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

In the Matter of the Accusation Against: James Russell Logan, M.D. Physician's & Surgeon's Certificate No. G 72586 Respondent.	Case No. 8002023102642

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 February 24, 2025.

IT IS SO ORDERED: January 23, 2025.

MEDICAL BOARD OF CALIFORNIA

Michelle A. Bholat, MD

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

ROB BONTA
Attorney General of California
MICHAEL C. BRUMMEL
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **JAMES RUSSELL LOGAN, M.D.** **1010 Mangrove Ave., Suite A** **Chico, CA 95926-3550** **Physician's and Surgeon's Certificate No. G 72586** Respondent.	Case No. 800-2023-102642 OAH No. 2024080309 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

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

2. Respondent James Russell Logan, M.D. (Respondent) is represented in this proceeding by attorney Dominique A. Pollara, whose address is: 100 Howe Avenue, Suite 165N Sacramento, CA 95825-8202.

3. On or about October 1, 1991, the Board issued Physician's and Surgeon's Certificate No. G 72586 to James Russell Logan, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2023-102642, and will expire on October 31, 2025, unless renewed.

JURISDICTION

4. Accusation No. 800-2023-102642 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on June 4, 2024. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2023-102642 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2023-102642. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2023-102642, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's License.

10. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case or factual basis with respect to the charges and allegations contained in Accusation No. 800-2023-102642 and that he has thereby subjected his license to disciplinary action and gives up his right to contest those charges.

11. Respondent agrees that if he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2023-102642 shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving respondent in the State of California.

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

CONTINGENCY

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

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

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 72586 issued to Respondent James Russell Logan, M.D., shall be and is hereby publicly reprimanded pursuant to California Business and Professions Code, section 2227, subdivision (a) (4). This public reprimand, which is issued in connection with Respondent's care and treatment of ten patients as set forth in Accusation No. 800-2023-102642, is as follows:

"You issued or caused to be issued medical exemptions from CAIR-ME that were not medically or clinically contraindicated and failed to maintain adequate and accurate medical records as to those patients."

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

Failure to successfully complete and provide proof of attendance to the Board or its designee of the education program(s) or course(s) within 90 calendar days of the effective date of this Decision, unless the Board or its designee agrees in writing to an extension of time, shall constitute general unprofessional conduct and may serve as the grounds for further disciplinary

action.

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

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

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

Failure to successfully complete and provide proof of attendance to the Board or its designee of the medical record keeping course within 90 calendar days of the effective date of this Decision, unless the Board or its designee agrees in writing to an extension of time, shall constitute general unprofessional conduct and may serve as the grounds for further disciplinary action.

3. PROHIBITED PRACTICE. Commencing from the effective date of this Decision and continuing for a period of three consecutive years thereafter, Respondent is prohibited from making or issuing any written exemption from immunization, or any other written statement providing that any child is exempt from the requirements of Chapter 1, commencing with Section 120325, of the Health and Safety Code or any successor statute relating to requirements for

immunization against childhood diseases. Any violation of this condition shall be considered unprofessional conduct and grounds for further disciplinary action.

4. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena enforcement, as applicable, in the reduced amount of $19,900.58 (nineteen thousand nine hundred dollars and fifty-eight cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered unprofessional conduct and grounds for further disciplinary action.

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

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

5. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2023-102642 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

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ACCEPTANCE

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

DATED: Dec. 4, 2024

JAMES RUSSELL LOGAN, M.D.
Respondent

I have read and fully discussed with Respondent James Russell Logan, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 12/4/2024

DOMINIQUE A. POLLARA
Attorney for Respondent

ENDORSEMENT

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

DATED: December 4, 2024

Respectfully submitted,

ROB BONTA
Attorney General of California
MICHAEL C. BRUMMEL
Supervising Deputy Attorney General

AARON L. LENT
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2023-102642

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **James Russell Logan, M.D.** **1010 Mangrove Ave., Suite A** **Chico, CA 95926-3550** **Physician's and Surgeon's Certificate No. G 72586,** Respondent.	Case No. 800-2023-102642 **ACCUSATION**

PARTIES

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

2. On or about October 1, 1991, the Medical Board issued Physician's and Surgeon's Certificate No. G 72586 to James Russell Logan, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on October 31, 2025, unless renewed.

