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

11 In the Matter of the Accusation Against:

12 **JEAN L. TALLEYRAND, M.D.**
13 **1336 Willard Street, Apt. C**
San Francisco, CA 94117-3727

14 **Physician's and Surgeon's Certificate No. A**
61572

15 Respondent.
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Case No. 800-2019-059931

OAH No. 2023120541

DEFAULT DECISION
AND ORDER

[Gov. Code, §11520]

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18 **FINDINGS OF FACT**

19 1. On or about August 30, 2022, Complainant Reji Varghese, in his official capacity as
20 the Executive Director of the Medical Board of California, Department of Consumer Affairs, filed
21 Accusation No. 800-2019-059931 against Jean L. Talleyrand, M.D. (Respondent) before the
22 Medical Board of California.

23 2. On or about January 31, 1997, the Medical Board of California (Board) issued
24 Physician's and Surgeon's Certificate No. A 61572 to Respondent. The Physician's and Surgeon's
25 Certificate was in full force and effect at all times relevant to the charges brought herein and will
26 expire on August 31, 2024, unless renewed. A Cease Practice Order was issued on January 16,
27 2024.
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1 3. On or about August 30, 2022, Regina Rodriguez, an employee of the Complainant
2 Agency, served by Certified and First Class mail a copy of the Accusation No. 800-2019-059931,
3 Statement to Respondent, Notice of Defense, and Request for Discovery to Respondent's address
4 of record with the Board, which was and is 1336 Willard Street, Apt. C, San Francisco, CA
5 94117-3727. A copy of the Accusation, the related documents, and Declaration of Service are
6 attached as part of Exhibit A, and are incorporated herein by reference.

7 4. Service of the Accusation was effective as a matter of law under the provisions of
8 Government Code section 11505, subdivision (c).

9 5. On or about October 24, 2022, Respondent signed and returned a Notice of Defense,
10 requesting a hearing in this matter.

11 6. On or about February 23, 2023, Complainant Reji Varghese, in his official capacity as
12 the Executive Director of the Medical Board of California, Department of Consumer Affairs, filed
13 First Amended Accusation No. 800-2019-059931 against Respondent before the Medical Board
14 of California.

15 7. On or about February 23, 2023, Regina Rodriguez, an employee of the Complainant
16 Agency, served by Certified and First Class Mail a copy of the First Amended Accusation No.
17 800-2019-059931, Statement to Respondent, Notice of Defense, and Request for Discovery to
18 Respondent's address of record with the Board, which was and is 1336 Willard Street, Apt. C, San
19 Francisco, CA 94117-3727. A copy of the First Amended Accusation, the related documents,
20 and Declaration of Service are attached along with Exhibit A, and are incorporated herein by
21 reference.

22 8. A Notice of Hearing was twice served by mail at Respondent's address of record and
23 they informed him that an administrative hearing in this matter was scheduled for May 28, 2024.
24 On the first mailing, dated December 19, 2023, the Notice of Hearing was served by Certified
25 Mail and email, and on the second mailing, dated February 14, 2024, the Notice of Hearing was
26 served by First Class mail. A copy of Respondent's Notice of Defense, two Notices of Hearing,
27 and Declarations of Service are attached hereto as Exhibit B, and are incorporated herein by
28 reference.

9. Respondent failed to appear at that hearing. A copy of the OAH Findings and Declaration of Default; Order of Remand is attached hereto as Exhibit C, and is incorporated herein by reference.

10. Government Code section 11506 states, in pertinent part:

(c) The respondent shall be entitled to a hearing on the merits if the respondent files a notice of defense, and the notice shall be deemed a specific denial of all parts of the accusation not expressly admitted. Failure to file a notice of defense shall constitute a waiver of respondent's right to a hearing, but the agency in its discretion may nevertheless grant a hearing.

11. California Government Code section 11520 states, in pertinent part:

(a) If the respondent either fails to file a notice of defense or to appear at the hearing, the agency may take action based upon the respondent's express admissions or upon other evidence and affidavits may be used as evidence without any notice to respondent.

12. Business and Professions Code section 125.3 states, in pertinent part:

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

13. Pursuant to its authority under Government Code section 11520, the Board finds Respondent is in default. The Board will take action without further hearing and, based on Respondent's express admissions by way of default and the evidence before it, contained in Exhibits A, B and C, finds that the allegations in First Amended Accusation No. 800-2019-059931 are true.

DETERMINATION OF ISSUES

1. Based on the foregoing findings of fact, Respondent Jean L. Talleyrand, M.D. has subjected his Physician's and Surgeon's Certificate No. A 61572 to discipline.

2. A copy of the Accusation and First Amended Accusation, and the related documents and Declarations of Service are attached here as Exhibit A.

