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

In the Matter of the Accusation Against: Sharon Gal Taylor, M.D. Physician's and Surgeon's Certificate No. A 101861 Respondent.	Case No. 800-2022-092758

DECISION

The attached Proposed Decision 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 January 26, 2026.

IT IS SO ORDERED December 26, 2025.

MEDICAL BOARD OF CALIFORNIA

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

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

In the Matter of the Accusation Against:

SHARON GAL TAYLOR, M.D.,

Respondent.

Agency Case No. 800-2022-092758

OAH No. 2025020746

PROPOSED DECISION

Joseph D. Montoya, Administrative Law Judge (ALJ), Office of Administrative Hearings (OAH), State of California, heard this matter on August 11 through 14, 2025 by video conference.

Complainant was represented by Vladimir Shalkevich, Deputy Attorney General. Respondent was represented by Derek F. O'Reilley-Jones, Bonne Bridges Mueller O'Keefe & Nichols.

A protective order was requested by Complainant, which will issue as a separate document. The ALJ redacted Respondent's home address in Exhibit 6.

Oral and documentary evidence was received. The record was closed and the matter was submitted for decision on August 14, 2025.

FACTUAL FINDINGS

The Parties and Jurisdiction

1. Complainant Reji Varghese filed and maintained the Accusation in this matter while acting in his official capacity as Executive Director of the Medical Board of California (Board), Department of Consumer Affairs.

2. Respondent Sharon Gal Taylor, M.D., holds Physician's and Surgeon's Certificate number A 101861 (license). The Board issued Respondent her license on October 19, 2007, and it was due to expire on March 31, 2027. It is inferred that Respondent timely renewed the license, which was otherwise in full force and effect during the times relevant to this matter. Respondent has no history of license discipline.

3. After she was served with the Accusation, Respondent filed a Notice of Defense, contesting the charges and seeking a hearing. All jurisdictional requirements have been met.

Respondent's Background

4. Respondent graduated Cum Laude from the University of California, San Diego in 2001, with a Bachelor of Science degree in biochemistry and chemistry, and a minor in psychology. She obtained her medical doctorate from the Chicago Medical School in 2006. She served a three-year residency in pediatrics at the University of Southern California, Los Angeles County Hospital. Respondent was first certified by the American Board of Pediatrics in 2009, and she is certified until 2026.

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5. Respondent has served two stints as Vice Chair of the Department of Perinatal Medicine at Simi Valley Adventist Hospital, from January 2014 to December 2015, and again from January 2022 to December 2023. She served as Chief of that Department from January 2016 to December 2017, and again beginning in January 2024. She was employed as a pediatrician with Lakeside Community Healthcare in Simi Valley, California, from July 2009 to August 2017. Beginning in September 2017 she started her own practice in Simi Valley, Taylor Pediatrics.

The Expert Witnesses

6. Each party designated an expert witness. Complainant designated Dean A. Blumberg, M.D., and Respondent designated Katherine Williamson, M.D. This section summarizes their qualifications; their opinions are set forth hereafter.

7. Dr. Blumberg graduated from the University of California, Berkely, in 1980 with a bachelors in Neurobiology. He attended Chicago Medical School, obtaining his doctorate from that institution in June 1984. He had a one-year internship and a two-year residency at Massachusetts General Hospital. In 1987 he embarked on a fellowship in pediatric infectious diseases at UCLA, completing the fellowship in 1990.

8. Dr. Blumberg was board certified by the American Board of Pediatrics in 1984 and has repeatedly recertified. He is also board certified in pediatric infectious diseases, beginning in 1994.

9. Dr. Blumberg is currently a Professor of Pediatrics, Division of Pediatric Infectious Diseases, at the University of California, Davis (UC Davis) Children's Hospital. He holds leadership positions, one as Chief, Division of Pediatric Infectious Diseases at UC Davis Children's Hospital, and two other positions with Shriners Hospital for

Children, Northern California (Shriners). Since 1997, he has been Chair of the Infection Control Committee for Shriners, and since 2000 he has been Chair of Shriners Infection Prevention Advisory Council. In the past, he has served on numerous other committees, such as the Infection Control Committee at UCLA from 1990 to 1991. He has co-authored over 50 peer reviewed articles.

10. Dr. Williamson graduated from Pomona College in 2001 with a bachelor's degree in International Relations. She attended a post-baccalaureate program at UC San Francisco School of Medicine from 2001 to 2002 and then obtained her doctorate in medicine from that institution in 2008. She was a pediatric resident physician at Children's Hospital of Orange County (CHOC) between 2008 and 2011. Since 2012 Dr. Williamson has been a staff pediatrician at Saddleback Memorial Medical Center and at Providence Mission Hospital Regional Medical Center. From 2016 to the present, she has been a staff pediatrician at CHOC, and has held a similar position at Hoag Hospital Medical Center since 2012.

