

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

**In the Matter of the First Amended
Accusation Against:**

Richard Paul Heidenfelder, M.D.

**Physician's and Surgeon's
Certificate No. A 79836**

Case No.: 800-2019-053700

Respondent.


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 March 16, 2023.

IT IS SO ORDERED: February 14, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 KAROLYN M. WESTFALL
Deputy Attorney General
4 State Bar No. 234540
600 West Broadway, Suite 1800
5 San Diego, CA 92101
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8 *Attorneys for Complainant*

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

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In the Matter of the First Amended Accusation
Against:

Case No. 800-2019-053700

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RICHARD PAUL HEIDENFELDER, M.D.
4695 MacArthur Ct., Ste. 1100
Newport Beach, CA 92660-1866

OAH No. 2022020875

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**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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Physician's and Surgeon's Certificate
No. A 79836,

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Respondent.

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

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PARTIES

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1. Reji Varghese (Complainant) is the Deputy Director of the Medical Board of
California (Board). William Prasifka previously brought this action solely in his official capacity
24 as the Executive Director of the Board.¹ Complainant is represented in this matter by Rob Bonta,
25 Attorney General of the State of California, by Karolyn M. Westfall, Deputy Attorney General.
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¹ Effective December 31, 2022, William Prasifka retired as Executive Director of the
Board.

1 2. Respondent Richard Paul Heidenfelder, M.D. (Respondent) is represented in this
2 proceeding by attorney Robert W. Frank, Esq., whose address is: 110 West A Street, Suite 1200
3 San Diego, CA 92101.

4 3. On or about July 17, 2002, the Board issued Physician's and Surgeon's Certificate
5 No. A 79836 to Respondent. The Physician's and Surgeon's Certificate was in full force and
6 effect at all times relevant to the charges brought in First Amended Accusation No. 800-2019-
7 053700, and will expire on March 31, 2024, unless renewed.

8 4. On or about September 3, 2020, the Board issued a Decision and Order that became
9 effective on or about October 2, 2020, in an action entitled, *In the Matter of the Second Amended*
10 *Accusation Against Richard Paul Heidenfelder, M.D.*, Medical Board of California Case No. 800-
11 2016-024443, wherein Respondent's Physician's and Surgeon's Certificate No. A 79836 was
12 revoked, stayed, and placed on probation for five (5) years, subject to various terms and
13 conditions.

14 JURISDICTION

15 5. First Amended Accusation No. 800-2019-053700, which superseded the Accusation
16 filed on January 19, 2022, was filed before the Board on December 16, 2022, and is currently
17 pending against Respondent. The First Amended Accusation and all other statutorily required
18 documents were properly served on Respondent on December 16, 2022. Respondent timely filed
19 his Notice of Defense contesting the Accusation.

20 6. A copy of First Amended Accusation No. 800-2019-053700 is attached hereto as
21 Exhibit A and is incorporated herein by reference.

22 ADVISEMENT AND WAIVERS

23 7. Respondent has carefully read, fully discussed with counsel, and understands the
24 charges and allegations in First Amended Accusation No. 800-2019-053700. Respondent has
25 also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated
26 Settlement and Disciplinary Order.

27 8. Respondent is fully aware of his legal rights in this matter, including the right to a
28 hearing on the charges and allegations in the First Amended Accusation; the right to confront and

1 cross-examine the witnesses against him; the right to present evidence and to testify on his own
2 behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the
3 production of documents; the right to reconsideration and court review of an adverse decision;
4 and all other rights accorded by the California Administrative Procedure Act and other applicable
5 laws.

6 9. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently
7 waives and gives up each and every right set forth above.

8 **CULPABILITY**

9 10. Respondent admits that, at an administrative hearing, Complainant could establish a
10 *prima facie* case with respect to the charges and allegations contained in First Amended
11 Accusation No. 800-2019-053700, and agrees that he has thereby subjected his Physician's and
12 Surgeon's Certificate No. A 79836 to disciplinary action.