3. The Board has jurisdiction to adjudicate this case by default.

1 4. Pursuant to Business and Professions Code section 125.3, the Board is authorized to
2 order Respondent to pay the Board the reasonable costs of investigation and enforcement of the
3 case prayed for in the Accusation total \$81,523.75, based on the Certification of Costs attached as
4 Exhibit C in the Exhibit Package.

5 5. The Medical Board of California is authorized to revoke Respondent's Physician's and
6 Surgeon's Certificate based upon the following violations alleged in the First Amended
7 Accusation:

8 a. Unprofessional Conduct, gross negligence, repeated negligent acts, and
9 incompetence in the care and treatment of care and treatment of Patients 1-6, pursuant to Business
10 and Professions Code sections 2234, 2234(b), 2234(c), and 2234(d).

11 i. Respondent issued global and permanent vaccine exemptions, despite the
12 fact that there is no component common to all vaccines;

13 ii. Respondent provided medical exemptions from all vaccinations without
14 conducting adequate or meaningful assessments, evaluations or examinations, and without
15 identifying specific medication conditions or vaccine contraindications;

16 iii. Respondent issued vaccine exemptions based on family history, which
17 were not corroborated by external records, and which were not consistent with contradictions
18 to vaccination recognized by or consistent with immunization guidelines issued by the CDC,
19 ACIP or AAP, which are the standard of care;

20 iv. Respondent issued vaccine exemptions without providing and/or
21 documenting the discussion with the patients or their parents regarding the risks and benefits of
22 vaccines and of foregoing vaccination;

23 v. Respondent issued vaccine exemptions without obtaining and/or
24 documenting informed consent and informed refusal.

25 b. Unprofessional Conduct, gross negligence, and repeated negligent acts in the
26 care and treatment of care and treatment of Patient 7-9, pursuant to Business and Professions
27 Code sections 2234, 2234(b), and 2234(c).

- 1 i. Respondent issued a vaccine exemption for anxiety and without a
2 physical reason for the exemption;
- 3 ii. Respondent failed properly manage patient asthma;
- 4 iii. Respondent failed to provide adequate patient education, monitoring, or
5 naloxone prescription to prevent overdose to a patient prescribed four central nervous system
6 depressant medications;
- 7 iv. Respondent failed to adequately assess for response to opioid therapy or
8 adverse effects of therapy;
- 9 v. Respondent failed to consult with a pain specialist or mental health
10 specialist for a patient with a concurrent mental health disorder;
- 11 vi. Respondent failed to consult CURES at least once every six months while
12 prescribing controlled substance;
- 13 vii. Respondent recommended cannabis to a patient without good faith
14 examination and medical indication.

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ORDER

IT IS SO ORDERED that Physician's and Surgeon's Certificate No. A 61572, heretofore issued to Respondent Jean L. Talleyrand, M.D., is revoked. Respondent Jean L. Talleyrand, M.D. is ordered to pay the Board the costs of the investigation and enforcement of this case in the amount of \$81,523.75.

Pursuant to Government Code section 11520, subdivision (c), Respondent may serve a written motion requesting that the Decision be vacated and stating the grounds relied on within seven (7) days after service of the Decision on Respondent. The Board in its discretion may vacate the Decision and grant a hearing on a showing of good cause, as defined in the statute.

This Decision shall become effective at 5:00 p.m. on **JUL 19 2024**.
It is so ORDERED **JUN 20 2024**.



REJI VARGHESE, EXECUTIVE DIRECTOR
THE MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

Attachments:

Exhibit A: Accusation No. 800-2019-059931 and First Amended Accusation No. 800-2019-059931, Related Documents, and Declarations of Service

Exhibit B: Notice of Defense, Notices of Hearing, and Declaration of Service

Exhibit C: OAH Findings and Declaration of Default; Order of Remand

Exhibit D: Certification of Costs: Declaration of Greg Chambers

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

12 In the Matter of the First Amended Accusation
Against:

Case No. 800-2019-059931

FIRST AMENDED ACCUSATION

13 **JEAN L. TALLEYRAND, M.D.**
14 **1336 Willard Street, Apt. C**
San Francisco, CA 94117-3727

15 **Physician's and Surgeon's Certificate**
16 **No. A 61572,**

Respondent.

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19 **PARTIES**

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

23 2. On or about January 31, 1997, the Medical Board issued Physician's and Surgeon's
24 Certificate Number A 61572 to Jean L. Talleyrand, M.D. (Respondent). The Physician's and
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on August 31, 2024, unless renewed.

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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 2220 of the Code states:

Except as otherwise provided by law, the Board may take action against all persons guilty of violating this chapter. The Board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders, and the Board shall have all the powers granted in this chapter for these purposes including, but not limited to:

(a) Investigating complaints from the public, from other licensees, from health care facilities, or from the Board that a physician and surgeon may be guilty of unprofessional conduct. The Board shall investigate the circumstances underlying a report received pursuant to Section 805 or 805.01 within 30 days to determine if an interim suspension order or temporary restraining order should be issued. The Board shall otherwise provide timely disposition of the reports received pursuant to Section 805 and Section 805.01.