11. Dr. Williamson has been a member of the American Academy Pediatrics, National Nominating Committee since 2023, holding the chair of that committee since 2025. With the American Academy of Pediatrics, California, she has been a member of the State of Governmental Affairs since 2020, and National Nominating Committee representative since 2023. She has held leadership positions, including president of the Orange County Chapter of the American Academy of Pediatrics. Dr. Williamson has been on the Board of Directors of the Orange County Medical Association since 2020, and chair of that Association's Legislative Committee since September 2020. She partnered with the California Department of Public Health (CDPH) and dealt with school districts in Orange County, CHOC, and UC Irvine to educate about vaccinations.

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Legal Requirements for Vaccination of School Children

12. Children attending schools and licensed day care facilities generally must be vaccinated. When first enrolled, and at certain milestones thereafter, school or day care personnel must obtain confirmation that the child has received specified immunizations, or there must be a medical exemption from the vaccine requirement. The mandatory immunization statutes list 10 diseases or disease-causing organisms against which a child must receive immunization: diphtheria, hepatitis B, haemophilus influenzae type b, measles, mumps, pertussis (whooping cough), poliomyelitis (polio), rubella (German measles), tetanus, and varicella (chickenpox).

13. Prior to 2016, parents could obtain an exemption from the vaccination requirements based on their personal beliefs. The parents had to sign a document regarding this type of exemption after they consulted with a doctor; the doctor did not have to agree with the parents but did have to speak with them. According to Complainant's expert, personal belief exemptions kept rising, with results potentially pernicious to the public welfare. In 2015, the Legislature amended Health and Safety Code section 120325 to eliminate personal beliefs as grounds for an exemption from required immunizations. Both experts in this case agreed this was a response to a measles outbreak in 2015. As a result, school-aged children not subject to any medical exemption were required to have immunizations for the 10 vaccine-preventable childhood illnesses if they were to attend public schools.

14. Medical exemptions for vaccinations fall into two categories referred to as "precautions" and "contraindications." A "precaution" is a condition in a recipient that might increase the risk for a serious adverse reaction, might cause diagnostic confusion, or might compromise the ability of the vaccine to produce immunity; according to Complainant's expert, it is somewhat relative. A "contraindication" is

more absolute, increasing the risk for a serious adverse reaction, for example an allergic reaction to the vaccine. There are specific contraindications and precautions that apply to individual vaccines. Some precautions are common to all vaccines, such as delaying vaccination due to a moderate or severe illness in the child, in which case such a precaution would be temporary. The presence of a contraindication means that a vaccine should not be administered.

15. Physicians are to provide immunization exemptions in a written statement that includes: (A) that the patient has a physical condition or medical circumstance such that the required immunization is not indicated; (B) which vaccines are exempted; (C) whether the exemption is permanent or temporary; and (D) the expiration date for a temporary exemption. As of January 1, 2021, all new medical exemptions for school and childcare entry must be issued through the California Immunization Registry Medical Exemption system, a website and database known as CAIR-ME, which is maintained by the CDPH. CAIR-ME is a secure site for physicians to issue and manage medical exemptions for children in school or childcare. Parents use the same site to request medical exemptions from vaccination for their children. Schools and childcare facilities can monitor and obtain updates for medical exemptions issued for children in attendance.

16. The CDPH has promulgated regulations pertaining to the vaccination requirements; they are found at title 17 of the California Code of Regulations (CCR), sections 6000 to 6076. The number of vaccine doses required is a function of the child's grade level; a child entering kindergarten is required to have more doses than a child entering transitional kindergarten. Under CCR section 6025, a fully vaccinated child is enrolled unconditionally. Under CCR section 6035, a child who has had some,

but not all the requisite vaccinations, may be enrolled conditionally if they follow a vaccination schedule that will allow the child to catch up.

The Subject Exemptions

17. During the first week of August 2022, Respondent issued five immunization exemptions for four patients; she issued two for Patient 1. The first exemption was issued for Patient 1 on August 3, 2022, and that patient's second exemption issued on August 5, 2022, as did the other three patient's exemptions.