JURISDICTION

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

4. Section 2227 of the Code 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 one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

STATUTORY PROVISIONS

5. Section 2234 of the Code, states:

> The board shall take action against any licensee who is charged with unprofessional conduct.[1] In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
>
> (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
>
> (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.
>
> (d) Incompetence.
>
> (e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and

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

surgeon.

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

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

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

7. Health and Safety Code section 120325 states:

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

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

(1) Diphtheria.

(2) Hepatitis B.

(3) Haemophilus influenza type b.

(4) Measles.

(5) Mumps.

(6) Pertussis (whooping cough).

(7) Poliomyelitis.

(8) Rubella.

(9) Tetanus.

(10) Varicella (chickenpox).

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

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

(c) Exemptions from immunization for medical reasons.

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

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

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

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

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

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

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

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

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

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

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

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

(H) An authorization for the department to contact the issuing physician and surgeon for purposes of this section and for the release of records related to the medical

exemption to the department, the Medical Board of California, and the Osteopathic Medical Board of California.

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

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

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

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

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

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

(d)(1) The department, at a minimum, shall annually review immunization reports from all schools and institutions in order to identify medical exemption forms submitted to the department and under this section that will be subject to paragraph (2).

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

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

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

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

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

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

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

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

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

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

(7)(A) If the department determines that a physician's and surgeon's practice is contributing to a public health risk in one or more communities, the department shall report the physician and surgeon to the Medical Board of California or the Osteopathic Medical Board of California, as appropriate. The department shall not accept a medical exemption form from the physician and surgeon until the physician and surgeon demonstrates to the department that the public health risk no longer exists, but in no event shall the physician and surgeon be barred from submitting these forms for less than two years.

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

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

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

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

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

(f) In administering this section, the department and the independent expert review panel created pursuant to Section 120372.05 shall comply with all applicable state and federal privacy and confidentiality laws. The department may disclose

information submitted in the medical exemption form in accordance with Section 120440, and may disclose information submitted pursuant to this chapter to the independent expert review panel for the purpose of evaluating appeals.

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

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

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

(j) For purposes of administering this section, the department and the California Health and Human Services Agency appeals process shall be exempt from the rulemaking and administrative adjudication provisions in the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340), Chapter 4 (commencing with Section 11370), Chapter 4.5 (commencing with 11400), and Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code).

COST RECOVERY

9. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to 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, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

FACTUAL ALLEGATIONS

10. At all relevant times, Respondent James Russell Logan, M.D., was a physician and surgeon, Board Certified in Pediatrics, providing medical care in a clinic, under the business name Paradise Medical Group (PMG) Pediatrics located in Chico, California.

11. The standard of care for pediatricians is to follow the Center for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices' (ACIP) recommendations

and guidelines, as well as the American Academy of Pediatrics' guidelines on pediatric immunizations and immunization practices. On or about October 20, 2023, pursuant to Health & Safety Code section 120372, the Board received a notification from CAIR-ME[2] that identified Respondent as a physician who wrote five or more rejected vaccine exemptions as determined by California Department of Public Health (CDPH) for more than five of Respondent's pediatric patients.

Patient 1[3]

12. On or about June 23, 2021, Respondent saw female minor Patient 1 for her nine year old examination. Respondent's medical records of Patient 1 indicated Patient 1's mother stated she declined the second varicella vaccine because after the first one, Patient 1 was somewhat sick. No further specifics and no vaccine counseling were documented by Respondent.

13. On or about December 3, 2021, Respondent issued or caused to be issued a medical exemption from immunization (ME) for Patient 1, a minor patient through CAIR-ME. Respondent's submitted exemption for Patient 1 claimed a diagnosis of anaphylaxis with a description of "high fevers, full body hives, and severe lethargy," and exempted Patient 1 from the varicella vaccine permanently, expiring at the end of the sixth grade. This exemption was subsequently revoked by CAIR-ME.

