

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

In the Matter of the Accusation
Against:

Mezia Ogugua Azinge, M.D.

Physician's and Surgeon's
Certificate No. A 53449

Respondent.

Case No.: 800-2021-081952

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 JUL 26 2024.

IT IS SO ORDERED: JUN 28 2024.

MEDICAL BOARD OF CALIFORNIA



Michelle Bholat, M.D., Interim Chair
Panel A

1 ROB BONTA
Attorney General of California
2 EDWARD KIM
Supervising Deputy Attorney General
3 CHRISTINE FRIAR WALTON
Deputy Attorney General
4 State Bar No. 228421
300 South Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 269-6472
6 Facsimile: (916) 731-2117
Attorneys for Complainant
7

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:
13 **MEZIA OGUGUA AZINGE, M.D.**
14 **6325 Topanga Canyon Blvd., Suite 202**
Woodland Hills, CA 91367-2015
15 **Physician's and Surgeon's Certificate**
No. A 53449,
16
17 Respondent.

Case No. 800-2021-081952
OAH No. 2023080854
STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

18
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
23 California (Board). He brought this action solely in his official capacity and is represented in this
24 matter by Rob Bonta, Attorney General of the State of California, by Christine Friar Walton,
25 Deputy Attorney General.

26 2. Respondent Mezia Ogugua Azinge, M.D. (Respondent) is represented in this
27 proceeding by attorney Michael J. Khouri, located at 101 Pacifica, Suite 380, Irvine, California
28 92618.

1 3. On August 24, 1994, the Board issued Physician's and Surgeon's Certificate No. A
2 53449 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all
3 times relevant to the charges brought in Accusation No. 800-2021-081952, and will expire on
4 April 30, 2026, unless renewed.

5 **JURISDICTION**

6 4. On May 19, 2023, Accusation No. 800-2021-081952 was filed before the Board, and
7 is currently pending against Respondent. The Accusation and all other statutorily required
8 documents were properly served on Respondent on May 19, 2023. Respondent timely filed her
9 Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 800-
10 2021-081952 is attached as Exhibit A and incorporated by reference as if fully set forth herein.

11 **ADVISEMENT AND WAIVERS**

12 5. Respondent has carefully read, fully discussed with counsel, and understands the
13 charges and allegations in Accusation No. 800-2021-081952. Respondent has also carefully read,
14 fully discussed with her counsel, and understands the effects of this Stipulated Settlement and
15 Disciplinary Order.

16 6. Respondent is fully aware of her legal rights in this matter, including the right to a
17 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
18 the witnesses against her; the right to present evidence and to testify on her own behalf; the right
19 to the issuance of subpoenas to compel the attendance of witnesses and the production of
20 documents; the right to reconsideration and court review of an adverse decision; and all other
21 rights accorded by the California Administrative Procedure Act and other applicable laws.

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

24 **CULPABILITY**

25 8. Respondent understands and agrees that the charges and allegations in Accusation
26 No. 800-2021-081952, if proven at a hearing, constitute cause for imposing discipline upon her
27 Physician's and Surgeon's Certificate.

28 9. Respondent does not contest that, at an administrative hearing, Complainant could

1 establish a *prima facie* case with respect to the charges and allegations contained in Accusation
2 No. 800-2021-081952 and that she has thereby subjected her license to disciplinary action.
3 Respondent hereby gives up her right to contest those charges and allegations.

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

7 **CONTINGENCY**

8 11. This stipulation shall be subject to approval by the Medical Board of California.
9 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
10 Board of California may communicate directly with the Board regarding this stipulation and
11 settlement, without notice to or participation by Respondent or her counsel. By signing the
12 stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek
13 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
14 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
15 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
16 action between the parties, and the Board shall not be disqualified from further action by having
17 considered this matter.

18 12. Respondent agrees that if she ever petitions for early termination or modification of
19 probation, or if an accusation and/or petition to revoke probation is filed against her before the
20 Board, all of the charges and allegations contained in Accusation No. 800-2021-081952 shall be
21 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
22 other licensing proceeding involving Respondent in the State of California.