18. The exemptions have a number of things in common. First, where the physician is to state the "Medical Basis for Exemption" the response was "Other Condition." (Ex. 8, pp. A57, A65; Ex. 9, p. A73; Ex. 10, p. A83; Ex. 11, p. A93.) Where the "Other Condition Specified" appears, Respondent stated that the patient needed time to catch up on vaccinations and Respondent set out a schedule for the administration of needed vaccinations. Each exemption has an exemption expiration date which is described as "temporary" and expiring on a date certain. (*Ibid.*)

19. Four of the exemptions indicate that parental preferences were a factor in the exemptions. Thus, the second exemption for Patient 1 states, in the part describing the condition that was the basis for the exemption, "Patient behind on vaccinations. Only MMR #2 today per parental request." (Ex. 8, p. A65.) Likewise, the exemption for Patient 2, states "parents requesting to give vaccines slowly." (Ex. 9, p. A73.) The exemption for Patient 3 states, "immunizations given slowly at parental request." (Ex. 10, p. A83.) The exemption for Patient 4 describes the condition as "immunizations given slowly at parental request." (Ex. 11, p. A93.)

20. In each instance, the patient needed several vaccinations to be unconditionally eligible for school. For example, Patient 2 needed DTap number 4 (a

combined vaccination for diphtheria, tetanus, and pertussis/whooping cough), then Varicella number 2, along with hepatitis B (HepB) and Polio number 4.

21. Respondent testified that patient 1 was caught up by November 2022. She testified it took until March 2023 for Patient 2 to be caught up. Patient 3 did not adhere to the schedule, missing the scheduled August and September immunizations, Respondent warned the child's mother that if Patient 3 did not receive an immunization in October she would have to contact the school. When the child did not appear in October, Respondent's office called the school and inform them to revoke the exemption. Patient 3 returned in the summer of 2023, and his mother requested another exemption, which Respondent refused. This patient has been home schooled during the past school year. Although Patient 4 did not comply with his schedule, by the next school year he was up to date.

Revocation of the Exemptions

22. On October 17, 2022, the Board received an interagency referral from the CDPH, informing the Board that it had revoked the five vaccine exemptions that had been submitted by Respondent. That referral triggered an investigation by the Board, which led to the filing of the Accusation. It should be noted that if a child's exemption is revoked, they may continue attending school, and within 30 days of that revocation, they shall commence the schedule for conditional admittance. (Health & Saf. Code, § 120372, sub. (d)(6).)

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The Opinions of the Experts

DR. BLUMBERG'S OPINIONS

23. Dr. Blumberg authored a report, which is Exhibit 19. He also testified, consistent with his report.

24. In his report, Dr. Blumberg stated that as to each of the four patients, Respondent had committed a simple departure from the standard of care by issuing a temporary medical exemption. In his analysis, the applicable statutes and regulations allow only medical reasons to drive an exemption; the laws essentially set the standard of care. As Dr. Blumberg sees it, the exemptions were being issued not for medical reasons but to accommodate the personal beliefs of the patients' parents, which are not grounds for an exemption. In his report he attributed Respondent's actions as "due to a lack of knowledge, . . . not understanding that CAIR-ME is appropriately used to issue medical exemptions, and that it is not appropriate to use CAIR-ME to issue medical exemptions for parental personal beliefs and customized delayed immunization schedules." (Ex. 19, p. A355.)

25. In his report, Dr. Blumberg opined that if the parents were willing to have their children vaccinated per the Center for Disease Control (CDC) catch-up schedule, then no immunization exemption would be needed, citing the CDPH FAQ's (frequently asked questions) as allowing conditional admissions when a student was not currently due any doses. (Ex. 19, pp. A353-A354.)

26. In his testimony, Dr. Blumberg pointed out that if a student can be admitted conditionally, they would not need an exemption, further stating that even if a student had no vaccines at all, they could be conditionally admitted with a catch-up schedule. He was clear that Patients 1, 2, and 3 could have been enrolled conditionally

if they had received one or two vaccinations on the day of their visit to Respondent's office. For example, if Patient 1 had received a polio and HepB vaccination, they would have been eligible for conditional admission.

27. Dr. Blumberg acknowledged that vaccine hesitant parents are a challenge to a pediatrician, and when he works with them, he tries to get to a shared place of understanding.

28. During his testimony, Dr. Blumberg attributed Respondent's departures from the standard of care to a lack of knowledge, at one point stating that she may not have understood what she could do and not do, that he assumed she was honest in her actions, and hopefully would learn from this situation. He specifically stated that the exemption issued for Patient 2 showed a lack of knowledge. One reason he treated her acts as simple departures from the standard of care was that she did not attempt to obtain a permanent exemption, which would have been an egregious act in his opinion. Another reason Dr. Blumberg found simple departures from the standard of care was because Respondent was "not hiding the ball" in completing the exemption documents. He also testified, in connection with Patient 3, that Respondent's departure was not extreme because it seemed to be the result of a lack of knowledge on Respondent's part. Based on statements Respondent made when interviewed by the Board, Dr. Blumberg believes that Respondent submitted the exemptions to obtain time to get all the vaccinations in place, but in his opinion that was not an appropriate use of the exemption process. He believes that Respondent's intent was to get the children vaccinated, and acknowledged that if three are now unconditionally eligible, and the fourth is close to that, such is a good outcome.