14. On or about August 9, 2022, Respondent saw female minor Patient 1 for her ten year old examination. Respondent documented Patient 1 as having no chronic medical issues and that her vaccines were documented as up-to-date (UTD) in her assessment. Patient 1's actual vaccine record stated her mother did not want to complete the second varicella vaccine.

15. On or about January 31, 2024, in an interview with Board investigators, Respondent stated that he did not have any documentation that Patient 1 had anaphylaxis, fever, hives, or

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[2] California Immunization Registry Medical Exemption.

[3] To protect the privacy of the patients and witnesses involved, the patients and witnesses names were not included in this pleading. Respondent is aware of the identity of each patient and witness. All patients and witnesses will be fully identified in discovery.

severe lethargy after the first varicella vaccination. Respondent admitted that the actual basis for Patient 1's vaccine exemption was the personal belief of Patient 1's mother.

Patient 2[4]

16. On or about September 15, 2015,[5] four year old female minor Patient 2 established care with PMG Pediatrics and was seen by Respondent's colleagues for an initial visit including a subsequent wellness visitation on or about December 16, 2015. Patient 2's medical records indicate her family watched an immunization refusal video and that a vaccination was not carried out due to caregiver refusal. It was not documented which vaccine was of concern, however, Patient 2's immunization record was missing the second varicella vaccine. Over the following years, Patient 2 was seen for multiple episodes of ear infections and wellness examinations.

17. On or about April 19, 2017, Respondent saw Patient 2 for a double ear infection and again, on or about July 10, 2017, for an inflammation of the ear canal. Respondent did not document discussing vaccines at either visit.

18. On or about January 23, 2018, Respondent saw Patient 2 for a wellness examination, diagnosed her with eczema, and referred her to an allergist. Respondent did not document any discussion of the varicella vaccine at this visit.

19. On or about January 3, 2019, Respondent saw Patient 2 for a wellness examination and she was assessed as well. Respondent documented that vaccines were reviewed but there was no documented discussion of the varicella vaccine at this visit.

20. On or about January 9, 2020, Respondent saw Patient 2 for a nine year old wellness examination and she was assessed as well. Respondent did not document any discussion of the varicella vaccine at this visit.

21. On or about January 5, 2021, Respondent saw Patient 2 for a ten year old wellness examination and she was assessed as well. Respondent did not document any discussion of the varicella vaccine at this visit.

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[4] Patient 1 and Patient 2 are siblings.

[5] Conduct occurring prior to June 2017, is for informational purposes only, and is not alleged as a basis for disciplinary action.

22. On or about July 12, 2021, Patient 2's mother called and left a message for Respondent stating that Patient 2's school would not admit her without a second varicella vaccine. Patient's mother claimed Patient 2 had a reaction to the first dose which included a high fever, lethargy, and full body rash. Respondent did not respond to PMG Pediatrics' nurse forwarding this message to him and an inquiry as to whether or not a CAIR entry could be made. Patient 2's medical records contain no documentation of the vaccine reaction being seen by a clinician or medical professional. There is no indication in Patient 2's medical records at PMG Pediatrics that Respondent sought or obtained Patient 2's prior medical records from the time of her first varicella vaccination.

23. On or about December 2, 2021, Respondent issued or caused to be issued a ME for Patient 2, a minor patient through CAIR-ME. Respondent's submitted exemption for Patient 2 claimed a diagnosis of anaphylaxis with a description of "high fevers, full body hives, and severe lethargy," and exempted Patient 2 from the varicella vaccine permanently, expiring at the end of the selected grade.

24. On or about December 28, 2022, Respondent saw Patient 2 for an eleven year old wellness examination and she was assessed as well. The HPV, MenQuadfi,[6] and flu shots were offered and declined by Patient 2's parent. Patient 2 received her TDap[7] vaccination at this visit.

25. On or about January 11, 2023, Respondent saw Patient 2 for a twelve year old wellness examination and she was diagnosed with a vaccine adverse reaction with a stated description in the medical record of "patient developed hives shortly after getting her first. Varivax.[8] Will put into CAIR exemption."