(b) Investigating the circumstances of practice of any physician and surgeon where there have been any judgments, settlements, or arbitration awards requiring the physician and surgeon or his or her professional liability insurer to pay an amount in damages in excess of a cumulative total of thirty thousand dollars (\$30,000) with respect to any claim that injury or damage was proximately caused by the physician's and surgeon's error, negligence, or omission.

(c) Investigating the nature and causes of injuries from cases which shall be reported of a high number of judgments, settlements, or arbitration awards against a physician and surgeon.

5. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed

1 one year, placed on probation and required to pay the costs of probation monitoring, or such other
2 action taken in relation to discipline as the Board deems proper.

3 6. Section 2234 of the Code states in pertinent part:

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

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

9 (b) Gross negligence.

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

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

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

21 (d) Incompetence.

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

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

25 (g) The failure by a certificate holder, in the absence of good cause, to attend and
26 participate in an interview by the board. This subdivision shall only apply to a
27 certificate holder who is the subject of an investigation by the board.
28

OTHER STATUTES

7. Health and Safety Code section 120325 provides:

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

1 will be able to ascertain the immunization needs of groups of children in schools or other
2 institutions.

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

5 8. Health and Safety Code section 120370 provides, in pertinent part:

6 (a) If the parent or guardian files with the governing authority a written statement by a
7 licensed physician to the effect that the physical condition of the child is such, or medical
8 circumstances relating to the child are such, that immunization is not considered safe, indicating
9 the specific nature and probable duration of the medical condition or circumstances, including,
10 but not limited to, family medical history, for which the physician does not recommend
11 immunization, that child shall be exempt from the requirements of Chapter 1 (commencing with
12 Section 120325, but excluding Section 120380) and Sections 120400, 120405, 120410, and
13 120415 to the extent indicated by the physician's statement.

14 **COST RECOVERY**

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

21 **FACTUAL ALLEGATIONS**

22 10. At all relevant times, Respondent was a physician and surgeon in California trained in
23 family medicine. He is the Chief Medical Officer of a complementary and alternative
24 consultation service, and Chief Medical Officer of a medical cannabis education and referral
25 service.

26 11. In 2015, the California Legislature amended Health and Safety Code section 120325
27 to eliminate personal beliefs as a basis for exemption from required immunizations for school-
28 aged children. As a consequence, school-aged children not subject to any other exception were

1 required to have immunizations for 10 vaccine-preventable childhood illnesses as a condition of
2 public school attendance.

3 12. Effective November 15, 2016, all incoming students at the University of California
4 are required to submit of documentation of vaccination or antibody response for these vaccines,
5 as well as tuberculosis screening for all incoming students entering the system.¹ These vaccines
6 currently include: measles, mumps, rubella (MMR), varicella/chickenpox (VZV), and tetanus,
7 diphtheria, pertussis (Tdap). In addition, meningococcal conjugate vaccine (MenACWY) is
8 required for students aged 21 and younger.

9 Patient 1

10 13. Patient 1² was 14-years old when Respondent provided a vaccine exemption letter to
11 the patient and the patient's parent, dated September 21, 2019. The letter permanently exempted
12 Patient 1 from "Influenza/Flu, Poliomyelitis (Polio), Diphtheria, Pertussis, and Tetanus (DPT or
13 TDaP), Hepatitis A, Hepatitis B, Measles, Mumps, Rubella (MMR), Varicella, Pneumococcus,
14 Meningococcus, Human Papillomavirus (HPV), and Haemophilus Influenza type B (HIB). This
15 exemption is for all vaccines including those not mentioned here. Vaccination constitutes a
16 greater risk than benefit to this individual."

17 14. The exemption states that Patient 1 "has a personal and family history of allergies
18 (soy, dairy), asthma, eczema, autoimmune disease/disorder (Type I Diabetes), and suspected
19 vaccine reaction."

20 15. Respondent met with Patient 1 just one time – September 5, 2019 – when Patient 1,
21 through his parents, requested an evaluation for vaccine exemption. There were no prior or

22 ¹ Incoming UC students with a medical condition that prevents them from being safely
23 vaccinated may apply for a medical exemption by having a licensed, treating medical provider
24 [specifically a physician (MD or DO), nurse practitioner (NP), or physician assistant (PA)]
complete a Medical Exemption Request Form. Students must then submit the completed form to
the Medical Director at the Student Health Services on the student's home campus.

25 Requests that specify either a CDC or vaccine manufacturer's listed contraindication for
26 one or more vaccines, or that contain a statement from the treating medical provider that the
27 physical condition of the person or medical circumstances relating to the person are such that
immunization is not considered safe, indicating the specific nature and probable duration of the
medical condition or circumstances that contraindicate immunization with the vaccine(s), will
meet criteria for approval. Exemption requests outside of these categories will be denied.

28 ² Numbers are used to protect patient privacy. Respondent may learn the names of the
patients through the discovery process.

1 subsequent visits with Patient 1. The medical records indicate previous vaccinations for Patient 1
2 and a vaccine reaction at age 5 – swelling at the injection site of the left arm, along with fever and
3 vomiting. But the records contain no information identifying those vaccinations Patient 1 had
4 previously received, nor which vaccine had caused a reaction. The records indicate no allergies
5 and no asthma, lung disease, kidney disease or other immune disorder. The mother, however, is
6 recorded as having asthma, eczema, and dairy and soy allergies. The father is documented to
7 have Type II diabetes.

8 16. Respondent failed to provide an appropriate evidence based medical exemption;
9 misinterpreted family history as a reason to exempt Patient 1 from a potentially lifesaving
10 vaccine; departed from CDC,³ ACIP⁴ or AAP,⁵ recommendations and guidelines; failed to note or
11 inform the patient or the family that fever and limb swelling are commonly reported vaccine
12 reactions that typically resolve without lasting effects that would preclude further vaccination;
13 and failed to obtain and/or document informed consent and informed refusal of the vaccines.

14 Patient 2

15 17. Patient 2 was 4-years old when Respondent provided a vaccine exemption letter dated
16 October 6, 2017. The letter permanently exempted Patient 2 from “Polio, DPT or TDaP,
17 Hepatitis B. MMR, Varicella, Flue and HIB” vaccinations. A second letter dated October 20,
18 2017, permanently exempted Patient 2 from “Poliomyelitis (Polio), Diphtheria, Pertussis, and
19 Tetanus (DPT or TDaP), Hepatitis A, Hepatitis B, Measles, Mumps, Rubella (MMR), Varicella,
20 Pneumococcus, Meningococcus, Human Papillomavirus (HPV), and Haemophilus Influenza type
21 B (HIB). This exemption is for all vaccines including those not mentioned here. Vaccination
22 constitutes a greater risk than benefit to this individual.”

23 18. The exemption states that Patient 2 “has a personal and family history of allergies,
24 autoimmune disease, and neurological disease and/or disorder, and suspected vaccine reaction.”
25

26
27 ³ Centers for Disease Control.

28 ⁴ Advisory Committee on Immunization Practices – CDC.

⁵ American Academy of Pediatrics.

1 19. Patient 2 visited Respondent on October 20, 2017,⁶ and through the parents requested
2 an evaluation for vaccine exemption. There were no prior or subsequent visits between Patient 2
3 and Respondent. Patient 2's physical examination was within normal limits. Patient 2 had
4 previously received DTaP and MMR vaccines and the records note that according to the mother,
5 Patient 2 had a fever after those vaccines. The records do not indicate allergies or autoimmune
6 issues for Patient 2. Family history is noted to include mental illness, prior adverse reactions to
7 vaccine, AIDS, breast cancer, melanoma, rheumatoid arthritis, fibromyalgia, Graves' disease,
8 pancreatic cancer, seasonal allergies, medication allergies, and eczema.

9 20. Respondent reported discussing risks of non-vaccination, which is not detailed in the
10 records, and recommended "homeoprophylaxis." Respondent failed to provide an appropriate
11 evidence based medical exemption, misinterpreted family history as a reason to exempt Patient 2
12 from a potentially lifesaving vaccine and departed from CDC, ACIP or AAP, recommendations
13 and guidelines; and failed to obtain and/or document informed consent and informed refusal.

14 Patient 3

15 21. Patient 3 was 5-years old when Respondent provided a vaccine exemption letter dated
16 November 2, 2018. The letter permanently exempted Patient 3 from "Poliomyelitis (Polio),
17 Diphtheria, Pertussis, and Tetanus (DPT or TDaP), Hepatitis A, Hepatitis B, Measles, Mumps,
18 Rubella (MMR), Varicella, Pneumococcus, Meningococcus, Human Papillomavirus (HPV), and
19 Haemophilus Influenza type B (HIB). This exemption is for all vaccines including those not
20 mentioned here. Vaccination constitutes a greater risk than benefit to this individual."

21 22. The exemption states that Patient 3 "has a personal history of allergy, and a family
22 history of allergy, autoimmune disease, and neurological disease and/or disorder."

23 23. Patient 3 was seen by Respondent on November 2, 2018,⁷ and through the parents
24 requested an evaluation for vaccine exemption. There were no prior or subsequent visits with
25 Patient 3. The records indicate that Patient 3 had his DTaP vaccines without reaction, that he is
26

27 ⁶ Respondent did not electronically sign the records until October 7, 2020 – three years
after the patient visit.