29. Dr. Blumberg did not opine on Respondent's competency in his report. During his testimony, he at times appeared reluctant to say the issuance of the

exemptions reflected a lack of competence. For example, when asked about this issue toward the end of his testimony about Patient 1, he did not say she was incompetent and he testified that it looked like a lack of knowledge, it was a simple departure, and that Respondent may not have understood what she could do and not do; he did not think she had been lying. At another point, Dr. Blumberg was asked if Respondent demonstrated a lack of knowledge that rose to incompetence, but he did not quite answer the question, reiterating that personal beliefs were insufficient to justify exemptions. However, when cross-examined, Dr. Blumberg did state it was not competent to issue medical exemptions for non-medical reasons.

DR. WILLIAMSON'S OPINIONS

30. Dr. Williamson wrote a report, found at Exhibit H, and she also testified consistent with that report.

31. Dr. Williamson took a broader view of the standard of care, disagreeing with Dr. Blumberg's opinion that Respondent practiced outside of it. She cited the American Academy of Pediatrics (AAP) and the American Medical Association (AMA) as recommending that pediatricians focus on developing trust with the patients' parents, communicating in a way that assuages parental concerns about vaccines, so that children will be vaccinated. In Dr. Williamson's opinion, that is the standard of care when dealing with parents who may not want to vaccinate. She believes Respondent did not depart from the standard of care because she was able to fully vaccinate three of the four patients, and she made progress on the other.

32. As to Dr. Blumberg's opinion that there were no medical contraindications for the children receiving the vaccines, Dr. Williamson pointed out

that Respondent had not sought permanent exemptions, but she was seeking time to get the children vaccinated.

33. Dr. Williamson opined, when discussing Patient 3, that the schedule developed by Respondent was medically reasonable, and consistent with AAP policies, and that while using CAIR-ME was a mistake, it was not a departure from the standard of care. Dr. Williamson's opinions on that patient were consistent with her opinions about the care and treatment of the other three patients.

34. Dr. Williamson, in her testimony and in her report, explained that when CAIR-ME was first rolled out, there was no education accompanying the introduction of the system, and that many physicians had trouble navigating it. Dr. Williamson "learned by doing" with the system. She had physicians coming to her for help in using the system. Further, she and other physicians were learning from schools about the system. Dr. Williamson testified that when CAIR-ME was first introduced many doctors used it to spread out vaccine schedules. She testified, in connection with Patient 1, that in August 2022 it was not well known that the CAIR ME system could not be used as Respondent did for the four patients. Dr. Williamson further testified that in August 2022, many physicians were not aware of the conditional admission regulation, and that many are still not aware of it.

35. Dr. Williamson was adamant in her opinion that Respondent is not incompetent. In her report, she described Respondent's care as "exemplary," pointing out that it takes a caring and committed pediatrician to guide a hesitant family to full vaccination. (Ex. H, p. B34.) She pointed out that Respondent was able to vaccinate Patient 2 for COVID-19, which she believes is evidence of Respondent's commitment to the health of her patients.

Respondent's Testimony

36. Respondent testified to her background (see Factual Findings 4 & 5), and she went on to describe her practice. She established her office after the group she worked for closed its Simi Valley office; she took over many of the patients. She sees 20 to 25 patients per day, four and one-half days per week. Dr. Cai, who works with her, also works four and one-half days per week. Respondent's practice is one of three pediatric practices in Simi Valley outside of Kaiser.

37. Respondent described herself as extremely pro-vaccination, stating her goal is to get her patients vaccinated on time, and she believes it is her job to coach hesitant parents so that their children are vaccinated. She and Dr. Cai take hesitant parents into her practice; the other practices in Simi Valley will not do so. Respondent not only recommends the vaccinations required for school admission, but others recommended by the AAP and the CDC. She estimated her practice administered about 5,000 vaccinations per year.

38. Respondent described how she works with the hesitant parents, bringing up vaccination at every visit, building rapport to obtain trust, responding to parental concerns with information. She will sometimes share her personal experiences with parents, such as her aunt dying of polio, or how when she was a resident her program saw Rotavirus approximately 10 times per month, but now that there is a vaccine, she does not see children who are infected with that malady.

39. Respondent had little knowledge of CAIR-ME at the time she issued the subject exemptions. She explained that the schools were telling the parents that they needed an exemption to enroll their children in school. The schools would not accept a letter instead requiring Respondent to work through the CAIR-ME system. Respondent

was building vaccination schedules for the four patients, she but needed an exemption that the schools could act on. She was trying to get a temporary exemption to get caught up, and she and her staff were told the only way to do so was to obtain an exemption.

40. Respondent's office manager attempted to contact the CDPH to get information about the CAIR-ME system and how to work with it. They were unable to obtain a response.

41. During her testimony, Respondent stated more than once that if she had known about the conditional admission avenue she would not have submitted exemptions and would instead have pursued conditional admissions. The conditional admission was not suggested to her by any of the schools.

42. Respondent testified to her efforts to improve her practice, and to avoid future problems with CAIR-ME and the exemption process. For example, she encourages vaccination as early as the child's two-month visit. She tells the parents about the laws, and her practice has not issued any exemptions except for medical reasons; Dr. Cai has issued those exemptions. Respondent prioritizes the most important vaccines, believing that the most critical are the MMR (combined vaccination for measles, mumps, and rubella/German measles) and DTap. Respondent and her associate, Dr. Cai, stopped issuing "catch up" exemptions, as she and Dr. Cai know and understand the standard now.[1] Instead she uses the conditional admission process if a patient does not have all their vaccinations and wants to enroll in school.

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[1] When cross-examined Respondent concurred with counsel's statement that exemptions for non-medical reasons should not occur.

Respondent further testified that her office staff are no longer putting in exemptions to CAIR-ME, that is done by her or by Dr. Cai.

43. Since this case arose, Respondent took a two-day medical ethics course, and she took 10 hours of continuing medical education relevant to vaccinations. She also did her own research. One article she found focused on improving communication with parents. (Ex. N.) Another article she read, published by the AAP, pertained to medical versus non-medical immunization exceptions, and comes down squarely against non-medical exemptions to school-required immunizations, as they are deemed "inappropriate for individual, public health, and ethical reasons and [AAP] advocates for their elimination." (Ex. W, p. B156.)

Respondent's Character Witnesses

44. Three physicians testified on Respondent's behalf, speaking to her professional skills and character. They wrote letters of support as well. One other physician wrote a letter of support but did not testify.

45. Paul M. Whyte, M.D., testified on behalf of Respondent. He obtained his doctorate in medicine from New York University in 1979 and was a resident in pediatrics at UCLA through 1982. He recently retired. He has known Respondent for approximately 12 years, working with her for much of that time. Dr. Whyte also wrote a letter on behalf of Respondent.

46. Dr. Whyte testified that Respondent is an energetic physician who places her patients first. He has only heard good things about Respondent, and he believes her to be a good clinician who is honest, credible, and a person of high integrity. He found she was committed to getting vaccinations for her patients, and from working

with her charting, found that she had above average success in getting patients to vaccinate.

47. Alfred Yu, M.D., has been an Emergency Physician for over 20 years, and board certified in that practice area. He is Chief of the Emergency Department at Adventist Health Simi Valley Hospital (AHSV). He has known Respondent for over 15 years, as she was on the staff of the hospital and a member of the Medical Executive Committee. Dr. Yu and Respondent have at times co-managed patients, such as in situations where one of her patients came into the Emergency Department.

48. Dr. Yu believes that Respondent is an outstanding doctor, notwithstanding the charges pending against her. He noted that his two sons were her patients for several years. Dr. Yu deems Respondent to be very trustworthy, honest, and forthright. He testified she is an outstanding member of the staff and noted that her patients and families hold her in high esteem. Dr. Yu believes that Respondent is an asset to his medical community.

49. Jun Li Cai, D.O., testified on behalf of Respondent and wrote a letter of recommendation. She is board certified in pediatrics as of October 2020. She has worked with Respondent since November 2020, and they share some patients. She believes Respondent is an honest and patient person who is 100 percent pro-vaccination. Dr. Cai explained that she and Respondent encourage vaccination as soon as possible. Dr. Cai now understands that a catch-up schedule is not the basis of an exemption.

50. Alberto Odio, M.D., wrote a letter of support for Respondent, which was consistent with the other letters of support and the testimony of Dr. Yu, Dr. Whyte, and Dr. Cai. Dr. Odio is a family physician who claims more than 40 years of practice in the

Simi Valley community. He has been a member of "our hospital's" Board of Directors, Medical Executive Committee, and he is a former Chief of Staff and chair of the Credential's Committee. (Ex. B, p. B3.) Working with Respondent in these settings allowed Dr. Odio to know Respondent well.

51. Dr. Odio described Respondent as very pro-vaccination, noting also that, "she has learned about and has accepted the need to follow the letter of the law regarding granting any delays in vaccinations and has not granted any further exemptions that are outside the protocol." (Ex. B, p. B3.)

Other Matters

52. The witnesses were credible in their testimony, both in terms of their demeanor and the consistency of their statements. Both experts were well qualified to render opinions in this case.

53. Respondent was clear that she would never again use a catch-up schedule as the basis for an exemption and she was clear that in the future she would utilize the conditional admission process to get a child on the road to full vaccination while the child attended school. Her colleague Dr. Cai testified that she would not do so either; both have learned of the impropriety of issuing an exemption to set up a catch-up schedule.

54. Respondent was respectful of the Board and this process throughout the hearing.

Costs

55. The Board has incurred costs in the investigation and prosecution of this matter that total $33,097.50. The costs are reasonable on their face.

LEGAL CONCLUSIONS

Jurisdiction

1. Jurisdiction to proceed in this matter pursuant to Business and Professions Code sections 2004 and 2227 was established based on Factual Findings 1 through 3. (Further statutory references are to the Business and Professions Code.)

Rules of General Applicability

2. The standard (as opposed to the burden) of proof in this proceeding is that of clear and convincing evidence, to a reasonable certainty. (*Ettinger v. Bd. of Med. Quality Assurance* (1982) 135 Cal.App.3d 853.) Complainant was therefore obligated to adduce evidence that was clear, explicit, and unequivocal—so clear as to leave no substantial doubt and sufficiently strong as to command the unhesitating assent of every reasonable mind. (*In Re Marriage of Weaver* (1990) 224 Cal.App.3d 478, 487.)

3. (A) The trier of fact may "accept part of the testimony of a witness and reject another part even though the latter contradicts the part accepted. [Citations.]" (*Stevens v. Parke, Davis & Co.* (1973) 9 Cal.3d 51, 67.) The trier of fact may also "reject part of the testimony of a witness, though not directly contradicted, and combine the accepted portions with bits of testimony or inferences from the testimony of other witnesses thus weaving a cloth of truth out of selected material." (*Id.* at pp. 67–68, quoting from *Nevarov v. Caldwell* (1958) 161 Cal.App.2d 762, 777.) The testimony of "one credible witness may constitute substantial evidence," including a single expert witness. (*Kearl v. Board of Medical Quality Assurance* (1986) 189 Cal.App.3d 1040, 1052.)

(B) The rejection of testimony does not create evidence contrary to that which is deemed untrustworthy. Disbelief does not create affirmative evidence to the contrary of that which is discarded. "The fact that a jury may disbelieve the testimony of a witness who testifies to the negative of an issue does not of itself furnish any evidence in support of the affirmative of that issue, and does not warrant a finding in the affirmative thereof unless there is other evidence in the case to support such affirmative." (*Hutchinson v. Contractors' State License Bd. of Cal.* (1956) 143 Cal.App.2d 628, 632, quoting *Marovich v. Central Cal. Traction Co.* (1923) 191 Cal. 295, 304.)

(C) Discrepancies in a witness's testimony, or between that witness's testimony and that of others does not necessarily mean that the testimony should be discredited. (*Wilson v. State Personnel Bd.* (1976) 58 Cal.App.3d 865, 879.)

(D) "On the cold record a witness may be clear, concise, direct, unimpeached, uncontradicted -- but on a face-to-face evaluation, so exude insincerity as to render his credibility factor nil. Another witness may fumble, bumble, be unsure, uncertain, contradict himself, and on the basis of a written transcript be hardly worthy of belief. [Citation.] .....But one who sees, hears and observes him may be convinced of his honesty, his integrity, his reliability. [Citation.]" (*Wilson v. State Personnel Bd., supra*, 58 Cal.App.3d at pp. 877–878.)

(E) An expert's credibility may be evaluated by looking to his or her qualifications. (*Grimshaw v. Ford Motor Co.* (1981) 119 Cal.App.3d 757, 786.) It may also be evaluated by examining the reasons and factual data upon which the expert's opinions are based. (*Griffith v. Los Angeles County* (1968) 267 Cal.App.2d 837, 847.)

(F) The trier of fact may reject the testimony of a witness, including an expert witness even if it is uncontradicted. (*Foreman & Clark Corp. v. Fallon* (1971) 3

Cal.3d 875, 890.) The expert's opinion is no better than the facts on which it is based and, "where the facts underlying the expert's opinion are proved to be false or nonexistent, not only is the expert's opinion destroyed but the falsity permeates his entire testimony; it tends to prove his untruthfulness as a witness." (*Kennemur v. State of California* (1982) 133 Cal.App.3d 907, 923–924.)

(G) Even when the witness qualifies as an expert, he or she does not possess a carte blanche to express any opinion within the area of expertise. For example, an expert's opinion based on assumptions of fact without evidentiary support, or on speculative or conjectural factors, has no evidentiary value and may be excluded from evidence. Similarly, when an expert's opinion is purely conclusory because unaccompanied by a reasoned explanation connecting the factual predicates to the ultimate conclusion, that opinion has no evidentiary value because an expert opinion is worth no more than the reasons upon which it rests. (*Jennings v. Palomar Pomerado Health Systems, Inc.* (2003) 114 Cal.App.4th 1108, 1118.) The bare conclusion of an expert without supporting facts is not entitled to evidentiary weight. (*Bushling v. Fremont Medical Center* (2004) 117 Cal.App.4th 493.)

(H) The presiding officer in an administrative proceeding may evaluate evidence based on his or her experience or training. (Govt. Code, § 11425.50, subd. (c).)

4. A professional is negligent if he or she fails to use that reasonable degree of skill, care, and knowledge ordinarily possessed and exercised by members of the profession under similar circumstances, at or about the time of the incidents in question. Just what that standard of care is for a given professional is a question of fact, and in most circumstances must be proven through expert witnesses. (*Flowers v. Torrance Memorial Hospital Medical Center* (1994) 8 Cal.4th 992, 997-998, 1001; *Alef v.*

Alta Bates Hospital (1992) 5 Cal.App.4th 208, 215; see 6 B. Witkin, *Summary of California Law* (9th. Ed.), Torts, §§ 749, 750, and 774.)

5. "Repeated negligent acts" is defined as two or more acts of negligence. (*Zabetian v. Medical Board* (2000) 80 Cal.App.4th 462, 468; see also § 2234, subd. (c)(1).)

6. (A) "Mere error of judgment, in absence of a want of reasonable care and skill . . . , will not render a doctor responsible for untoward consequences in the treatment of his patient. [Citations.]" (*Hufman v. Lindquist* (1951) 37 Cal.2d 465, 475.)

(B) In selecting a method of treatment, skillful members of the medical profession may differ; however, the practitioner must keep within the "recognized and approved methods." (*Callahan v. Hahnemann Hospital* (1934) 1 Cal.2d 447, 458.) If so, negligence is not shown by evidence that other medicines or treatment might have been employed. *(Jensen v. Findlay* (1936) 17 Cal.App.2d 536, 544.) The mere fact that there is a difference of medical opinion concerning the desirability of one particular medical procedure over another does not establish that the determination to use one of the procedures was negligent. (*Clemens v. Regents of Univ. of Cal.* (1970) 8 Cal.App.3d 1, 13.)

7. (A) The terms "negligent" and "incompetent" are not synonymous. (*Pollak v. Kinder* (1978) 85 Cal.App.3d 833, 838 (*Pollak*).) "[A] licensee may be competent or capable of performing a given duty but negligent in performing that duty." (*Ibid.*) To be sure, *Pollak* involved a single act of negligence by an insurance broker, as opposed to repeated negligent acts. *Pollack* was followed in *Kearl v. Board of Medical Quality Assurance, supra*, 189 Cal.App.3d 1040, 1054-55, where the Court of Appeal upheld trial court findings of incompetence against an anesthesiologist, arising out of one

surgery gone bad, but where there was more than one misstep by the anesthesiologist in question.

(B) The court in *Pollak* noted that the legislature had consistently acknowledged the basic distinction between negligence and incompetency by enacting sanctions for one or the other. (*Pollak, supra*, 85 Cal.App.3d 837-838.) Thus, it may be said, that a finding of negligence may be inconsistent with a finding of incompetence.

(C) To prove incompetence, it should be shown by clear and convincing evidence that Respondent demonstrates a "general lack of present ability to perform a given duty." (Pollack, supra, 85 Cal.App.3d at p. 837; see also James v. Bd. of Dental Examiners (1985) 172 Cal.App.3d 1096, 1109: ["Incompetence generally is defined as a lack of knowledge or ability in the discharging of professional obligations. Often, incompetency results from a correctable fault or defect"].)

Dispositive Conclusions

8. It was established that Respondent committed repeated acts of simple negligence by issuing five medical vaccine exemptions so that her four patients would be vaccinated on a schedule developed for those patients, at the request of the patients' parents. In this regard, Dr. Blumberg's opinions are credited. Therefore, Respondent's license is subject to discipline pursuant to section 2234, subdivision (c), for her repeated negligent acts.