26. On or about January 31, 2024, in an interview with Board investigators, Respondent admitted that the actual basis for Patient 2's vaccine exemption was Patient 2's parental preference.

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[6] MenQuadfi is a vaccine used to help prevent certain serious, sometimes fatal, invasive bacterial infections such as meningitis and meningococcemia.

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

[8] Varivax is a vaccine used to help prevent the varicella virus (chickenpox).

Patient 3

27. On or about March 13, 2020, three year old female minor Patient 3 established care with PMG Pediatrics and was seen by Respondent's colleagues for an initial visit regarding an ear infection.

28. On or about October 29, 2020, Respondent first saw Patient 3 for an examination and flu vaccination.

29. On or about February 4, 2021, according to Patient 3's medical records, Respondent saw Patient 3 with her mother and discussed vaccine exemptions. Patient 3's mother claimed when Patient 3 first began receiving vaccinations, Patient 3 had several seizure-like episodes and seemed "distant." Patient 3's parents sought out a previous physician who provided her with a medical exemption letter at that time. Respondent documented in Patient 3's PMG Pediatrics records that he did not find anything in Patient 3's previous medical records regarding Patient 3's adverse reactions to immunization other than a single letter a previous physician authored in March 2019. Respondent's documented assessment and plan for Patient 3 was a stated diagnosis of adverse reaction to a vaccine product. Respondent offered Patient 3's parents a referral to either UCD or Stanford Children's Hospital for further evaluation regarding the vaccine concerns.

30. On or about February 18, 2021, Respondent issued or caused to be issued a ME for Patient 3, a minor patient through CAIR-ME. Respondent's submitted exemption for Patient 3 that claimed Patient 3 suffered from multiple seizures, cognitive motor impairment, and chronic enlarged lymph nodes, and exempted Patient 3 from the DTap,[9] HepB,[10] IPV,[11] MMR,[12] Tdap, VAR/VZV[13] vaccines permanently, expiring at the end of the sixth grade. There is specifically no documentation of any cognitive motor impairment or chronic enlarged lymph nodes in Patient 3's medical records.

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[9] DTaP is an abbreviation for diphtheria, tetanus and acellular pertussis vaccine.
[10] HepB is an abbreviation for hepatitis B vaccine.
[11] IPV is an abbreviation for inactivated polio vaccine.
[12] MMR is an abbreviation for measles, mumps, and rubella vaccine.
[13] VAR is an abbreviation for varicella vaccine. VZV is an abbreviation for varicella-zoster virus vaccine.

31. On or about October 12, 2022, Respondent saw Patient 3 for a wellness examination. According to Patient 3's PMG Pediatrics medical records, Patient 3's vaccine exemption was revoked by the state eight months prior.

32. On or about January 31, 2024, in an interview with Board investigators, Respondent stated that he submitted Patient 3's CAIR-ME based solely on the March 2019 letter authored by a previous physician, the patient's previous exemption, and because Patient 3's parents requested the vaccine exemptions. Respondent admitted he did not have medical record documentation of Patient 3's adverse reactions.

Patient 4

33. On or about June 8, 2018, one month old male Patient 4 established care with PMG Pediatrics and was seen by Respondent's colleagues for an initial newborn visit at which time Patient 4's parents refused the Hepatitis B vaccine. Vaccines were documented as being discussed but not given at Patient 4's one and two month age well visits.

34. On or about September 27, 2018, during Patient 4's four-month wellness examination, he received his first Pentacel (DTaP, IPV, Hib) and rotavirus vaccines.

35. On or about October 25, 2018, Patient 4 was seen to recheck an undescended testicle and cold symptoms. Patient 4's mother mentioned concerns about further vaccines, but no vaccines were administered.

36. On or about December 13, 2018, Patient 4 was seen and received the second Pentacel and rotavirus vaccines with documentation of "alternative immunization schedule." The following day Patient 4 developed a localized reaction at the injection site and was a little fussy. Patient 4 had two episodes of vomiting, a fever, and a prolonged seizure, and was seen at the Oroville Hospital. After a normal head CT and rectal Tylenol, Patient 4 was discharged home. During a follow-up visit at PMG Pediatrics, Patient 4 was diagnosed with a complex febrile seizure, and an EEG and MRI were recommended. Respondent's colleague's assessment and plan described Patient 4 as a well child with complex febrile seizure and a recommendation to hold off on further vaccines with specific mention of MMR and DTaP until he is older. There is no

indication in Patient 4's medical records that the recommended EEG or MRI were ever performed.

37. On or about September 23, 2021, Respondent first saw Patient 4 for his three year wellness examination. Respondent assessed Patient 4 as a well child with healthy growth and development without up-to-date immunizations. Respondent documented he would give an exemption via CAIR database after Patient 4's parents filled out the form. According to the medical records, Patient 4 fully recovered from the December 2018 seizure and was found not to have an underlying seizure disorder, with no indication of reoccurrence.

38. On or about September 28, 2021, Respondent issued or caused to be issued a ME for Patient 4, a minor patient through CAIR-ME. Respondent's submitted exemption for Patient 4 claimed a diagnosis of complex febrile seizure, and exempted Patient 4 from the DTap, HepB, Hib,[14] IPV, MMR, and VAR/VZV vaccines permanently, expiring at the end of the selected grade. According to Patient 4's medical records, the alternative option of administering a DT[15] instead of DTaP was never discussed.

39. On or about January 31, 2024, in an interview with Board investigators, Respondent stated that he would be cautious about all vaccines with Patient 4's history of complex febrile seizures and would recommend slowly administering vaccines one at a time, however, Patient 4's parents did not want any further vaccines. Respondent admitted he provided an exemption so Patient 4 could attend school, and further admitted that he entered the exemption thinking the State would decide the appropriateness of the exemption.

Patient 5

40. During Patient 5's first year of life, he received primary pediatric care from a medical provider other than PMG Pediatrics and was administered his two month vaccines including PCV13,[16] Hib, DTap, HepB, IPV, and rotavirus on or about August 7, 2020. The following month Patient 5's parents voiced concerns regarding vaccinations as not necessary due to Patient 5's

[14] Hib is an abbreviation for haemophilus influenzae type b vaccine.
[15] DT is an immunization against diphtheria and tetanus.
[16] PCV13 is an abbreviation for pneumococcal conjugate vaccine.

father having reactions. The physician documented that Patient 5's father's reactions should not translate to Patient 5 and encouraged vaccination even if at a slower rate. At four months old, Patient 5 received the Pediatrix[17] vaccines and the following month he received the Hib and rotavirus vaccines. Patient 5's medical records contain no documentation of an adverse vaccine reaction at this point. At Patient 5's six month visit in December 2020, he received the Pediatrix vaccines and his parents reported Patient 5 experienced a rash and vomiting. At Patient 5's nine month visit in March 2021, he was assessed as well and given the Hib and PCV13 vaccines. At Patient 5's twelve month wellness examination in June 2021, he was given PCV13 but no other vaccines.

41. On or about September 30, 2021, one year old male Patient 5 established care with PMG Pediatrics and was seen by Respondent for an initial fifteen month examination. Respondent's documented assessment of Patient 5 was that of a well child with healthy growth and development. Patient 5's medical records indicate his mother refused vaccines at this visit and that Patient 5 had not received any additional vaccinations after nine months of age. In Patient 5's history of present illness, Respondent documented that the family had stopped vaccinating Patient 5 after nine months of age due to "having reactions." Patient 5's parents claimed he had a mild cough, a rash on his body, and a convulsion but not a full seizure, and were worried about it reoccurring.

42. On or about December 22, 2021, Respondent saw Patient 5 for his eighteen month old examination. Respondent's medical records of Patient 5 indicated he was a well child having a vaccine adverse reaction. Patient 5's mother claimed when he received vaccines in the past he became progressively sick with high fevers and experienced a full body rash with shaking that lasted 5-10 seconds and vomiting. Patient 5's father also claimed to have severe reactions to vaccines and that he obtained an exemption. No vaccines were administered to Patient 5 at this visit.

[17] Pediatrix is a combination product containing DTaP, hepatitis B, and inactivated polio vaccines.

