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

In the Matter of the Accusation Against: Anne M. Adams, M.D. Physician's and Surgeon's Certificate No. G 57672 Respondent.	Case No.: 800-2018-041127

DECISION

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

This Decision shall become effective at 5:00 p.m. on August 26, 2021.

IT IS SO ORDERED: July 27, 2021.

MEDICAL BOARD OF CALIFORNIA

Laurie Rose Lubiano, J.D., Vice Chair
Panel A

MATTHEW RODRIQUEZ
Acting Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General
GIOVANNI F. MEJIA
Deputy Attorney General
State Bar No. 309951
600 West Broadway, Suite 1800
San Diego, CA 92101
P.O. Box 85266
San Diego, CA 92186-5266
Telephone: (619) 738-9072
Facsimile: (619) 645-2061

Attorneys for Complainant

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

In the Matter of the Accusation Against: **ANNE M. ADAMS, M.D.** **8444 Hialeah Way** **Fair Oaks, CA 95628-2609** **Physician's and Surgeon's Certificate No. G 57672,** Respondent.	Case No. 800-2018-041127 OAH No. 2020120892 **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. William Prasifka (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 Matthew Rodriquez, Acting Attorney General of the State of California, by Giovanni F. Mejia, Deputy Attorney General.

2. Respondent Anne M. Adams, M.D. (Respondent) is represented in this proceeding by attorney Richard A. Jaffe, Esq.,whose address is 770 L Street, Suite 950, Sacramento, CA 95814.

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3. On or about July 7, 1986, the Board issued Physician's and Surgeon's Certificate No. G 57672 to 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. 800-2018-041127, and will expire on November 30, 2021, unless renewed.

JURISDICTION

4. Accusation No. 800-2018-041127 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 December 4, 2020. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2018-041127 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. 800-2018-041127. Respondent has also carefully read, fully discussed with her counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of her 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 her; the right to present evidence and to testify on her 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 admits the truth of each and every charge and allegation in Accusation No. 800-2018-041127.

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

CONTINGENCY

11. 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 her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her 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.

ADDITIONAL PROVISIONS

12. 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 agreements of the parties in the above-entitled matter.

13. 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.

14. 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 57672 issued to Respondent Anne M. Adams, M.D., is revoked. However, the revocation is stayed and

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Respondent is placed on probation for three (3) years from the effective date of the Decision on the following terms and conditions:

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, 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 per year, for each year of probation. 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.

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.

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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.

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

A professionalism program 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 program would have been approved by the Board or its designee had the program 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 program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

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

Respondent shall maintain a log of all patients to whom the required oral notification was made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's medical record number, if available; 3) the full name of the person making the notification; 4) the date the notification was made; and 5) a description of the notification given. Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation.

As used in this section, "patient(s)" refers to minor patients and their parents, custodians and other legal guardians.

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

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

6. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

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

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

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

9. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

In the event Respondent should leave the State of California to reside or to practice, Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

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

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

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

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

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

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

12. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the

completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

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

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

15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

16. 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. 800-2018-041127 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, Richard A. Jaffe, Esq. 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: 4.22.2021

ANNE M. ADAMS, M.D.
Respondent

I have read and fully discussed with Respondent Anne M. Adams, 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: 4/23

RICHARD A. JAFFE
Attorney for Respondent

ENDORSEMENT

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

DATED: April 23, 2021

Respectfully submitted,

MATTHEW RODRIQUEZ
Acting Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General

GIOVANNI F. MEJIA
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2018-041127

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General
GIOVANNI F. MEJIA
Deputy Attorney General
State Bar No. 309951
600 West Broadway, Suite 1800
San Diego, CA 92101
P.O. Box 85266
San Diego, CA 92186-5266
Telephone: (619) 738-9072
Facsimile: (619) 645-2061

Attorneys for Complainant

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

In the Matter of the Accusation Against: **Anne M. Adams, M.D.** **8444 Hialeah Way** **Fair Oaks, CA 95628-2609** **Physician's and Surgeon's Certificate No. G 57672,** Respondent.	Case No. 800-2018-041127 **ACCUSATION**

PARTIES

1. William Prasifka (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 July 7, 1986, the Medical Board issued Physician's and Surgeon's Certificate No. G 57672 to Anne M. Adams, 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 November 30, 2021, unless renewed.