9. It was not established that Respondent is incompetent. Her witnesses testified credibly that she is a highly qualified pediatrician, committed to vaccinating her patients; Dr. Williamson was impressed that Respondent was able to get three of the four patients vaccinated when their parents were hesitant. That Respondent did

not understand what she could and could not do with the CAIR-ME system during the summer of 2022 did not render her incompetent; it is a rather narrow failing on her part. Dr. Williamson's testimony that other practitioners misunderstood the system is credited, and she pointed out that many practitioners were, like Respondent, unaware of the conditional admission rule during that time.

10. The Board's Manual of Model Disciplinary Orders and Disciplinary Guidelines, 12th Edition (Guidelines) sets a range of penalties for repeated negligent acts, the maximum penalty being outright revocation and the minimum being a stayed revocation with five years' probation. However, there are sound reasons to depart from the Guidelines in this case. First, Respondent's negligent acts were of the same stripe, occurring over a period of three days, over three years ago. Respondent has undertaken further education and study of a remedial nature. She was clear during her testimony that she now understands what she can use a medical vaccine exemption for, and that testimony was corroborated by Dr. Cai. Likewise, Respondent was clear that in the future, if a child patient was to be enrolled in school without being unconditionally eligible, she would adhere to the conditional enrollment process, and any catch-up schedule would be compliant with the regulation.

11. Complainant's counsel expressed concerns that dismissal of this case, which Respondent argued for, could lead to a gradual opening of Pandora's Box, allowing the personal preferences of parents to cause school children to be admitted to school without adequate vaccination. However, that appears unlikely because Respondent and her colleague Dr. Cai are committed to getting their patients vaccinated in a manner that complies with the statutory and regulatory strictures. Additionally, the order that follows and the imposition of costs should have a deterrent effect.

12. The purpose of proceedings of this type is to protect the public, not to punish an errant licensee. (*Hughes v. Board of Architectural Examiners* (1998) 17 Cal.4th 763, 784-786; *Bryce v. Board of Medical Quality Assurance* (1986) 184 Cal.App.3d 1471, 1476.) While public protection is the highest priority of the Board and the ALJ, the Board and the ALJ "shall, whenever possible take action that is calculated to aid in the rehabilitation of the licensee, ..." (§ 2229, subd. (b).) However, that rehabilitative effort must not endanger the public. (*Id.*, at subd. (c).)

13. On balance, in this particular case probation is not necessary to protect the public; Respondent does not require supervision in her practice. Imposition of probation would tend to be punitive given the costs it imposes on a licensee, both in terms of time and money. In this case a public reprimand, as authorized by section 2227, subdivision (a)(4), is the appropriate response.

Costs

14. As found in Factual Finding 55, the Board has incurred costs in the amount of $33,097.50. Because grounds for discipline have been established, the Board may recover its costs under section 125.3. However, under *Zuckerman v. State Board of Chiropractic Examiners*, (2002) 29 Cal.4th 32, 45, the Board must exercise its discretion to reduce or eliminate cost awards in a manner which will ensure that the cost statute does not deter licensees with potentially meritorious claims or defenses from exercising their right to a hearing. "Thus the Board must not assess the full costs of investigation and prosecution when to do so will unfairly penalize a [licensee] who has committed some misconduct, but who has used the hearing process to obtain dismissal of other charges or a reduction in the severity of the discipline imposed." (*Ibid.*) The Board in imposing costs in such situations must consider the licensee's subjective good faith belief in the merits of his or her position and the Board must

consider whether or not the licensee has raised a colorable claim. The Board must consider the licensee's ability to make payment. Finally, the Board "may not assess the full costs of investigation and prosecution when it has conducted a disproportionately large investigation and prosecution to prove that a [licensee] engaged in relatively innocuous conduct." (*Ibid.*)

15. In this case, Respondent has defended her position with a good faith belief in the merits of her case. She has had the severity of the discipline reduced. It is appropriate to reduce the costs by one half, and to allow Respondent to pay the costs on an installment basis. Thus, the costs awarded shall be $16,548.75, which she can pay over a two-year period.

ORDER

Respondent Sharon Gal Taylor, M.D., Certificate number A 101861, is hereby reprimanded.

Respondent shall pay costs to the Board in the amount of $16,548.75 in monthly installments of at least $500, with the total amount being due two years after the effective date of this order.

DATE: 12/05/2025

Joseph Montoya

JOSEPH D. MONTOYA
Administrative Law Judge
Office of Administrative Hearings