28 ⁷ Again, Respondent did not electronically sign the records until October 7, 2020 – two
years after the patient visit.

1 allergic to eggs, and that his physical examination was unremarkable. The records also note a
2 family history of allergies, as well as anxiety and hyperthyroidism, Raynaud's, scoliosis and
3 autism. There was a note in the records regarding a plan to discuss "homeoprophylaxis" as an
4 alternative to conventional immunization and a notation that the risks of non-vaccination were
5 discussed.

6 24. Respondent failed to provide an appropriate evidence based medical exemption,
7 misinterpreted family history as a reason to exempt Patient 3 from a potentially lifesaving vaccine
8 and departed from CDC, ACIP or AAP, recommendations and guidelines; and failed to obtain
9 and/or document informed consent and informed refusal.

10 Patient 4

11 25. Patient 4 was 20-years old when Respondent provided a vaccine exemption letter
12 dated June 29, 2020, for the patient to provide to U.C. Santa Cruz. The letter permanently
13 exempted Patient 4 from "Influenza/Flu, Poliomyelitis (Polio), Rotavirus, Diphtheria, Pertussis,
14 and Tetanus (DPT or TDaP), Hepatitis A, Hepatitis B, Measles, Mumps, Rubella (MMR),
15 Varicella, Pneumococcus, Meningococcus, Human Papillomavirus (HPV), and Haemophilus
16 Influenza type B (HIB). This exemption is for all vaccines including those not mentioned here,
17 vaccines currently in development and/or testing, and vaccines considered for
18 Coronavirus/Covid-19. Vaccination constitutes a greater risk than benefit to this individual."

19 26. The exemption states that Patient 4 "has a personal and family history of various
20 medical conditions, mental health/psychiatric conditions, and suspected vaccine reactions(s)."

21 27. Patient 4 was examined by Respondent on June 2, 2020, in what is memorialized as a
22 telehealth visit. The records fail to note vitals, immunization history, past personal or family
23 medical history. The records note that Patient 4 has no food or drug allergies, but does use
24 cannabis daily for mood disorder. Respondent assigned the diagnosis of generalized anxiety
25 disorder and anorexia nervosa in remission, and noted the intention to provide Patient 4 with a
26 cannabis recommendation letter that would last for one year.

1 28. Respondent did not administer any contraindication⁸ screenings and the records make
2 no mention of any immunization history. Respondent failed to provide an appropriate evidence
3 based medical exemption when exempting Patient 4 from a potentially lifesaving vaccine and
4 departed from CDC, ACIP or AAP, recommendations and guidelines; and failed to obtain and/or
5 document informed consent and informed refusal.

6 Patient 5

7 29. Patient 5 was 19-years old when Respondent provided a vaccine exemption letter
8 dated July 24, 2020, for the patient to provide to U.C. Santa Cruz. The letter permanently
9 exempted Patient 5 from “Influenza/Flu, Poliomyelitis (Polio), Rotavirus, Diphtheria, Pertussis,
10 and Tetanus (DPT or TDaP), Hepatitis A, Hepatitis B, Measles, Mumps, Rubella (MMR),
11 Varicella, Pneumococcus, Meningococcus, Human Papillomavirus (HPV), and Haemophilus
12 Influenza type B (HIB). This exemption is for all vaccines including those not mentioned here,
13 vaccines currently in development and/or testing. Vaccination constitutes a greater risk than
14 benefit to this individual.”

15 30. The exemption states that Patient 5 “has a personal and family history of various
16 medical condition(s) that include allergic conditions, asthma, autoimmune conditions, mental
17 health/psychiatric conditions, neurological/neurodevelopmental conditions, and suspected vaccine
18 reaction(s).”

19 31. Patient 5 was examined by Respondent on June 25, 2020, in what is memorialized as
20 a telehealth visit. Patient 5 was concerned about the risks related to the amount/frequency of
21 vaccines on the vaccines schedules, as well as ingredients found in vaccines based on her own
22 research. The records note that Patient 5 had migraines, asthma and testing for lupus.
23 Documentation stated that Patient 5 had received most of the childhood vaccines except for
24 varicella and HPV. The notes record a family history of asthma, anxiety, alopecia, epilepsy,
25 suspected vaccine reaction, migraines, Parkinson’s Disease and possible lupus.

27 ⁸ Contraindications are conditions in a recipient that increased the risk for serious adverse
28 reaction to a vaccine. National standards for pediatric vaccination practices have been established
and include descriptions of valid contraindications and precautions to vaccination.

1 32. Respondent assessed that based on Patient 5's history of suspected vaccine reaction –
2 which is not documented – and “other toxicity” concerns, it was appropriate to refer the patient
3 for naturopathic considerations including hydrotherapy detox, essential oils, homeopathic vaccine
4 reaction tincture and future possible metals detox and mineral rebalancing protocol.