13 11. Respondent further agrees that if he ever petitions for modification or early
14 termination of probation, or if an accusation and/or petition to revoke probation is filed against
15 him before the Medical Board of California, all of the charges and allegations contained in First
16 Amended Accusation No. 800-2019-053700, shall be deemed true, correct, and fully admitted by
17 Respondent for purposes of any such proceeding or any other licensing proceeding involving
18 Respondent in the State of California or elsewhere.

19 12. Respondent agrees that his Physician's and Surgeon's Certificate No. A 79836 is
20 subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth
21 in the Disciplinary Order below.

22 **CONTINGENCY**

23 13. This stipulation shall be subject to approval by the Medical Board of California.
24 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
25 Board of California may communicate directly with the Board regarding this stipulation and
26 settlement, without notice to or participation by Respondent or his counsel. By signing the
27 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
28 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails

1 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
2 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
3 action between the parties, and the Board shall not be disqualified from further action by having
4 considered this matter.

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

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

11 **DISCIPLINARY ORDER**

12 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 79836 issued
13 to Respondent Richard Paul Heidenfelder, M.D., is revoked. However, that revocation is stayed
14 and Respondent is placed on probation for two (2) years on the following terms and conditions.
15 This Order is to run consecutive to the Disciplinary Order in Case No. 800-2016-024443, and
16 thereby extends those probationary terms and conditions by two (2) additional years on the
17 following terms and conditions:

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

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

10 A prescribing practices course taken after the acts that gave rise to the charges in the First
11 Amended Accusation, but prior to the effective date of the Decision may, in the sole discretion of
12 the Board or its designee, be accepted towards the fulfillment of this condition if the course would
13 have been approved by the Board or its designee had the course been taken after the effective date
14 of this Decision.

15 Respondent shall submit a certification of successful completion to the Board or its
16 designee not later than 15 calendar days after successfully completing the course, or not later than
17 15 calendar days after the effective date of the Decision, whichever is later.

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

27 A medical record keeping course taken after the acts that gave rise to the charges in the
28 First Amended Accusation, but prior to the effective date of the Decision may, in the sole

1 discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the
2 course would have been approved by the Board or its designee had the course been taken after the
3 effective date of this Decision.

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

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

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

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

25 5. MONITORING - PRACTICE / BILLING. Within 30 calendar days of the effective
26 date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a
27 practice and billing monitor(s), the name and qualifications of one or more licensed physicians
28 and surgeons whose licenses are valid and in good standing, and who are preferably American

1 Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current
2 business or personal relationship with Respondent, or other relationship that could reasonably be
3 expected to compromise the ability of the monitor to render fair and unbiased reports to the
4 Board, including but not limited to any form of bartering, shall be in Respondent's field of
5 practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring
6 costs.

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

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

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

25 The monitor(s) shall submit a quarterly written report to the Board or its designee which
26 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
27 are within the standards of practice of medicine or billing, or both, and whether Respondent is
28 practicing medicine safely, billing appropriately or both. It shall be the sole responsibility of

1 Respondent to ensure that the monitor submits the quarterly written reports to the Board or its
2 designee within 10 calendar days after the end of the preceding quarter.

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

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

16 6. PROHIBITED PRACTICE. During probation, Respondent is prohibited from
17 prescribing controlled substances to himself or family members.

18 7. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
19 Respondent shall provide a true copy of this Decision and First Amended Accusation to the Chief
20 of Staff or the Chief Executive Officer at every hospital where privileges or membership are
21 extended to Respondent, at any other facility where Respondent engages in the practice of
22 medicine, including all physician and locum tenens registries or other similar agencies, and to the
23 Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage
24 to Respondent. Respondent shall submit proof of compliance to the Board or its designee within
25 15 calendar days.

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

27 8. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
28 NURSES. During probation, Respondent is prohibited from supervising physician assistants and

1 advanced practice nurses.

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

5 10. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
6 ordered to reimburse the Board its costs of investigation and enforcement in the amount of
7 \$20,000.00 (twenty thousand dollars). Costs shall be payable to the Medical Board of California.
8 Failure to pay such costs shall be considered a violation of probation.

9 Payment must be made in full within 30 calendar days of the effective date of the Order, or
10 by a payment plan approved by the Medical Board of California. Any and all requests for a
11 payment plan shall be submitted in writing by Respondent to the Board. Failure to comply with
12 the payment plan shall be considered a violation of probation.

13 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
14 to repay investigation and enforcement costs, including expert review costs (if applicable).

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

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

20 12. GENERAL PROBATION REQUIREMENTS.

21 Compliance with Probation Unit

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

23 Address Changes

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

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Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or 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.

13. 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.

14. 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

1 on probation with the medical licensing authority of that state or jurisdiction shall not be
2 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
3 period of non-practice.

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

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

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

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

16 15. COMPLETION OF PROBATION. Respondent shall comply with all financial
17 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
18 completion of probation. Upon successful completion of probation, Respondent's certificate shall
19 be fully restored.

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

27 17. LICENSE SURRENDER. Following the effective date of this Decision, if
28 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy

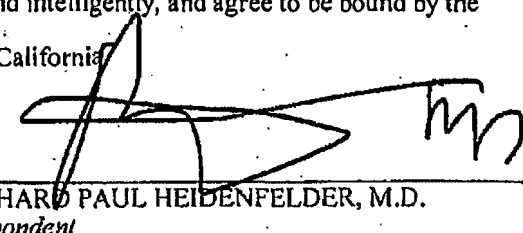
1 the terms and conditions of probation, Respondent may request to surrender his or her license.
2 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
3 determining whether or not to grant the request, or to take any other action deemed appropriate
4 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
5 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
6 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
7 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
8 application shall be treated as a petition for reinstatement of a revoked certificate.

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

14 **ACCEPTANCE**

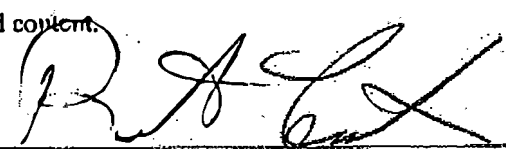
15 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
16 discussed it with my attorney, Robert Frank, Esq. I understand the stipulation and the effect it
17 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
18 Disciplinary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

20
21 DATED: 1/5/22


22 RICHARD PAUL HEIDENFELDER, M.D.
Respondent

23 I have read and fully discussed with Respondent Richard Paul Heidenfelder, M.D., the
24 terms and conditions and other matters contained in the above Stipulated Settlement and
25 Disciplinary Order. I approve its form and content.

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27 DATED: 1-10-23


28 ROBERT W. FRANK, ESQ.
Attorney for Respondent

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ENDORSEMENT

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

DATED: 1/10/23

Respectfully submitted,

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General



KAROLYN M. WESTFALL
Deputy Attorney General
Attorneys for Complainant

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8 *Attorneys for Complainant*

9

10

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

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In the Matter of the First Amended Accusation
Against:

Case No. 800-2019-053700

14

FIRST AMENDED ACCUSATION

15

RICHARD PAUL HEIDENFELDER, M.D.
4695 MacArthur Ct., Ste. 1100
Newport Beach, CA 92660-1866

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Physician's and Surgeon's Certificate
No. A 79836,

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Respondent.

19

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PARTIES

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1. William Prasifka (Complainant) brings this First Amended Accusation solely in his
22 official capacity as the Executive Director of the Medical Board of California, Department of
23 Consumer Affairs (Board).

24

2. On or about July 17, 2002, the Medical Board issued Physician's and Surgeon's
25 Certificate No. A 79836 to Richard Paul Heidenfelder, M.D. (Respondent). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on March 31, 2024, unless renewed.

28

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1 JURISDICTION

2 3. This First Amended Accusation, which supersedes the Accusation filed on January
3 19, 2022, is brought before the Board, under the authority of the following laws. All section
4 references are to the Business and Professions Code (Code) unless otherwise indicated.

5 4. Section 2227 of the Code provides that a licensee who is found guilty under the
6 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
7 one year, placed on probation and required to pay the costs of probation monitoring, or such other
8 action taken in relation to discipline as the Board deems proper.

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

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

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

15 ...

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

20 ...

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

24 COST RECOVERY

25 7. Section 125.3 of the Code states:

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

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

(c) A certified copy of the actual costs, or a good faith estimate of costs where

1 actual costs are not available, signed by the entity bringing the proceeding or its
2 designated representative shall be prima facie evidence of reasonable costs of
3 investigation and prosecution of the case. The costs shall include the amount of
investigative and enforcement costs up to the date of the hearing, including, but not
limited to, charges imposed by the Attorney General.