23 13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
24 be an integrated writing representing the complete, final and exclusive embodiment of the
25 agreement of the parties in this above-entitled matter.

26 14. The parties understand and agree that Portable Document Format (PDF) and facsimile
27 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
28 signatures thereto, shall have the same force and effect as the originals.

1 15. In consideration of the foregoing admissions and stipulations, the parties agree that
2 the Board may, without further notice or opportunity to be heard by the Respondent, issue and
3 enter the following Disciplinary Order:

4 **DISCIPLINARY ORDER**

5 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 53449 issued
6 to Respondent Mezia Ogugua Azinge, M.D. is revoked. However, the revocation is stayed and
7 Respondent is placed on probation for three (3) years on the following terms and conditions:

8 1. EDUCATION COURSE. Within 60 calendar days of the effective date of this
9 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
10 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
11 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
12 correcting any areas of deficient practice or knowledge, including courses focused on
13 immunizations, vaccine policy, hesitant patients and vaccine standards of care, and shall be
14 Category I certified. The educational program(s) or course(s) shall be at Respondent's expense
15 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of
16 licensure. Following the completion of each course, the Board or its designee may administer an
17 examination to test Respondent's knowledge of the course. Respondent shall provide proof of
18 attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

19 2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
20 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
21 advance by the Board or its designee. Respondent shall provide the approved course provider
22 with any information and documents that the approved course provider may deem pertinent.
23 Respondent shall participate in and successfully complete the classroom component of the course
24 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
25 complete any other component of the course within one (1) year of enrollment. The medical
26 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
27 Medical Education (CME) requirements for renewal of licensure.

28 A medical record keeping course taken after the acts that gave rise to the charges in the

1 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
2 or its designee, be accepted towards the fulfillment of this condition if the course would have
3 been approved by the Board or its designee had the course been taken after the effective date of
4 this Decision.

5 Respondent shall submit a certification of successful completion to the Board or its
6 designee not later than 15 calendar days after successfully completing the course, or not later than
7 15 calendar days after the effective date of the Decision, whichever is later.

8 3. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
9 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
10 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
11 Respondent shall participate in and successfully complete that program. Respondent shall
12 provide any information and documents that the program may deem pertinent. Respondent shall
13 successfully complete the classroom component of the program not later than six (6) months after
14 Respondent's initial enrollment, and the longitudinal component of the program not later than the
15 time specified by the program, but no later than one (1) year after attending the classroom
16 component. The professionalism program shall be at Respondent's expense and shall be in
17 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

18 A professionalism program taken after the acts that gave rise to the charges in the
19 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
20 or its designee, be accepted towards the fulfillment of this condition if the program would have
21 been approved by the Board or its designee had the program been taken after the effective date of
22 this Decision.

23 Respondent shall submit a certification of successful completion to the Board or its
24 designee not later than 15 calendar days after successfully completing the program or not later
25 than 15 calendar days after the effective date of the Decision, whichever is later.

26 4. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days
27 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment
28 program approved in advance by the Board or its designee. Respondent shall successfully

1 complete the program not later than six (6) months after Respondent's initial enrollment unless
2 the Board or its designee agrees in writing to an extension of that time.

3 The program shall consist of a comprehensive assessment of Respondent's physical and
4 mental health and the six general domains of clinical competence as defined by the Accreditation
5 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
6 Respondent's current or intended area of practice. The program shall take into account data
7 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
8 Accusation(s), and any other information that the Board or its designee deems relevant. The
9 program shall require Respondent's on-site participation as determined by the program for the
10 assessment and clinical education and evaluation. Respondent shall pay all expenses associated
11 with the clinical competence assessment program.

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

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

21 If Respondent fails to enroll, participate in, or successfully complete the clinical
22 competence assessment program within the designated time period, Respondent shall receive a
23 notification from the Board or its designee to cease the practice of medicine within three (3)
24 calendar days after being so notified. The Respondent shall not resume the practice of medicine
25 until enrollment or participation in the outstanding portions of the clinical competence assessment
26 program have been completed. If the Respondent did not successfully complete the clinical
27 competence assessment program, the Respondent shall not resume the practice of medicine until a
28 final decision has been rendered on the accusation and/or a petition to revoke probation. The

1 cessation of practice shall not apply to the reduction of the probationary time period.

2 5. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
3 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
4 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose
5 licenses are valid and in good standing, and who are preferably American Board of Medical
6 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
7 relationship with Respondent, or other relationship that could reasonably be expected to
8 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
9 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
10 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

11 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
12 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
13 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
14 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
15 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
16 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
17 signed statement for approval by the Board or its designee.

18 Within 60 calendar days of the effective date of this Decision, and continuing throughout
19 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
20 make all records available for immediate inspection and copying on the premises by the monitor
21 at all times during business hours and shall retain the records for the entire term of probation.

22 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
23 date of this Decision, Respondent shall receive a notification from the Board or its designee to
24 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
25 shall cease the practice of medicine until a monitor is approved to provide monitoring
26 responsibility.

27 The monitor(s) shall submit a quarterly written report to the Board or its designee which
28 includes an evaluation of Respondent's performance, indicating whether Respondent's practices

1 are within the standards of practice of medicine, and whether Respondent is practicing medicine
2 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
3 that the monitor submits the quarterly written reports to the Board or its designee within 10
4 calendar days after the end of the preceding quarter.

5 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
6 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
7 name and qualifications of a replacement monitor who will be assuming that responsibility within
8 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
9 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
10 notification from the Board or its designee to cease the practice of medicine within three (3)
11 calendar days after being so notified. Respondent shall cease the practice of medicine until a
12 replacement monitor is approved and assumes monitoring responsibility.

13 In lieu of a monitor, Respondent may participate in a professional enhancement program
14 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
15 review, semi-annual practice assessment, and semi-annual review of professional growth and
16 education. Respondent shall participate in the professional enhancement program at Respondent's
17 expense during the term of probation.

18 6. PROHIBITED PRACTICE. During probation, Respondent is prohibited from
19 making or issuing any written exemption from immunization, or any other written statements
20 providing that any child is exempt from the requirements of Chapter 1 (commencing with Section
21 120325, but excluding Section 120380) and Sections 120400, 120405, 120410, and 120415 of the
22 Health and Safety Code. After the effective date of this Decision, all patients being treated by the
23 Respondent shall be notified that the Respondent is prohibited from making or issuing any written
24 exemption from immunization, or any other written statements providing that any child is exempt
25 from the requirements of Chapter 1 (commencing with Section 120325, but excluding Section
26 120380) and Sections 120400, 120405, 120410, and 120415 of the Health and Safety Code. Any
27 new patients must be provided this notification at the time of their initial appointment.

28 Respondent shall maintain a log of all patients to whom the required oral notification was

1 made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's
2 medical record number, if available; 3) the full name of the person making the notification; 4) the
3 date the notification was made; and 5) a description of the notification given. Respondent shall
4 keep this log in a separate file or ledger, in chronological order, shall make the log available for
5 immediate inspection and copying on the premises at all times during business hours by the Board
6 or its designee, and shall retain the log for the entire term of probation. As used in this section,
7 "patient(s)" refers to minor patients and their parents, custodians and other legal guardians.

8 7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
9 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
10 Chief Executive Officer at every hospital where privileges or membership are extended to
11 Respondent, at any other facility where Respondent engages in the practice of medicine,
12 including all physician and locum tenens registries or other similar agencies, and to the Chief
13 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
14 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
15 calendar days.

16 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

17 8. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
18 governing the practice of medicine in California and remain in full compliance with any court
19 ordered criminal probation, payments, and other orders.

20 9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
21 ordered to reimburse the Board its costs of investigation and enforcement in the amount of
22 \$59,295.52 (fifty-nine thousand two hundred ninety-five dollars and fifty-two cents). Costs shall
23 be payable to the Medical Board of California. Failure to pay such costs shall be considered a
24 violation of probation.

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 a violation of probation.

1 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
2 to repay investigation and enforcement costs.

3 10. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
4 under penalty of perjury on forms provided by the Board, stating whether there has been
5 compliance with all the conditions of probation.

6 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
7 of the preceding quarter.

8 11. GENERAL PROBATION REQUIREMENTS.

9 Compliance with Probation Unit

10 Respondent shall comply with the Board's probation unit.

11 Address Changes

12 Respondent shall, at all times, keep the Board informed of Respondent's business and
13 residence addresses, email address (if available), and telephone number. Changes of such
14 addresses shall be immediately communicated in writing to the Board or its designee. Under no
15 circumstances shall a post office box serve as an address of record, except as allowed by Business
16 and Professions Code section 2021, subdivision (b).

17 Place of Practice

18 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
19 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
20 facility.

21 License Renewal

22 Respondent shall maintain a current and renewed California physician's and surgeon's
23 license.

24 Travel or Residence Outside California

25 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
26 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
27 (30) calendar days.

28 In the event Respondent should leave the State of California to reside or to practice

1 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
2 departure and return.

3 12. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
4 available in person upon request for interviews either at Respondent's place of business or at the
5 probation unit office, with or without prior notice throughout the term of probation.

6 13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
7 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
8 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
9 defined as any period of time Respondent is not practicing medicine as defined in Business and
10 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
11 patient care, clinical activity or teaching, or other activity as approved by the Board. If
12 Respondent resides in California and is considered to be in non-practice, Respondent shall
13 comply with all terms and conditions of probation. All time spent in an intensive training
14 program which has been approved by the Board or its designee shall not be considered non-
15 practice and does not relieve Respondent from complying with all the terms and conditions of
16 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
17 on probation with the medical licensing authority of that state or jurisdiction shall not be
18 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
19 period of non-practice.

20 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
21 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
22 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
23 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
24 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

25 Respondent's period of non-practice while on probation shall not exceed two (2) years.

26 Periods of non-practice will not apply to the reduction of the probationary term.

27 Periods of non-practice for a Respondent residing outside of California will relieve
28 Respondent of the responsibility to comply with the probationary terms and conditions with the

1 exception of this condition and the following terms and conditions of probation: Obey All Laws;
2 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
3 Controlled Substances; and Biological Fluid Testing..

4 14. COMPLETION OF PROBATION. Respondent shall comply with all financial
5 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
6 completion of probation. This term does not include cost recovery, which is due within 30
7 calendar days of the effective date of the Order, or by a payment plan approved by the Medical
8 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
9 shall be fully restored.

10 15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
11 of probation is a violation of probation. If Respondent violates probation in any respect, the
12 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
13 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
14 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
15 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
16 the matter is final.

17 16. LICENSE SURRENDER. Following the effective date of this Decision, if
18 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
19 the terms and conditions of probation, Respondent may request to surrender his or her license.
20 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
21 determining whether or not to grant the request, or to take any other action deemed appropriate
22 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
23 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
24 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
25 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
26 application shall be treated as a petition for reinstatement of a revoked certificate.

27 17. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
28 with probation monitoring each and every year of probation, as designated by the Board, which

1 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
2 California and delivered to the Board or its designee no later than January 31 of each calendar
3 year.

4 18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
5 a new license or certification, or petition for reinstatement of a license, by any other health care
6 licensing action agency in the State of California, all of the charges and allegations contained in
7 Accusation No. 800-2021-081952 shall be deemed to be true, correct, and admitted by
8 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
9 restrict license.

10 ACCEPTANCE

11 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
12 discussed it with my attorney, Michael J. Khouri. I understand the stipulation and the effect it
13 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
14 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
15 Decision and Order of the Medical Board of California.

16
17 DATED: 5/2/2024 
18 MEZIA OGUGUA AZINGE, M.D.
19 Respondent

20 I have read and fully discussed with Respondent Mezia Ogugua Azinge, M.D. the terms
21 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
22 Order. I approve its form and content.

23 DATED: 5/2/24 
24 MICHAEL J. KHOURI
25 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: May 3, 2024

Respectfully submitted,

ROB BONTA
Attorney General of California
EDWARD KIM
Supervising Deputy Attorney General

Christine Friar
Walton
Digitally signed by Christine Friar Walton
Date: 2024.05.03 07:46:20 -07'00'
CHRISTINE FRIAR WALTON
Deputy Attorney General
Attorneys for Complainant

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1 ROB BONTA
Attorney General of California
2 EDWARD KIM
Supervising Deputy Attorney General
3 JONATHAN NGUYEN
Deputy Attorney General
4 State Bar No. 263420
Department of Justice
5 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 269-6434
Facsimile: (916) 731-2117
7 *Attorneys for Complainant*

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. 800-2021-081952

13 **MEZIA OGUGUA AZINGE, M.D.**
14 **6325 Topanga Canyon Boulevard, Suite 202**
15 **Woodland Hills, CA 91367**

A C C U S A T I O N

16 **Physician's and Surgeon's**
17 **Certificate No. A 53449,**

Respondent.

18 **PARTIES**

19 1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as
20 the Interim Executive Director of the Medical Board of California, Department of Consumer
21 Affairs (Board).

22 2. On or about August 24, 1994, the Board issued Physician's and Surgeon's Certificate
23 Number A 53 449 to Mezia Ogugua Azinge, M.D. (Respondent). The Physician's and Surgeon's
24 Certificate was in full force and effect at all times relevant to the charges brought herein and will
25 expire on April 30, 2024, unless renewed.

26 **JURISDICTION**

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

1 4. Section 2227 of the Code states:

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

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

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

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

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

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

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

23 5. Section 2234 of the Code, states:

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

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

 (b) Gross negligence.

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

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

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

1 (d) Incompetence.

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

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

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

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

12 COST RECOVERY

13 7. Section 125.3 of the Code states:

14 (a) Except as otherwise provided by law, in any order issued in resolution of a
15 disciplinary proceeding before any board within the department or before the
16 Osteopathic Medical Board, upon request of the entity bringing the proceeding, the
17 administrative law judge may direct a licensee found to have committed a violation or
18 violations of the licensing act to pay a sum not to exceed the reasonable costs of the
19 investigation and enforcement of the case.

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

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

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

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

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

(g) (1) Except as provided in paragraph (2), the board shall not renew or

1. reinstate the license of any licensee who has failed to pay all of the costs ordered
under this section.

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

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

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

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

11. FIRST CAUSE FOR DISCIPLINE

12. (Gross Negligence)

13. 8. Respondent Mezia Ogugua Azinge, M.D. is subject to disciplinary action under
14. sections 2227 and 2234, subdivision (b) of the Code in that Respondent committed gross
15. negligence in the course of her care and treatment of one or more patients. The circumstances are
as follows:

16. Patient A¹

17. 9. On or about August 16, 2021, a medical vaccine exemption was issued for vaccines
18. including, DTaP², HepB³, Hib⁴, IPV⁵ MMR⁶, Tdap⁷, and VAR/VZV⁸ for Patient A, a two-year-
19. old male minor at the time. Respondent requested the medical exemption for Patient A. The
20. written vaccine exemption form completed by Respondent stated that it was permanent during the
21. applicable grade span, namely, throughout elementary school (i.e., from Kindergarten through the
22.

23. ¹ A pseudonym is used for any patient referenced herein to preserve patient
24. confidentiality. The true name and identity of any patient referenced herein is known to
Respondent or will be provided to her following Complainant's request of a duly-issued request
25. for discovery pursuant to Government Code section 11507.6.

26. ² DTaP is an abbreviation for diphtheria, tetanus and acellular pertussis vaccine.

27. ³ HepB is an abbreviation for Hepatitis B vaccine.

28. ⁴ Hib is an abbreviation for haemophilus influenzae type b vaccine.

⁵ IPV is an abbreviation for the inactivated polio virus vaccine.

⁶ MMR is an abbreviation for measles, mumps, and rubella vaccine.

⁷ Tdap is an abbreviation for tetanus, diphtheria and pertussis vaccine.

⁸ VAR/VZV is an abbreviation for the varicella and varicella zoster vaccine.

1 Sixth Grade), and further stated that Patient A had a “strong family history of autism and
2 autoimmune disorder with learning disability.”

3 10. On or about September 10, 2021, Respondent saw Patient A and documented in a
4 section of the patient chart note for that day in connection with informed consent that: “mothers
5 refusal to vaccinate is based on her 2 autistic sons. This is her third son.” Respondent also wrote
6 that Patient A had a family history of adverse vaccine reaction and autism, and under the section
7 titled, “Family History,” Patient A’s parents were noted to have “no significant health history.”

8 11. On or about May 23, 2022, at an interview (Subject Interview) with an investigator
9 and medical consultant on behalf of the Board, when asked about the basis for her vaccine
10 exemption, Respondent stated that the mother’s first two children were her patients and autistic
11 and “currently with regional center” and that the mother decided not to get any of her kids
12 vaccinated.” She further stated that the children were home schooled, and that “at this particular
13 time she needed her information put in care, and I didn’t think anything of it. And she said they
14 wouldn’t take him in school unless it’s in care, and that’s when I put it in care.” However, when
15 asked whether a family history of autism constituted a medical justification for a vaccine
16 exemption, she replied, “No, but I -- I mean, not aware, but this is what I documented in my
17 medical records, and the mother refused to get any vaccines based on what she felt was the reason
18 why she didn’t want her kids’ vaccinated, because they saw the adverse effects.”

19 12. Respondent explained at the Subject Interview that Patient A had experienced on-
20 going issues with upper respiratory infections.

21 Respondent further explained that the vaccine exemption for Patient A was based on
22 Patient A’s mother’s refusal to vaccinate “because of a history of autism in the family,” and the
23 physical exam that she did on Patient A which revealed that there were “persistent upper
24 respiratory infections.”

25 13. Respondent’s medical records for Patient A failed to establish a valid medical basis
26 for vaccine exemptions. Neither a family history of autism, nor a history of upper respiratory
27 infections, constitutes a valid medical basis for the vaccine exemption requested by Respondent.

28 14. Respondent committed gross negligence in the course of her care and treatment of

1 Patient A by improperly issuing a vaccine exemption for Patient A without a legitimate medical
2 justification.

3 **Patient B**

4 15. On or about August 12, 2021, a medical vaccine exemption was issued for Patient B,
5 a six-year-old male minor at the time. Respondent requested the medical exemption for Patient
6 B. The written vaccine exemption form completed by Respondent stated that it was permanent
7 during the applicable grade span, namely, throughout elementary school (i.e., from Kindergarten
8 through the Sixth Grade), and further stated that Patient B had atopic dermatitis⁹ and severe
9 atopy¹⁰ at birth.

10 16. During the Subject Interview, when asked why she requested the Medical Vaccine
11 Exemption for Patient B, Respondent explained that Patient B's mother "did not want vaccines
12 for her kids," and that she had a religious reason, namely, that she was an "Israelite."

13 17. Respondent's medical records for Patient B failed to establish a valid medical basis
14 for vaccine exemptions. Neither atopic dermatitis, nor, severe atopy or severe allergies,
15 constitutes a valid medical basis for vaccine exemption. Many individuals with a history of
16 atopic dermatitis and/or severe atopy at birth tolerate vaccinations without any allergic reaction.

17 18. Respondent committed gross negligence in the course of her care and treatment of
18 Patient B by improperly issuing the patient a vaccine exemption without a legitimate medical
19 justification.

20 **Patient C**

21 19. On or about August 12, 2021, a medical vaccine exemption was issued for Patient C,
22 a 17-year-old male minor at the time. Respondent requested the medical exemption for Patient C.
23 The written vaccine exemption form completed by Respondent stated that it was permanent
24 during the applicable grade span, namely, throughout high school (i.e., from Seventh through the
25

26 ⁹ Atopic dermatitis, often referred to as eczema, is a chronic disease that causes
inflammation, redness, and irritation of the skin. It is a common condition that usually begins in
childhood.

27 ¹⁰ Atopy refers to the genetic tendency to develop allergic diseases such as allergic
28 rhinitis, asthma, and eczema. Atopy is typically associated with heightened immune responses to
common allergens, especially inhaled allergens and food allergens.

1 Twelfth Grade), and further stated that Patient C had a strong family history of multiple
2 autoimmune diseases and that Patient C's mother "refused any vaccines to protect Patient C from
3 the conditions that have stricken every member of the family."

4 20. On or about October 7, 2021, Respondent saw Patient C and documented in the
5 medical chart that Patient C's "family was devastated by cancer and autoimmune diseases" and
6 that the parent "wanted to make sure her offsprings (sic) do not suffer the same immune
7 diseases."

8 At the Subject Interview, Respondent justified the vaccination exemption for Patient C
9 based on the family history of autoimmune disease, and the mother's refusal and personal beliefs.

10 21. Respondent's medical records for Patient C failed to establish a valid medical basis
11 for vaccine exemptions. None of the following constitutes a valid medical basis for vaccine
12 exemption: a strong family history of multiple autoimmune diseases, a history of cancer in a
13 patient's family, or a parent's refusal.

14 22. Respondent committed gross negligence in the course of her care and treatment of
15 Patient C by improperly issuing the patient a vaccine exemption without a legitimate medical
16 justification.

17 Patient D

18 23. On or about June 8, 2021, a medical vaccine exemption was issued for Patient D, a
19 five-year-old male minor at the time. Respondent requested the medical exemption for Patient D.
20 The written vaccine exemption form completed by Respondent stated that it was permanent
21 during the applicable grade span, namely, throughout elementary school (i.e., from Kindergarten
22 through the Sixth Grade), and further stated that the medical basis for the exemption was
23 anaphylaxis.¹¹ Respondent further noted in the written vaccine exemption form that Patient D
24 was in and out of Children's hospital after his first vaccine for hives¹² and reactive airway
25 disease¹³.

26 ¹¹ Anaphylaxis is a severe, potentially life-threatening allergic reaction.

27 ¹² Hives, also known as urticarial, are red and sometimes itchy bumps on your skin that
may be triggered by foods, medications, or other substances.

28 ¹³ Reactive airway disease is a term issued to refer to respiratory conditions in which the

1 24. On or about June 7, 2021, Respondent saw Patient D. In her chart note for that day,
2 under a section entitled "Assessment & Plan," Respondent included the following codes:

3 "# Adverse reaction caused by viral vaccines (T50.B95A):"

4 "# Family history of reactive airway disease (Z83.6):"

5 "# Reactive airway disease (J45.909):"

6 However, in the same chart note for that patient encounter, Respondent wrote, "Allergies:
7 No Known Allergies." Moreover, despite Respondent's diagnosis of an adverse reaction caused
8 by viral virus, she continued to document that Patient D had "no known allergies" throughout
9 Respondent's medical records for Patient D on multiple other patient visits.

10 25. During her Subject Interview, Respondent stated that she also saw Patient D on June
11 8, 2021. However, there is no corresponding chart note dated June 8, 2021 in Respondent's
12 medical records for Patient D. During her Subject Interview, Respondent also stated that Patient
13 D's mother was not vaccinating any of her children after her first child got a vaccine, and had
14 anaphylaxis.¹⁴ When pressed during the interview to confirm whether Patient D was the child
15 who suffered from anaphylaxis after receiving the vaccine, she stated, "I think it was both of
16 them."

17 26. Medical records from two other health providers (namely, Children's Hospital of Los
18 Angeles¹⁵ and Reliant Immediate Care LAX¹⁶) did not include any notation or other
19 documentation that showed that Patient D suffered from hives or reactive airway disease after
20 receiving his first vaccine.

21 27. Respondent committed gross negligence in the course of her care and treatment of

22 _____
23 bronchial tubes in the lungs overreact to an irritant, triggering wheezing and shortness of breath.
24 Some of those conditions include asthma, chronic obstructive pulmonary disease and certain
25 bronchial infections.

26 ¹⁴ The patient's medical record also includes a note that the patient has an older brother
27 who was "very sick with asthma bronchitis."

28 ¹⁵ The medical records obtained from Children's Hospital of Los Angeles for Patient D,
documented that Patient D was last seen on or about January 18, 2018 for left otitis media (an
infection of the middle ear that causes redness and swelling and a build-up of fluid behind the
eardrum). Other records documented that Patient D was seen on or about April 14, 2017 for a
fever and viral illness and on or about February 13, 2017 for acute upper respiratory infection.

¹⁶ The medical records obtained from Reliant Immediate Care LAX for Patient D,
documented that Patient D was seen on or about October 29, 2016 for fever and nasal congestion.

1 Patient D by improperly issuing the patient a vaccine exemption without a legitimate medical
2 justification.

3 **SECOND CAUSE FOR DISCIPLINE**

4 **(Repeated Negligent Acts)**

5 28. Respondent Mezia Ogugua Azinge, M.D. is further subject to disciplinary action
6 under sections 2227 and 2234, subdivision (c) of the Code, in that Respondent committed
7 repeated negligent acts in the course of her care and treatment of one or more patients. The
8 circumstances are as follows:

9 29. The allegations of the First Cause for Discipline are incorporated herein by reference
10 as if fully set forth. Each of the alleged acts of gross negligence set forth above in the First Cause
11 for Discipline is also a negligent act.

12 **THIRD CAUSE FOR DISCIPLINE**

13 **(Failure to Maintain Adequate and Accurate Records)**

14 30. Respondent Mezia Ogugua Azinge, M.D. is further subject to disciplinary action
15 under sections 2227 and 2234, and 2266 of the Code, in that Respondent failed to maintain
16 adequate and accurate records relating to the provision of services to one or more patients as more
17 particularly alleged in the First and Second Causes for Discipline, above, which are hereby
18 incorporated by reference as if fully set forth herein.

19 **FOURTH CAUSE FOR DISCIPLINE**

20 **(Unprofessional Conduct)**

21 31. Respondent Mezia Ogugua Azinge, M.D. is further subject to disciplinary action
22 under section 2234 of the Code, in that Respondent committed unprofessional conduct, generally.
23 The facts and allegations of the First, Second, and Third Causes for Discipline, inclusive, are
24 incorporated herein by reference as if fully set forth.

25 **PRAYER**

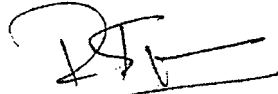
26 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
27 and that following the hearing, the Medical Board of California issue a decision:

- 28 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 53449,

- 1 issued to Mezia Ogugua Azinge, M.D.;
- 2 2. Revoking, suspending or denying approval of Mezia Ogugua Azinge, M.D.'s
- 3 authority to supervise physician assistants and advanced practice nurses;
- 4 3. Ordering Mezia Ogugua Azinge, M.D., to pay the Board the costs of the investigation
- 5 and enforcement of this case, and if placed on probation, the costs of probation monitoring; and
- 6 5. Taking such other and further action as deemed necessary and proper.

7

8 DATED: MAY 19 2023



9 REJI VARGHESE
10 Interim Executive Director
11 Medical Board of California
12 Department of Consumer Affairs
13 State of California
14 *Complainant*

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