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JURISDICTION

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

4. Section 2227, subdivision (a) of the Code states:

> A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
>
> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

5. Section 2234 of the Code states, in pertinent part:

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

....

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.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

7. Respondent has subjected her Physician's and Surgeon's Certificate No. G 57672 to disciplinary action under section 2234, subdivision (b) of the Code in that she committed gross negligence in the course of her care and treatment of one or more patients. The circumstances are as follows:

Patient A[1]

8. On or about September 7, 2016, Respondent conducted a medical exemption evaluation of Patient A, at the time an approximately twelve-year-old minor, that resulted in Respondent's issuance of vaccine exemptions for Patient A.

9. Respondent failed to meet with or examine Patient A in person at any point during the medical exemption evaluation of Patient A.

10. Respondent failed to receive or document an adequate physician-derived medical history for Patient A during the medical exemption evaluation of Patient A.

11. Respondent failed to perform or document an adequate physical examination of Patient A during the medical exemption evaluation of Patient A.

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[1] In the interests of preserving patient confidentiality, a pseudonym is used for any patient referenced in this Accusation. The true identity of any such patient is known to Respondent or will be disclosed to Respondent following Complainant's receipt of a duly issued request for discovery.

12. On or about September 7, 2016, in a "Medical Exemption Patient Intake" form corresponding to Patient A, Respondent documented, "[a]gree [with] need for medical exemption – due to autoimmune [family history] disease + allergy [history]."

13. On or about September 7, 2016, Respondent issued a vaccine exemption letter for Patient A stating, among other things, that:

> *Based on her personal medical history and the medical history in her immediate family, administration of vaccines to [Patient A] is not recommended at this time and I believe could be detrimental to her health. This probable duration of this medical condition [sic] is permanent so this exemption should be considered permanent. It is my professional opinion that she should receive no vaccines either now or in the future, including, but not limited to the following:*
>
> *DTaP,*[2] *TDaP,*[3] *DTP*[4] *and DT*[5]
> *Polio*
> *Hib*[6]
> *Hepatitis B*
> *MMR*[7]
> *Chicken pox (Varicella)*

(Italicizing in original.)

14. In fact, Respondent had failed to obtain or establish an adequate clinical basis or justification to medically exempt Patient A from all vaccines on a permanent basis.

15. Respondent committed gross negligence in the course of her care and treatment of Patient A including, but not limited to:

(a) Issuing vaccine exemptions for Patient A without adequate clinical basis or justification;

(b) Failing to adequately obtain or document a physician-derived medical history and physical examination for Patient A.

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[2] "DTaP" is an abbreviation for diphtheria, tetanus and acellular pertussis vaccine. It is not commonly administered to older children, such as children approximately 12 years of age.

[3] "Tdap" is an abbreviation for the vaccine used to protect older children, adolescents and adults from tetanus, diphtheria and pertussis. There is no commonly administered vaccine known as "TDaP".

[4] "DTP" is an abbreviation for diphtheria, tetanus and pertussis vaccine. It has not been commonly administered in the United States since the introduction of DTaP in or around the early 1990s.

[5] "DT" is an abbreviation for diphtheria and tetanus vaccine. It is not commonly administered to older children, such as children approximately 12 years of age.

[6] "Hib" is an abbreviation for haemophilus influenzae type b vaccine. It is not commonly administered to older children, such as children approximately 12 years of age.

[7] "MMR" is an abbreviation for measles, mumps, and rubella vaccine.

Patient B

16. On or about November 8, 2017, Patient B, at the time an approximately five-year-old minor, presented to Respondent for a medical exemption evaluation that resulted in Respondent's issuance of a vaccine exemptions for Patient B.