43. On or about December 28, 2021, Respondent issued or caused to be issued a ME for Patient 5, a minor patient through CAIR-ME. Respondent's submitted exemption for Patient 5 claimed a diagnosis of anaphylaxis, and exempted Patient 5 from the DTap, Hib, IPV, MMR, and VAR/VZV vaccines permanently, expiring at the end of the sixth grade. This exemption was subsequently revoked by CAIR-ME.

44. On or about June 22, 2022, Respondent saw Patient 5 for his two year old wellness examination. Respondent assessed Patient 5 as well with the hepatitis A vaccine being documented as declined and a negative autism screening.

45. On or about June 22, 2023, Respondent saw Patient 5 for his three year old wellness examination. Respondent assessed Patient 5 as well and as having a history of vaccine reaction.

46. On or about January 31, 2024, in an interview with Board investigators, Respondent stated that he would be cautious about administering vaccines given Patient 5's father's reported history. Respondent admitted that Patient 5's symptoms of reactions were only self-reported by his mother alone without being seen or documented by a clinician or medical professional. Respondent also admitted that the basis for Patient 5's vaccine exemption was Patient 5's parental beliefs. Respondent stated that he might refer Patient 5 to a specialist to determine if he qualified for an exemption.

Patient 6

47. On or about February 22, 2022, fourteen year old female Patient 6 established care with PMG Pediatrics and was seen by Respondent's colleagues for an initial examination. Patient 6 was unvaccinated but was interested in starting vaccinations for school purposes. Patient 6's mother was present and given vaccine education documents but wished to discuss vaccines with Patient 6's father before administering vaccinations.

48. On or about August 17, 2022, Respondent saw Patient 6 and administered the Tdap vaccine. Patient 6 returned on August 23, 2022, and received her HepB and MMR vaccines; September 14, 2022, and received her polio and second Tdap vaccines; January 11, 2023, and received her second HepB and second MMR vaccines; March 29, 2023, and received her third

Tdap and second polio vaccines; November 8, 2023, and received her varivax vaccine; and on or about December 15, 2023, she received her second varivax vaccine.

49. On or about January 17, 2023, Respondent issued or caused to be issued a ME for Patient 6, a minor patient through CAIR-ME. Respondent's submitted exemption for Patient 6 claimed a physician documented immunity to varicella, and exempted Patient 6 from the VAR/VZV vaccines permanently, expiring at the end of the selected grade. Patient 6's medical records indicate a note in her charts from August 15, 2023, stating that CAIR-ME was under review due to inadequate documentation and that the family was contacted to discuss a possible antibody test for the exemption.

50. Patient 6's PMG Pediatrics medical records contained pictures of Patient 6 that show lesions on her facial skin which were undated and difficult to visualize. In another portion of Patient 6's medical records, it is noted that she had chicken pox in April 2019 and her mother provided pictures. No titers[18] nor her claimed immunity to varicella are documented in Patient 6's medical records.

51. On or about January 31, 2024, in an interview with Board investigators, Respondent stated that Patient 6 eventually received both varicella vaccines from PMG Pediatrics sometime in 2023.

Patient 7

52. During Patient 7's initial years of life, he received primary pediatric care from a medical provider other than PMG Pediatrics. Patient 7's medical records from this period are illegible due to the physician's handwriting and poor copy quality.

53. On or about December 17, 2020, two year old male Patient 7 established care with PMG Pediatrics and was seen by Respondent for an initial examination and to obtain an exemption from immunization. Patient 7's records state under his history that his older brother had problems with the MMR and was eventually diagnosed with autism and apraxia, and that

[18] A titer may be used to prove immunity to disease. If the test is positive (above a particular known value), the individual has immunity. If the test is negative (no immunity) or equivocal (not enough immunity), vaccination is needed.

Patient 7 is described as diagnosed with autism at eighteen months of age but otherwise healthy. Respondent documented in Patient 7's assessment and plan that, based on his history, the vaccine exemption would be filled out and signed.

54. On or about March 2, 2021, Respondent saw Patient 7 for his three year old wellness examination. Respondent assessed Patient 7 and documented him to be a well child with delayed development and moderate delays due to autism. No vaccines were given or documented.