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

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

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

17 (g) (1) Except as provided in paragraph (2), the board shall not renew or
18 reinstate the license of any licensee who has failed to pay all of the costs ordered
19 under this section.

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

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

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

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

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

8. Respondent has subjected his Physician's and Surgeon's Certificate No. A 79836 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 Patients A, B,
and C, as more particularly alleged hereinafter:

1 PATIENT A¹

2 9. On or about May 18, 2016, Patient A, a then thirty-six year-old female, initiated
3 psychiatric care with Respondent with complaints of low energy, restlessness, mood swings,
4 irritability, weight gain, hopelessness, and inattention. Patient A informed Respondent that she
5 had previously been diagnosed with attention-deficit/ hyperactivity disorder (ADHD) and anxiety,
6 and provided Respondent with a neuropsychological evaluation report from 2002 documenting
7 her diagnosis. Patient A informed Respondent that she had been taking Klonopin² 1 mg daily and
8 Adderall³ 90 mg daily for several years, but reported experiencing major withdrawals after she
9 stopped taking her medications due to losing her insurance. Respondent obtained and reviewed
10 the patient's CURES report, which revealed she had actually been prescribed only 60 mg of
11 Adderall daily. Respondent did not address and/or document the patient's inaccurate account of
12 her reported medications at this visit, or any visit thereafter. At the conclusion of this visit,
13 Respondent diagnosed Patient A with ADHD and generalized anxiety disorder, and prescribed
14 her Adderall 30 mg twice daily (BID), Adderall XR 30 mg once daily (QAM), Klonopin 0.5mg
15 BID, and Wellbutrin⁴ SR 100mg QAM.

16 10. On or about May 26, 2016, Patient A presented to Respondent for a follow-up with
17 complaints of worsening anxiety since starting Wellbutrin and requested an increase in her
18 Klonopin. At the conclusion of this visit, Respondent increased the patient's Klonopin
19 prescription to 1mg BID.

20
21 ¹ To protect the privacy of the patients involved, the patients' names have not been
included in this pleading. Respondent is aware of the identity of the patients referred to herein.

22 ² Klonopin (brand name for clonazepam) is a Schedule IV controlled substance pursuant
23 to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to
24 Business and Professions Code section 4022. It is an anti-anxiety medication in the
benzodiazepine family.

25 ³ Adderall (brand name for dextroamphetamine and amphetamine) is a Schedule II
26 controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a
dangerous drug pursuant to Business and Professions Code section 4022. It is an amphetamine
salts medication used for attention-deficit hyperactivity disorder and narcolepsy.

27 ⁴ Wellbutrin (brand name for bupropion) is an antidepressant medication, and a dangerous
28 drug pursuant to Business and Professions Code section 4022

1 11. On or about June 24, 2016, Patient A presented to Respondent for a follow-up with
2 complaints of worsening anxiety. At the conclusion of this visit, Respondent discontinued the
3 patient's Wellbutrin prescription and recommended she decrease her dose of Adderall on the
4 weekends.

5 12. On or about October 4, 2016, Patient A presented to Respondent for a follow-up with
6 complaints of worsening anxiety, insomnia, and intermittent panic attacks resulting from high
7 stress at work and relationship issues with her family. Patient A inquired about switching from
8 Klonopin to Xanax.⁵ At the conclusion of this visit, Respondent recommended psychotherapy,
9 discussed switching the patient from Klonopin to Valium,⁶ and increased her Klonopin
10 prescription to 1 mg three times daily (TID).

11 13. On or about November 28, 2016, Patient A presented to Respondent for a follow-up
12 with a request to change her stimulant prescription due to the costs. At the conclusion of this
13 visit, Respondent prescribed Patient A Adderall 30 mg TID.

14 14. Between in or around November 2016 and in or around January 2021, Respondent
15 discussed reducing the dose of controlled substances with Patient A, but maintained her on daily
16 prescriptions of Adderall 90 mg and Klonopin 3 mg.