5 33. On December 10, 2020, Respondent signed a University of California Medical
6 Exemption Request Form, describing the contraindication for immunization for Patient 5 as
7 “Enrolled in a Herd Immunity Study.” There are no records that Patient 5 was enrolled in a herd
8 immunity study.

9 34. Respondent failed to administer any contraindication screenings; failed to provide an
10 appropriate evidence based medical exemption when exempting Patient 5 from a potentially
11 lifesaving vaccine and departed from CDC, ACIP or AAP, recommendations and guidelines; and
12 failed to obtain and/or document informed consent and informed refusal.

13 Patient 6

14 35. Patient 6 was 19-years old when Respondent provided a vaccine exemption letter
15 dated August 7, 2020, for the patient to provide to U.C. Santa Cruz.

16 36. The letter permanently exempted Patient 6 from “Influenza/Flu, Poliomyelitis (Polio),
17 Rotavirus, Diphtheria, Pertussis, and Tetanus (DPT or TDaP), Hepatitis A, Hepatitis B, Measles,
18 Mumps, Rubella (MMR), Varicella, Pneumococcus, Meningococcus, Human Papillomavirus
19 (HPV), and Haemophilus Influenza type B (HIB). This exemption is for all vaccines including
20 those not mentioned here, vaccines currently in development and/or testing. Vaccination
21 constitutes a greater risk than benefit to this individual.”

22 37. The exemption states that Patient 6 “has a personal and family history of allergies,
23 autoimmune conditions, mental health/psychiatric conditions, neurological and/or
24 neurodevelopmental conditions, and suspected vaccine reactions(s).” The letter further stated,
25 “This patient was originally evaluated and determined for medical exemption on October 10,
26 2017 and remains an active patient in my practice. Determination for this decision falls under the
27 guidelines of SB277; this letter is a revision of the language only.”
28

38. Patient 6 was examined by a Nurse Practitioner on October 10, 2017. The patient's mother was concerned about injecting heavy metals and other harmful toxins into the patient, who had received Tdap and Hepatitis B vaccines without adverse side effects. Patient 6 had received typhoid vaccine, and had both varicella and malaria diseases while living in India. Patient 6 was born with just one kidney and had a possible diagnosis of vitiligo. The Nurse Practitioner and the patient's mother discussed "homeoprophylaxis" as an alternative to conventional immunization.

39. The medical records fail to record negative vaccine reactions or allergies attributed to Patient 6, other than Acetaminophen-Codeine. The mother has vitiligo and thyroid disorder and a maternal aunt is allergic to animal dander. No other family medical conditions are recorded.

40. Respondent failed to administer any contraindication screenings; failed to provide an appropriate evidence based medical exemption when exempting Patient 6 from a potentially lifesaving vaccine and departed from CDC, ACIP or AAP, recommendations and guidelines; and failed to obtain and/or document informed consent and informed refusal.

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Gross Negligence; Repeated Negligent Acts; Incompetence)

41. Paragraphs 10 through 40 are incorporated by reference as if fully set forth.

42. Respondent Jean L. Talleyrand, M.D. is subject to disciplinary action under sections 2234 and/or 2234(b) and/or 2234(c) and/or 2234(d) of the Code in that Respondent engaged in unprofessional conduct and was grossly negligent, and/or repeatedly negligent, and/or incompetent in his care and treatment of Patients 1 through 6, including but not limited to:

A. Respondent issued global and permanent vaccine exemptions, despite the fact that there is no component common to all vaccines.

B. Respondent provided medical exemptions from all vaccinations without conducting adequate or meaningful assessments, evaluations or examinations, and without identifying specific medication conditions or vaccine contraindications;

C. Respondent issued vaccine exemptions based on family history, which were not corroborated by external records, and which were not consistent with contradictions

1 to vaccination recognized by or consistent with immunization guidelines issued by the CDC,
2 ACIP or AAP, which are the standard of care;

3 D. Respondent issued vaccine exemptions without providing and/or documenting the
4 discussion with the patients or their parents regarding the risks and benefits of vaccines and of
5 foregoing vaccination.

6 E. Respondent issued vaccine exemptions without obtaining and/or documenting
7 informed consent and informed refusal.

8 **SECOND CAUSE FOR DISCIPLINE**

9 **(Unprofessional Conduct – Gross Negligence; Repeated Negligent Acts – Patient 7)**

10 43. Respondent Jean L. Talleyrand, M.D. is subject to disciplinary action under sections
11 2234 and/or 2234(b) and/or 2234(c) of the Code in that Respondent engaged in unprofessional
12 conduct and was grossly negligent, and/or repeatedly negligent in his care and treatment of
13 Patient 7. The circumstances are as follow:

14 44. On November 3, 2021, Respondent signed a medical exemption for COVID-19
15 vaccination on behalf of Patient 7, a then 54-year old female. The exemption, which Respondent
16 wrote was “[b]ased on CDC guidance,” did not have an expiration date in contravention to
17 California requirements.