55. Patient 7's PMG Pediatric medical records contained a medical exemption form giving a permanent exemption for the polio, DTap, MMR, Hib, HepB, varicella and Tdap vaccines. The comment section contained handwritten notes that were not legible and were of a poor copy. The note was signed by Respondent but the date is not legible. There was documentation that Patient 7's CAIR-ME exemption had been revoked.

56. On or about August 22, 2022, Respondent issued or caused to be issued a ME for Patient 7, a minor patient through CAIR-ME. Respondent's submitted exemption for Patient 7 claimed autism as a basis for exemption to the DTap, MMR, Hib, HepB, IPV, Tdap and VAR/VZV vaccines permanently, expiring at the end of the selected grade.

57. On or about January 31, 2024, in an interview with Board investigators, Respondent stated he was under the impression that CAIR-ME would make the decision regarding the appropriateness of the vaccine exemption rather than the physician issuing it. Respondent admitted that he did not believe autism is a contraindication for vaccines and that he submitted the exemption based on Patient 7's mother's request. Respondent denied any endorsement that the MMR vaccine causes autism.

Patient 8

58. During Patient 8's first nine years of life, she received primary pediatric care from a medical provider other than PMG Pediatrics and had been issued an exemption for all of her vaccines. The medical records reflect Patient 8's mother self-reporting she had high fever and extreme fatigue due to a Tdap in 2009, and Patient 8's father had a fever, nausea, hives, and fatigue in 2006 after receiving an MMR, HepB and HepA vaccines. Patient 8's previous primary

pediatric care physician authored a letter dated May 2, 2017, which medically exempted Patient 8 from all vaccines for four months pending testing due to a personal history of allergy and neurological vulnerability, a family history of suspected vaccine reaction, and neurologic and autoimmune disease.

59. On or about June 12, 2023, ten year old female Patient 8 established care with PMG Pediatrics and was seen by Respondent's colleagues for an initial ten year old wellness examination. Patient 8 was unvaccinated, had no chronic medical issues, and was otherwise healthy whereas her mother reported having a history of Long QT[19] and Ehlers-Danlos.[20] In Patient 8's assessment, the clinician wrote "will attempt to place the previous exemption into CAIR but there is a high chance it will get rejected."

60. On or about June 15, 2023, Respondent issued or caused to be issued a ME for Patient 8, a minor patient through CAIR-ME. Respondent's submitted exemption for Patient 8 claimed a family history of allergy, reaction, neurologic, and autoimmune disease as bases for exemption to the DTap, MMR, Hib, HepB, IPV, Tdap and VAR/VZV vaccines permanently, expiring at the end of the selected grade.

61. On or about July 5, 2023, according to PMG Pediatric medical records, a portal message was sent by Patient 8's mother stating that she needed to pick up a physical copy of the exemption to present to the school that Respondent had submitted.

62. On or about September 27, 2023, according to PMG Pediatric medical records, Patient 8's mother left another portal message stating that Patient 8's school had informed her that the exemption had been revoked, and she is hoping for a new exemption, or an extension while she obtains genetic testing to prove an allergy to some of the vaccines. She also asked for blood work to see if Patient 8 had any antibodies against any of the required immunizations.

63. On or about January 31, 2024, in an interview with Board investigators, Respondent admitted that a family history of allergy reaction, neurologic, and autoimmune disease do not

[19] Long QT syndrome (LQTS) is a heart signaling disorder that can cause fast, chaotic heartbeats and sudden death.

[20] Ehlers-Danlos syndrome is a group of inherited disorders that affects the connective tissues, causing overly flexible joints, stretchy skin and fragile blood vessels.

constitute a contraindication to the listed vaccine exemptions for Patient 8. Respondent also stated that he did not have familiarity or use the 23andme and MTHFR testing as a contraindication for vaccine exemption criteria. Respondent reiterated that he told Patient 8's mother that the exemption would likely be revoked and put it in to "see what the State says."

Patient 9

64. On or about September 23, 2020, ten year old female minor Patient 9 established care with PMG Pediatrics and was seen by Respondent for an initial visit and due to a concern regarding exposure to lead and asbestos. A lead level was obtained and Respondent reassured Patient 9 regarding the asbestos exposure.