17 15. Beginning in or around 2017, all of Patient A's visit with Respondent were conducted
18 via telemedicine.

19 16. On or about March 15, 2017, Patient A presented to Respondent for an urgent
20 appointment due to concerns regarding her medications upon learning of an unexpected
21 pregnancy. Respondent discontinued the patient's Wellbutrin prescription, discussed possible
22 side effects of her other medications, and recommended psychotherapy.

23 //

24 ⁵ Xanax (brand name for alprazolam) is a Schedule IV controlled substance pursuant to
25 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to
26 Business and Professions Code section 4022. It is an anti-anxiety medication in the
benzodiazepine family.

27 ⁶ Valium (brand name for diazepam) is a Schedule IV controlled substance pursuant to
28 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to
Business and Professions Code section 4022. It is an anti-anxiety medication in the
benzodiazepine family.

1 17. On or about August 10, 2017, Patient A presented to Respondent for a follow-up and
2 requested an increase in her Adderall due to tolerance since giving birth to her son. Respondent
3 declined to increase her Adderall at that time due to her already being above the maximum
4 recommended dose.

5 18. On or about December 3, 2018, Patient A presented to Respondent for follow-up.
6 Patient A informed Respondent that she had resumed taking Wellbutrin twice daily from an old
7 bottle and that it had been helping her deal with constant negativity and verbal abuse at home.
8 The Patient requested a new prescription of Wellbutrin to assist with depressive and breakthrough
9 ADHD symptoms. At the conclusion of this visit, Respondent prescribed Patient A Wellbutrin
10 SR 100mg daily.

11 19. Between on or about May 18, 2016, and on or about April 20, 2021, Patient A
12 presented to Respondent for approximately thirty (30) clinical visits. Throughout that time,
13 Respondent did not obtain and/or document Patient A's vital signs, did not obtain and/or
14 document any physical examinations, did not obtain and/or document any urine screens, and did
15 not identify whether the visits were conducted in-person or via telemedicine. During
16 approximately eighteen (18) of Patient A's thirty (30) clinical visits,⁷ Respondent did not obtain
17 and/or document a complete mental status examination.

18 **PATIENT B**

19 20. On or about December 2, 2019, Patient B, a then seven-year-old female, initiated
20 psychiatric care with Respondent with parental complaints of ADHD, defiance, anger, aggression,
21 poor impulse control, and history of trauma-reported sexual abuse. Patient B had previously been
22 prescribed Ritalin⁸ and guanfacine⁹ by another provider. At the conclusion of this visit,

23
24 ⁷ These visits include 11/28/16, 5/10/17, 8/10/17, 11/15/17, 2/6/18, 5/3/18, 8/8/18, 9/5/18,
11/8/18, 1/8/19, 2/21/19, 4/22/19, 5/13/19, 7/22/19, 11/4/19, 1/22/20, 7/20/20, and 11/5/20.

25 ⁸ Ritalin (brand name for methylphenidate) is a Schedule II controlled substance pursuant
26 to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to
section 4022 of the Code. It is a stimulant medication used to treat ADHD.

27 ⁹ Guanfacine (brand name Intuniv ER) is a non-stimulant cognition-enhancing medication
28 used to treat ADHD, and a dangerous drug pursuant to section 4022 of the Code.

1 Respondent diagnosed Patient B with Impulse Disorder, ADHD, and Anxiety Disorder, and
2 prescribed her 30 tabs of Intuniv 2 mg and 30 tabs of Remeron¹⁰ 7.5 mg.

3 21. On or about December 9, 2019, Patient B presented to Respondent for a follow-up
4 with parental complaints of severe insomnia and worsening behavior. At this visit, Respondent
5 discontinued the Remeron and prescribed Patient B Seroquel¹¹ 25 mg twice daily.

6 22. On or about December 11, 2019, Respondent had an urgent phone appointment with
7 Patient B's parent due to Patient B exhibiting aggressive behavior. The patient's chart identifies
8 that the patient's sleep had improved with Seroquel 100 mg at night, although only 25 mg twice
9 daily had been prescribed. At the conclusion of this visit, Respondent increased Patient B's
10 Seroquel to 25 mg twice during the day and 100 mg at night, for a total of 150 mg.