18 45. According to medical records of the November 3, 2021 telemedicine appointment,
19 Patient 7 presented with chronic hives, nausea, and “anxiety regarding vaccination.” Patient 7
20 received vaccines as a child. The records also noted that, “she avoids all medications and
21 procedures due to hives reaction.” The records do not identify the medications at issue, but do
22 note that Patient 7 has no drug allergies. Respondent noted the reason for the medical exemption
23 was “due to a prior history that increases the risk of severe adverse reactions.”

24 46. During an interview with Board investigators, Respondent stated that Patient 7 had
25 concerns that the Covid-19 vaccination may worsen a skin rash and worsen her anxiety.
26 Respondent added that Patient 7 had no physical reasons for a vaccine exemption; and that the
27 exemption was not issued due to hives, rather it was issued for anxiety.

47. Anxiety is not considered a contraindication or precaution for COVID-19 vaccination by the CDC or APIC under current or past recommendations.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Gross Negligence; Repeated Negligent Acts – Patient 8)

48. Respondent Jean L. Talleyrand, M.D. is subject to disciplinary action under sections 2234 and/or 2234(b) and/or 2234(c) of the Code in that Respondent engaged in unprofessional conduct and was grossly negligent, and/or repeatedly negligent in his care and treatment of Patient 8. The circumstances are as follow:

49. Patient 8 was a 31-year old female at the time of her first documented visit with Respondent on March 4, 2020. Her medical problems included obesity, asthma, chronic sinusitis, GAD (generalized anxiety disorder), agoraphobia with panic disorder, PTSD (post-traumatic stress disorder), insomnia, fibromyalgia, back spasm, sciatica, cannabis use, and polypharmacy.

50. Patient 8 filled albuterol prescriptions from Respondent 46 times between September 20, 2019 and October 7, 2021, sometimes less than 2 weeks apart. Patient 8's albuterol requirement was extremely high, placing her at high risk of death from asthma. Respondent did not refer Patient 8 to an asthma specialist. Additionally, on January 12, 2021 and then again on February 6, 2023, Respondent wrote Patient 8 recommendations for marijuana, which Patient 8 smoked approximately 4-5 times per week. There was no indication for the purpose of the February 6, 2023 recommendation.

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1 51. Respondent prescribed tramadol (opioid),⁹ Xanax (benzodiazepine),¹⁰ Ambien
2 (hypnotic),¹¹ and carisoprodol (muscle relaxant)¹² to Patient 8 for daily use between September
3 2019 and February 2023. Respondent did not consult CURES every six months while prescribing
4 these controlled substances to Patient 8.

5 52. Respondent's documentation indicated that Patient 8 had mental health conditions
6 including generalized anxiety disorder, agoraphobia with panic disorder, PTSD, and insomnia.
7 The use of multiple CNS depressants in a patient with mental health conditions placed her at high
8 risk of opioid overdose. Respondent did not consult with a pain specialist.

9 53. There was no documentation of treatment agreements, and no evidence that Patient
10 8's opioid usage was monitored with CURES reviews or urine drug testing.¹³

11 54. Respondent documented 35 monthly telemedicine visits with Patient 8 while
12 prescribing opioids between March 4, 2020 and February 6, 2023. There were no documented
13 visits the first several months that Respondent prescribed opioids, between September 26, 2019
14 and May 4, 2020. Respondent neglected to assess response to therapy or adverse effects at
15 multiple visits while refilling chronic opioid therapy, and never prescribed naloxone to Patient 8.

16 ⁹ Ultram, a trade name for tramadol hydrochloride, is a centrally acting synthetic analgesic
17 compound. It is a dangerous drug as defined in section 4022 of the Business and Professions
18 Code, and a schedule II controlled substance as defined by section 11057 of the Health and Safety
19 Code. Ultram is indicated for the management of moderate to moderately severe pain.

20 ¹⁰ Xanax is a trade name for alprazolam tablets. Alprazolam is a psychotropic triazolo
21 analogue of the 1,4 benzodiazepine class of central nervous system-active compounds. Xanax is
22 used for the management of anxiety disorders or for the short-term relief of the symptoms of
23 anxiety. It is a dangerous drug as defined in section 4022 and a schedule IV controlled substance
24 and narcotic as defined by section 11057, subdivision (d) of the Health and Safety Code.

25 ¹¹ Ambien, a trade name for zolpidem tartrate, is a non-benzodiazepine hypnotic of the
26 imidazopyridine class. It is a dangerous drug as defined in Business and Professions Code
27 section 4022 and a schedule IV controlled substance as defined by section 11057 of the Health
28 and Safety Code.