65. On or about August 8, 2023, Respondent issued or caused to be issued a ME for Patient 9, a minor patient through CAIR-ME. Respondent's submitted exemption for Patient 9 claimed that Patient 9's prior contraction of the chicken pox disease as the basis for exemption to the VAR/VZV vaccines permanently, expiring at the end of the selected grade.

66. On or about August 15, 2023, Respondent made an appointment with Patient 9 due to a lack of documentation in her previous medical records of contracting chicken pox. On or about August 23, 2023, Patient 9 returned to PMG Pediatrics and was seen by Respondent. Patient 9 had her first varicella vaccine at the age of four with a prior primary pediatric care physician who also gave her an exemption for the second dosage as she contracted varicella but was not seen by a clinician to verify or document the illness. Respondent recommended obtaining a varicella zoster IgG[21] and gave a prescription for a 1 mg clonazepam tablet for situational panic attacks in the context of prior blood draws.

67. On or about August 30, 2023, PMG Pediatrics contacted Patient 9 to notify her of the deadline to obtain the titer results as the lab had not been contacted.

68. On or about November 8, 2023, Patient 9 returned to PMG Pediatrics and received the second Varivax vaccine.

[21] Varicella zoster IgG is a test that determines if a person carries the antibodies that a body makes against the varicella virus.

69. On or about January 31, 2024, in an interview with Board investigators, Respondent stated he would usually prefer to confirm chicken pox clinically, but was not certain if varicella titers would confirm immunity to chicken pox. Respondent stated that Patient 9 was a patient of a previous primary pediatric care physician at the time she allegedly contracted chicken pox and although the chicken pox illness was documented in her records, Respondent admitted there were no specific notes from the previous physician that clinically confirmed the illness.

Patient 10

70. On or about September 7, 2021, Respondent first saw male minor Patient 10 for his initial twelve year old wellness examination. Patient 10's records indicate having been born prematurely at 31 weeks at five pounds and was in the Neonatal Intensive Care Unit (NICU) for three weeks but suffered no complications. Respondent assessed Patient 10 as a well child with normal growth and development and no mental health concerns. The plan on this visit stated that Patient 10's mother declined all vaccines and that Patient 10 is unvaccinated.

71. On or about November 2, 2022, Respondent saw Patient 10 for his thirteen year old wellness examination. Respondent documented Patient 10 as healthy and that all vaccines were declined.

72. On or about August 21, 2023, Respondent issued or caused to be issued a ME for Patient 10, a minor patient through CAIR-ME. Respondent's submitted exemption for Patient 10 claimed Patient 10's premature birth as a basis for exemption to the DTap, MMR, Hib, HepB, IPV, Tdap and VAR/VZV vaccines permanently, expiring at the end of the selected grade.

73. On or about January 31, 2024, in an interview with Board investigators, Respondent admitted that premature birth is not a contraindication for vaccination.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

74. Respondent James Russell Logan, M.D. has subjected his Physician's and Surgeon's Certificate No. G 72586 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care

and treatment of minor Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10 by issuing or caused to be issued medical exemptions from CAIR-ME that were not medically or clinically contraindicated as more particularly alleged hereafter:

75. Complainant realleges paragraphs 10 through 73, and those paragraphs are incorporated by reference as if fully set forth herein.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

76. Respondent James Russell Logan, M.D. has further subjected his Physician's and Surgeon's Certificate No. G 72586 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate medical records for minor Patients 1, 2, 3, 6, and 7, as more particularly alleged in paragraphs 10 through 73, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

77. Respondent James Russell Logan, M.D. has further subjected his Physician's and Surgeon's Certificate No. G 72586 to disciplinary action under sections 2227 and 2234, as defined by section 2234, of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming of a member in good standing in his care and treatment of minor Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10 as more particularly alleged in paragraphs 10 through 76, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. G 72586, issued to Respondent James Russell Logan, M.D.;

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

3. Ordering Respondent James Russell Logan, 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: JUN 04 2024

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

SA2024301231