11 23. On or about January 7, 2020, Patient B presented to Respondent for a follow-up with
12 a parental report of significantly improved mood, mania, and hyperactivity. Respondent noted in
13 the patient's chart that he wanted her to continue her current medications, but identified her
14 dosing regimen to be 25 mg qam (in the morning), and 50 mg qpm (in the afternoon) and 75 mg
15 qhs (at night), for a total of 150 mg. The patient's chart does not identify a reason for the
16 changed dosing.

17 24. On or about January 31, 2020, Patient B presented to Respondent for a follow-up with
18 a parental report of weight gain but an improvement in her overall functioning. Respondent noted
19 in the patient's chart that he wanted her to continue her current medications, but prescribed
20 Seroquel 50 mg four times daily, for a total of 200 mg. The patient's chart does not identify a
21 reason for the increased dose.

22 **PATIENT C**

23 25. On or about June 19, 2018, Patient C, a then forty-two year old male, presented to the
24 clinic where Respondent worked for an initial psychiatric evaluation and was seen by a nurse

25 _____
26 ¹⁰ Remeron (brand name for mirtazapine) is an anti-depressant medication, and a
dangerous drug pursuant to section 4022 of the Code.

27 ¹¹ Seroquel (brand name for quetiapine) is an antipsychotic medication used to treat
28 schizophrenia, bipolar disorder, and depression. It is a dangerous drug pursuant to section 4022
of the Code.

1 practitioner (NP). At this visit, Patient C complained of his inattentive ADD, which he reported
2 he struggled with his whole life. Patient C reported being diagnosed with ADHD in college,
3 being previously prescribed Adderall, and currently taking Ritalin 20 mg twice daily. At the
4 conclusion of this visit, NP prescribed Patient C Ritalin 20 mg twice daily.

5 26. Between on or about June 19, 2018, and on or about January 4, 2019, Patient C
6 received psychiatric treatment from NP and other providers.

7 27. On or about September 4, 2019, Patient C presented to the clinic and was seen by
8 Respondent for the first time. At this visit, Patient C reported a long history of ADD and doing
9 well on stimulant medication, but requested to switch to Adderall. At the conclusion of the visit,
10 Respondent recommended the patient discontinue Ritalin and start Adderall 20 mg twice daily.¹²

11 28. On or about October 9, 2019, Patient C presented to Respondent for a follow-up. At
12 this visit, Patient C admitted to occasionally taking an extra dose of his medication due to long
13 days. At the conclusion of this visit, Respondent prescribed Patient C Adderall 20 mg twice
14 daily, for a total of 60 tabs.

15 29. On or about October 28, 2019, Respondent prescribed Patient C an additional 60 tabs
16 of Adderall 20 mg. The patient's chart does not include a clinical visit on that date or any other
17 documented reason for the early refill.

18 30. On or about December 14, 2019, Patient C presented to Respondent for a follow-up.
19 At this visit, Patient C reported that he recently saw a different provider and was switched from
20 Adderall to Ritalin and back to Adderall again. At the conclusion of this visit, Respondent
21 prescribed Patient C Ritalin 20 mg twice daily, for a total of 60 tabs.

22 31. On or about February 7, 2020, Patient C presented to Respondent for a follow-up. At
23 this visit, Respondent reviewed the patient's CURES report and noted he had been prescribed
24 medications by other office prescribers.¹³

25 _____
26 ¹² This medication was prescribed to Patient C the next day by another physician in the
27 clinic.

28 ¹³ According to his CURES report, in addition to receiving controlled substances from
Respondent's colleagues, Patient C also received 60 tabs of Ritalin on or about November 13,
2019, from another provider.

1 32. On or about February 26, 2020, Patient C presented to Respondent for a follow-up.
2 At the conclusion of this visit, Respondent prescribed Patient C Ritalin 20 mg twice daily, for a
3 total of 60 tabs.

4 33. March 10, 2020, Patient C contacted Respondent by phone with an urgent request for
5 an early refill. Patient C claimed to have lost his medications and received a prescription from
6 another provider the day before for Adderall instead of Ritalin. At the conclusion of the phone
7 call, Respondent prescribed Patient C 60 tabs of Ritalin 20 mg.

8 34. On or about March 23, 2020, Patient C presented to Respondent for a follow-up via
9 telemedicine due to COVID. At this visit, Patient C reported taking extra doses on some days and
10 running out of his medications early.

11 35. On or about March 30, 2020, Respondent prescribed Patient C 60 tabs of Ritalin 20
12 mg. The patient's chart does not include a clinical visit on that date or any other documented
13 reason for the early refill.

14 36. On or about April 9, 2020, Patient C presented to Respondent for a telemedicine
15 follow-up. At this visit, Patient C requested to switch back to Adderall again due to tolerance and
16 negative side-effects from Ritalin. At the conclusion of the visit, Respondent prescribed Patient
17 C Adderall 20 mg twice daily, for a total of 60 tabs.

18 37. On or about April 21, 2020, Patient C presented to Respondent for a telemedicine
19 follow-up. At this visit, Patient C requested to switch back to Ritalin again due to negative side-
20 effects from Adderall. At the conclusion of the visit, Respondent prescribed Patient C an early
21 refill of Ritalin 20 mg twice daily, for a total of 60 tabs.¹⁴

22 38. Respondent committed negligence in his care and treatment of Patients A, B, and C,
23 which included, but was not limited to, the following:

- 24 A. Failing to document and address Patient A's inaccurate account of her
25 reported medications at her initial appointment on or about May 18, 2016;

26 ///

27 ¹⁴ For reasons not documented in the patient's chart, this prescription was called into two
28 different pharmacies, and Patient C was able to fill the duplicate prescription at both pharmacies
on the same date.

- 1 B. Failing to obtain a urine screen from Patient A at any time while
2 prescribing significant doses of controlled substances and despite the
3 presence of risk factors;
- 4 C. Prescribing Patient A Adderall in excess of the maximum recommended
5 daily dose for approximately five (5) years without sufficient documented
6 indication;
- 7 D. Failing to obtain and/or document vital signs or physical examinations of
8 Patient A at any time;
- 9 E. Failing to obtain and/or document an adequate mental status examination
10 of Patient A during approximately eighteen (18) visits;
- 11 F. Failing to accurately document Patient B's medication plan and the reasons
12 for any changes in dosing; and
- 13 G. Prescribing early refills of controlled substances to Patient C despite signs
14 of abuse.

15 **SECOND CAUSE FOR DISCIPLINE**

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

17 39. Respondent has further subjected his Physician's and Surgeon's Certificate No.
18 A 79836 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the
19 Code, in that Respondent failed to maintain adequate and accurate records regarding his care and
20 treatment of Patients A, B, and C, as more particularly alleged in paragraphs 8 through 38 (G),
21 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

22 **DISCIPLINARY CONSIDERATIONS**

23 40. To determine the degree of discipline, if any, to be imposed on Respondent Richard
24 Paul Heidenfelder, M.D., Complainant alleges that on or about September 3, 2020, in a prior
25 disciplinary action titled *In the Matter of the Second Amended Accusation Against Richard Paul*
26 *Heidenfelder, M.D.*, Case No. 800-2016-024443, the Board issued a Decision and Order, effective
27 October 2, 2020, in which Respondent's Physician's and Surgeon's Certificate was revoked.
28 However, the revocation was stayed and Respondent's Physician's and Surgeon's Certificate was


1 placed on probation for a period of five (5) years, subject to terms and conditions of the Order.
2 That Decision is now final and is incorporated by reference as if fully set forth herein.

3 **PRAYER**

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

- 6 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 79836, issued
7 to Respondent, Richard Paul Heidenfelder, M.D.;
- 8 2. Revoking, suspending or denying approval of Respondent Richard Paul Heidenfelder,
9 M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 10 3. Ordering Respondent Richard Paul Heidenfelder, M.D., to pay the Board the costs of
11 the investigation and enforcement of this case, and if placed on probation, the costs of probation
12 monitoring; and
- 13 4. Taking such other and further action as deemed necessary and proper.

14
15 DATED: DEC 16 2022



16 WILLIAM PRASIFKA
17 Executive Director
18 Medical Board of California
19 Department of Consumer Affairs
20 State of California
21 Complainant

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