29 ¹² Carisoprodol, also known by the trade name SOMA, is a muscle-relaxant and sedative.
30 It is a dangerous drug as defined in section 4022 of the Business and Professions Code, and a
31 schedule IV controlled substance as defined by section 11057 of the Health and Safety Code.

32 ¹³ CURES "is California's prescription drug monitoring program. By statute, every
33 prescription of a Schedule II, III, or IV controlled substance must be logged in CURES, along
34 with the patient's name, address, telephone number, gender, date of birth, drug name, quantity,
35 number of refills, and information about the prescribing physician and pharmacy. [Citation.]"
36 (*Lewis v. Superior Court* (2017) 3 Cal.5th 561, 565 (*Lewis*).) The Board is authorized to access
37 the CURES database (*id.* at p. 567), which is maintained by the California Department of Justice
38 (*id.* at p. 566).

55. Respondent is subject to disciplinary action under sections 2234(b) [gross negligence] and 2234(c) [repeated negligent acts] of the Code in that Respondent:

A. Failed to properly manage Patient 8's asthma.

B. Failed to provide adequate patient education, monitoring, or naloxone prescription to prevent overdose to a patient prescribed four central nervous system depressant medications.

C. Failed to adequately assess for response to opioid therapy or adverse effects of therapy.

D. Failed to consult with a pain specialist or mental health specialist for a patient with a concurrent mental health disorder.

E. Failed to consult CURES at least once every six months while prescribing controlled substances

F. Recommended cannabis to a patient without good faith examination and medical indication.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Gross Negligence; Repeated Negligent Acts – Patient 9)

56. Respondent Jean L. Talleyrand, M.D. is subject to disciplinary action under sections 2234 and/or 2234(b) and/or 2234(c) of the Code in that Respondent engaged in unprofessional conduct and was grossly negligent, and/or repeatedly negligent in his care and treatment of Patient 8. The circumstances are as follow:

57. Patient 9 was a 42-year old male cannabis user with ADHD and insomnia who re-established care with Respondent, based on a first documented visit on February 5, 2018. Respondent provided Patient 9 with cannabis recommendation letters approximately annually from 2018 to 2022. Respondent also frequently refilled Respondent's Ritalin¹⁴ to treat ADHD.

58. Respondent previously provided medical care to Patient 9 from 1999 through 2013. Following their last visit on July 2, 2013, there was nearly a 5-year gap in the medical records

¹⁴ Ritalin, a trade name for methylphenidate hydrochloride, is a mild central nervous system stimulant. It is a dangerous drug as defined in section 4022 and a schedule II controlled substance as defined in Health and Safety Code section 11055.

1 until February 5, 2018. CURES shows that from December 14, 2016 to early June 26, 2019,
2 Respondent prescribed Ritalin to Patient 9 on 27 occasions. There are no records of good faith
3 examinations prior to Respondent issuing the prescriptions.

4 59. Patient 9 filled Ambien prescriptions from Respondent on December 20, 2016; March
5 3, 2017; July 7, 2017; November 19, 2017; June 25, 2019; and March 30, 2021. There were no
6 documented visits with Respondent in 2016 or 2017. The June 25, 2019 appointment was for a
7 cannabis recommendation letter for "mood, sleep and pain," but there was no other discussion
8 about insomnia. The March 29, 2021 appointment note briefly mentioned "insomnia," without
9 symptom description.

10 60. Respondent wrote five 1-year cannabis recommendation letters for Patient 9,
11 approximately annually between 2018 and 2022. Respondent documented that Patient 9 used
12 cannabis for "mood," "disordered sleep," "pain," and/or "focus." Respondent did not document
13 symptoms of mood disorder, sleep disorder, or pain. There were no outside medical records
14 confirming these diagnoses. There were no documented good faith examinations prior to issuing
15 the recommendations.

16 61. Between 2019 and 2022, Respondent wrote cannabis recommendation letters for
17 Patient 9, to treat the symptom "sleep." In addition, Patient 9 filled prescriptions for Ambien from
18 Respondent on six dates between 2016 and 2021. There was no documented discussion about
19 preferred psychologic treatment of insomnia, including sleep hygiene principles or Cognitive
20 Behavioral Therapy, nor was there any indication of a good faith examination prior to writing the
21 recommendations

22 62. Respondent is subject to disciplinary action under sections 2234(b) [gross
23 negligence] and 2234(c) [repeated negligent acts] of the Code in that Respondent:

24 A. Recommended cannabis to a patient without a good faith prior examination and
25 medical indication.

26 B. Prescribed stimulants for ADHD without an appropriate prior examination.

27 C. Prescribed hypnotics for insomnia without an appropriate prior examination.

28 D. Treated insomnia with medication alone.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 61572, issued to Respondent Jean L. Talleyrand, M.D.;
2. Revoking, suspending or denying approval of Respondent Jean L. Talleyrand, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Jean L. Talleyrand, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: FEB 23 2023


REJI VARGHESE
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant