued by a physician or surgeon that has been subject to  
disciplinary action by the Medical Board of California or the Osteopathic Medical  
Board of California.

(5) The department shall notify the parent or guardian, issuing physician and  
surgeon, the school or institution, and the local public health officer with jurisdiction  
over the school or institution of a denial or revocation under this subdivision.

(6) If a medical exemption is revoked pursuant to this subdivision, the child  
shall continue in attendance. However, within 30 calendar days of the revocation, the  
child shall commence the immunization schedule required for conditional admittance  
under Chapter 4 (commencing with Section 6000) of Division 1 of Title 17 of the  
California Code of Regulations in order to remain in attendance, unless an appeal is  
filed pursuant to Section 120372.05 within that 30-day time period, in which case the  
child shall continue in attendance and shall not be required to otherwise comply with  
immunization requirements unless and until the revocation is upheld on appeal.

(7)(A) If the department determines that a physician's and surgeon's practice is  
contributing to a public health risk in one or more communities, the department shall  
report the physician and surgeon to the Medical Board of California or the  
Osteopathic Medical Board of California, as appropriate. The department shall not  
accept a medical exemption form from the physician and surgeon until the physician  
and surgeon demonstrates to the department that the public health risk no longer



exists, but in no event shall the physician and surgeon be barred from submitting these forms for less than two years.

(B) If there is a pending accusation against a physician and surgeon with the Medical Board of California or the Osteopathic Medical Board of California relating to immunization standards of care, the department shall not accept a medical exemption form from the physician and surgeon unless and until the accusation is resolved in favor of the physician and surgeon.

(C) If a physician and surgeon licensed with the Medical Board of California or the Osteopathic Medical Board of California is on probation for action relating to immunization standards of care, the department and governing authority shall not accept a medical exemption form from the physician and surgeon unless and until the probation has been terminated.

(8) The department shall notify the Medical Board of California or the Osteopathic Medical Board of California, as appropriate, of any physician and surgeon who has five or more medical exemption forms in a calendar year that are revoked pursuant to this subdivision.

(9) Notwithstanding any other provision of this section, a clinically trained immunization program staff member who is a physician and surgeon or a registered nurse may review any exemption in the CAIR or other state database as necessary to protect public health.

(e) The department, the Medical Board of California, and the Osteopathic Medical Board of California shall enter into a memorandum of understanding or similar agreement to ensure compliance with the requirements of this section.

(f) In administering this section, the department and the independent expert review panel created pursuant to Section 120372.05 shall comply with all applicable state and federal privacy and confidentiality laws. The department may disclose information submitted in the medical exemption form in accordance with Section 120440, and may disclose information submitted pursuant to this chapter to the independent expert review panel for the purpose of evaluating appeals.

(g) The department shall establish the process and guidelines for review of medical exemptions pursuant to this section. The department shall communicate the process to providers and post this information on the department's website.

(h) If the department or the California Health and Human Services Agency determines that contracts are required to implement or administer this section, the department may award these contracts on a single-source or sole-source basis. The contracts are not subject to Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code, Article 4 (commencing with Section 19130) of Chapter 5 of Part 2 of Division 5 of Title 2 of the Government Code, or Sections 4800 to 5180, inclusive, of the State Administrative Manual as they relate to approval of information technology projects or approval of increases in the duration or costs of information technology projects.

(i) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement and administer this section through provider bulletins, or similar instructions, without taking regulatory action.

(j) For purposes of administering this section, the department and the California Health and Human Services Agency appeals process shall be exempt from the rulemaking and administrative adjudication provisions in the Administrative

1 Procedure Act (Chapter 3.5 (commencing with Section 11340), Chapter 4  
2 (commencing with Section 11370), Chapter 4.5 (commencing with 11400), and  
3 Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the  
4 Government Code).

5 **COST RECOVERY**

6 10. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
7 administrative law judge to direct a licensee found to have committed a violation or violations  
8 of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
9 enforcement of the case, with failure of the licensee to comply subjecting the license to not  
10 being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs  
11 may be included in a stipulated settlement.

12 **FACTUAL ALLEGATIONS**

13 11. At all relevant times, Respondent Allison L. Monroe, M.D., was a physician and  
14 surgeon, Board Certified in Family Medicine, providing medical care in a clinic, under the  
15 business name Allison L. Monroe, M.D., in South Lake Tahoe, CA 96150.

16 12. In 2015, the California Legislature amended Health and Safety Code section 120325  
17 to eliminate personal beliefs as a basis for exemption from required immunizations for school-  
18 aged children. Consequently, school-aged children not subject to any other exception were  
19 required to have immunizations for 10 vaccine-preventable childhood illnesses as a condition of  
20 public school attendance. After the statutory amendment became effective, the Medical Board  
21 began receiving complaints from schools, primary care providers and parents that physicians  
22 were issuing medical exemptions from required vaccinations that did not appear to have a bona  
23 fide medical basis.

24 **Patient A<sup>2</sup>** (LM)

25 13. On or about May 4, 2021, Respondent saw Patient A to establish care. Patient A  
26 was a 13-year-old minor child at the time of the visit. Respondent documented "needs  
27

28 <sup>2</sup> Patient names have been redacted to protect privacy interests.

1 exemption from Tdap<sup>3</sup>” and “h/o [history of] polymer allergy/latex”, and referenced that “Dr.  
2 [S] thought it was Td<sup>4</sup> or diphtheria”. She also documented that “The medical circumstances  
3 are such that further vaccinations are contraindicated. The exempted vaccines include Polio,  
4 DTAP, MMR, Hep B, and Varicella. This exemption is permanent.” Respondent failed to  
5 document the type of reaction to Tdap or the severity of the reaction that would have warranted  
6 a medical exemption. Respondent mentioned a history of allegery to polymer or latex which  
7 does not have any relationship to a potential Tdap reaction. Respondent mentioned that Dr. S  
8 thought there was an issue with Td or diphtheria but did not ask for documentation from Dr. S  
9 related to the potential reaction. Respondent also failed to document or perform a document  
10 review of prior medical records that potentially could have provided information about a  
11 potential reaction to Tdap.

12 14. On or about June 15, 2021, Respondent completed a pre-participation physical form  
13 for Patient A. Respondent documented that Patient A had no allergies to medication, food,  
14 plants, or insect bites/stings. This information contradicts her documentation in the medical  
15 record on May 4, 2021, that Patient A had allergies to polymer/latex and history of a reaction to  
16 Tdap vaccine. Respondent’s failure to accurately document allergy history exposes Patient A to  
17 danger if he were exposed to polymer/latex. Respondent also documented in Patient A had no  
18 medical restrictions to participate. Respondent failed to document that Patient A was not fully  
19 vaccinated as this would create a public health risk for those with whom he had contact at a Boy  
20 Scout event.

21  
22  
23  
24  
25  
26 <sup>3</sup> Tdap - tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis. It is a booster  
27 immunization given starting age 11 to boost immunization that wanes from vaccines for  
28 Tetanus, Diphtheria, and Pertussis (whooping cough).

<sup>4</sup> Td - tetanus and diphtheria toxoids.

1 15. On or about August 3, 2021, Respondent submitted a medical exemption to CAIR-<sup>5</sup>  
2 ME<sup>5</sup> for Patient A for the DTap<sup>6</sup>, HepB<sup>7</sup>, Hib<sup>8</sup>, IPV<sup>9</sup>, MMR<sup>10</sup>, Tdap, and VAR/VZV<sup>11</sup> vaccines.  
3 Respondent documented "severe reaction to immunization as a (sic) infant" which is not  
4 supported by her documentation in the medical record.

5 **Patient B (IB)**

6  
7 16. On or about February 12, 2013, Respondent saw Patient B for the first time. Patient  
8 B was a five-year-old minor child who presented with a chief complaint of "IMM sys. low and  
9 getting better has not gotten better since the flu." Respondent documented that Patient B's  
10 parents were present at the visit.

11 17. Respondent next saw Patient B on January 2, 2014. On this visit, Respondent  
12 documented Patient B's past medical history as "NONE."

13 18. Respondent saw Patient B on March 28, August 29, 2014; and February 25, April 1,  
14 August 28, 2015; and July 18, 2016; and April 3, 2018; and November 18, 2019. During these  
15 visits, Respondent documented Patient B's past medical history as "NONE." Respondent also  
16 documented that the family history of the mother and father is healthy. There is no  
17 documentation about the siblings.

18 19. On or about September 2, 2021, Respondent documented "NO h/o vaccines. Brother  
19 with moderate vaccine reaction, fever, local reaction, lung issues mom wants to defer all  
20 vaccines until older." Respondent documented "Immunization contraindicated" and "advised to  
21 make CAIR me account" and "I will complete CAIR ME when registered." Respondent failed  
22 to document which vaccine Patient B's brother had a reaction to.

23  
24  
25 <sup>5</sup> CAIR Me – California Immunization Registry Medical Exemption.

26 <sup>6</sup> DTap – diphtheria and tetanus toxoids, and acellular pertussis. Vaccine that helps  
children younger than 7 to develop immunity to Diphtheria, Tetanus, and Pertussis.

27 <sup>7</sup> HepB – Hepatitis B vaccine.

<sup>8</sup> Hib – *Haemophilus influenzae* type b vaccine.

<sup>9</sup> IPV – inactivated poliovirus vaccine.

<sup>10</sup> MMR – measles, mumps, and rubella vaccine.

<sup>11</sup> VAR/VZV – attenuated varicella zoster virus vaccine.

20. On or about September 10, 2021, Respondent granted permanent medical exemptions for Patient B for DTaP, Hep B, Hib, IPV, MMR, Tdap, and VAR/VZV. Respondent's documentation regarding family history of vaccine reaction is inconsistent as it was not mentioned during the prior seven-year-period that Respondent saw Patient B, and Respondent only provided the vaccine exemption after requested by Patient B's parent. Patient B's reaction to a vaccine, even if true, is not a contraindication or precaution for vaccination, and did not warrant medical exemptions for all of the vaccines documented by Respondent.

21. In the February 7, 2022 interview with the Board, Respondent acknowledged that having a sibling with a vaccine reaction is not a contraindication to all vaccines.

**Patient C (HM)**

22. On or about August 3, 2021, Respondent saw Patient C for the first time to establish care. Patient C was at the time of the visit, a 13-year-old minor who recently moved to the area. Patient C had no known allergies, no recent fever, chills, or headaches. The New Patient History Form indicates that the patient "need vaccine letter for school due to mom's 4 DNA mutations found by UCSF During Breast Cancer Treatments." Respondent documented that Patient C "has had vaccine up to date... MOM concerned about gene mutations she has related to her cancer." The notes also indicate that the patient "had Tdap through kindergarten" and "has had severe reaction to the flue (sic) shot, malaise." Respondent documented "I WILL do cair-me exemption... reviewed risk and benefits of not being vaccinated."

23. On or about August 6, 2021, Respondent provided a permanent vaccine exemption for Tdap for "increased genetic risk for adverse reaction to vaccine."

**Patient D (JM)**

24. On or about August 3, 2021, Respondent saw Patient D to establish care. Patient D was at the time of the visit, a 15-year-old minor, who recently moved to the area. Patient D reported no fevers, chills, or headaches. Physical examination is otherwise unremarkable. Respondent documented that Patient D had no allergies. Respondent did not document any history of vaccine reactions. On the bottom of the note, Respondent documented "Go to CAIR

1 me to register for vaccine exemption, call with registration number reviewed risk and benefits of  
2 immunization.”

3 25. On or about August 16, 2021, Respondent provided a permanent vaccine exemption  
4 for Tdap for “increased genetic risk for adverse reaction to vaccine.” This exemption was not  
5 consistent with the documentation in the medical record as Patient D did not have any  
6 documented contraindications to the Tdap vaccine.

7 **Patient E** (CM)  
8

9 26. On or about July 16, 2021, Respondent saw Patient E for a physical examination.  
10 Patient E was at the time of the visit, a 14-year-old minor who was previously seen by Dr. A.  
11 Dr. A had previously written a vaccine exemption letter for Patient E. In his letter, Dr. A wrote  
12 that Patient E was “permanently medically exempt from all immunizations, including but not  
13 limited to; DTaP, Tdap, Td, T, Polio, Hepatitis B, Hepatitis A, Hib, Pneumococcal, MMR,  
14 HPV, Varicella, Meningococcal, Influenza, and any other Immunization deemed necessary, now  
15 and/or in the future.”

16 27. Dr. A also noted that “The physical condition of this child, and the medical  
17 circumstances related to this child are such, that immunizations constitute a greater risk than  
18 benefit for this individual, and these are permanent. This is based in part upon her sibling’s  
19 history of a Medical Vaccine Exemption written by Dr. S., and Allergies, as well as her own  
20 history of Urticaria, SPD, Tics, Learning Disability, Dyslexia, and ADD, and her own  
21 Neurologic Vulnerability. This is in addition to a maternal family history of Multiple  
22 Autoimmune Disorders, Multiple Neurologic Disorders, Asthma, Medication, Food, and  
23 Environmental Allergies, Eczema, Dementia, and Mental Health Disorders. This is further  
24 supported by a paternal family history of Medication and Environmental Allergies, Eczema,  
25 Autism, Cerebral Palsy, Speech Disorder, and Mental Health Disorder.”

26 28. During the visit, Respondent documented that Patient E was “Not vaccinated dx  
27 with tics and sensory processing disorder” and documented additional information about her  
28 neurologic issues. At the end of the chart note she noted “[Respondent] to investigate

1 immunization exemption and notify mom.” Respondent did not document any issues with  
2 vaccines, or any documentation of review of prior medical records. Respondent failed to  
3 investigate and/or document that Dr. A’s letter stating that Patient E was permanently medically  
4 exempt, was not based on a valid medical exemption consistent with ACIP<sup>12</sup> and CDC  
5 guidelines.

6 29. On or about August 7, 2021, Respondent provided a permanent vaccine exemption  
7 for DTaP, HepB, Hib, IPV, MMR, Tdap and VAR/VZV for “neurologic tics.”

8 30. In her February 7, 2022 interview with the Board, Respondent stated that “[Patient  
9 E] was diagnosed with some tics and sensory processing disorder. Um, and that was Mom’s  
10 reason for not vaccinating from, um. early childhood.” When Respondent was asked whether  
11 having a history of tics is a contraindication to vaccines, Respondent replied, “I think a concern  
12 about a neurologic disorder would make me more hesitant. I don’t know if I’d use the word  
13 contraindicated.”

14 31. During the interview, Respondent further stated, “I did the exemptions, but I would  
15 like to say I don’t think in my medical mind that I think they are contraindicated. I wrote that in  
16 the letter because that’s how it worked in our school system to get the exemption and carry on.”  
17 Respondent added that she used the word “contraindicated” so that “the school system wouldn’t  
18 flag them every year.”

19 **FIRST CAUSE FOR DISCIPLINE**

20 **(Gross Negligence/Repeated Negligent Acts/Incompetence)**

21 **(Inappropriate Rationale for Medical Exemption)**

22 32. Respondent Allison L. Monroe, M.D. is subject to disciplinary action under sections  
23 2234 and/or 2234(b) and/or 2234(c) and/or 2234(d) in that Respondent engaged in  
24 unprofessional conduct, was grossly negligent and/or committed repeated acts of negligence  
25 and/or was incompetent in her care and treatment of Patients A, B, C, D and E as more  
26 particularly alleged hereinafter. Paragraphs 11 through 31, above, are hereby incorporated by  
27 reference and realleged as if fully set forth herein.

28 <sup>12</sup> Advisory Committee on Immunization Practices.

1 A. Respondent provided permanent medical exemptions for multiple vaccines to  
2 Patient A without a valid medical reason.

3 B. Respondent failed to provide an accurate and complete attestation regarding Patient  
4 A's health status on a pre-participation physical form.

5 C. Respondent provided permanent medical exemptions for multiple vaccines to  
6 Patient B without a valid medical reason.

7 D. Respondent provided permanent medical exemptions for multiple vaccines to  
8 Patient C without a valid medical reason.

9 E. Respondent provided permanent medical exemptions for multiple vaccines to  
10 Patient D without a valid medical reason.

11 F. Respondent provided permanent medical exemptions for multiple vaccines to  
12 Patient E without a valid medical reason.

13 **SECOND CAUSE FOR DISCIPLINE**

14 **(Failure to Maintain Adequate and Accurate Medical Records)**

15  
16 33. Respondent is further subject to discipline under section 2266 of the Code, in that  
17 she failed to maintain adequate and accurate medical records in the care and treatment of Patient  
18 A, B, C, D, and E, as more particularly alleged hereinafter: Paragraphs 11 through 31, above,  
19 are hereby incorporated by reference and realleged as if fully set forth herein.

20  
21 **PRAYER**

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

24 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 86075,  
25 issued to Allison Leach Monroe, M.D.;

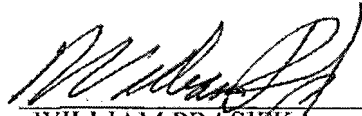
26 2. Revoking, suspending or denying approval of Allison Leach Monroe, M.D.'s  
27 authority to supervise physician assistants and advanced practice nurses;



1           3.    Ordering Allison Leach Monroe, M.D., to pay the Board the costs of the  
2 investigation and enforcement of this case, and if placed on probation, the costs of probation  
3 monitoring; and

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

5  
6 DATED:     AUG 08 2022    



7 WILLIAM PRASIFKA  
8 Executive Director  
9 Medical Board of California  
10 Department of Consumer Affairs  
11 State of California  
12 *Complainant*

11 SA2022301119  
12 Final Accusation with Client Edits.docx

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