17. In her progress note for the medical exemption evaluation of Patient B, Respondent documented, among other things, that Patient B had "normal physical appearance and age-appropriate behavior." Respondent further documented:

> There does appear to be a valid question of vaccine safety for patient. With the family history of ADHD and depression. [Sic] I believe that there is a possible harm to [Patient B] if [Patient B] is further vaccinated. Although new evidence may come in to [sic] play, it is not likely to do so for quite some time.
>
> Further studies are needed to confirm or refute this association....

18. On or about November 10, 2017, Respondent issued a "Medical Exemption to Required Immunizations" form medically exempting Patient B from the following vaccines:

(a) Polio, until May 7, 2024;

(b) DTaP, permanently;

(c) MMR, until May 7, 2023;

(d) Hib, permanently;

(e) Hepatitis B, until May 7, 2023;

(f) Varicella, until May 7, 2024; and

(g) Tdap, until May 7, 2023.

19. On or about December 19, 2017, Respondent issued an addendum letter to the "Medical Exemption to Required Immunizations" form that she had previously issued for Patient B. The addendum letter stated, in part:

> ...The exemption is because medical circumstances relating the the [sic] student are such that I do not believe immunization safe. The specific nature of the circumstance is based on family history. The exemption includes the time needed for the student to have the required vaccines on a delayed schedule. The duration for each exemption is as noted on the original exemption form....

20. In fact, Respondent had failed to obtain or establish an adequate clinical basis or justification for the medical vaccine exemptions she issued for Patient B.

21. Respondent committed gross negligence in the course of her care and treatment of Patient B including, but not limited to, issuing vaccine exemptions to Patient B without adequate clinical basis or justification.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

22. Respondent Anne M. Adams, M.D. has further subjected her Physician's and Surgeon's Certificate No. G 57672 to disciplinary action under section 2234, subdivision (c) of the Code in that she committed repeated negligent acts in the course of her care and treatment of one or more patients as more particularly alleged in paragraphs 7 to 21, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(Incompetence)

23. Respondent Anne M. Adams, M.D. has further subjected her Physician's and Surgeon's Certificate No. G 57672 to disciplinary action under section 2234, subdivision (d) of the Code in that she has exhibited incompetence. The circumstances are as follows:

24. Paragraphs 8 to 14 and 16 to 20, above, are hereby incorporated by reference and realleged as if fully set forth herein.

25. Multiple statements made by Respondent in medical documentation for Patient A or Patient B indicate a lack of knowledge regarding subjects including, but not limited to, vaccine biology and the use of adjuvants, true risks and contraindications for vaccines, or true risks and benefits for childhood vaccines.

26. On or about November 20, 2020, Respondent submitted to a voluntary interview as part of Board investigations regarding the care and treatment Respondent rendered to Patient A and Patient B.

27. On one or more occasions during the course of Respondent's interview, Respondent made statements indicating a lack of knowledge regarding subjects including, but not limited to, vaccine biology and the use of adjuvants, true risks and contraindications for vaccines, or true risks and benefits for childhood vaccines.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

28. Respondent Anne M. Adams, M.D. has further subjected her Physician's and Surgeon's Certificate No. G 57672 to disciplinary action under sections 2234 and 2266 of the Code in that she failed to maintain adequate and accurate records relating to her provision of services to Patient A as more particularly alleged in paragraphs to 7 to 15, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FIFTH CAUSE FOR DISCIPLINE

(Violating or Attempting to Violate the Medical Practice Act)

29. Respondent Anne M. Adams, M.D. has further subjected her Physician's and Surgeon's Certificate No. G 57672 to disciplinary action under section 2234, subdivision (a) of the Code in that she violated or attempted to violate, directly or indirectly, assisted in or abetted the violation of, or conspired to violate one or more provisions of the Medical Practice Act as more particularly alleged in paragraphs 7 to 28, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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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 57672, issued to Anne M. Adams, M.D.;

2. Revoking, suspending or denying approval of Anne M. Adams, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Anne M. Adams, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: DEC 0 4 2020

WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant