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

In the Matter of the Accusation Against: Sean Andrew Sassano-Higgins, M.D. Physician's and Surgeon's Certificate No. A 120579 Respondent.	Case No. 800-2020-073671

DECISION

The attached Stipulated Surrender of License and 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 May 21, 2024.

IT IS SO ORDERED May 14, 2024.

MEDICAL BOARD OF CALIFORNIA

Reji Varghese
Executive Director

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
MARIANNE A. PANSA
Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **Sean Andrew Sassano-Higgins, M.D.** **4900 California Ave., #210B-1008** **Bakersfield, CA 93309-7024** **Physician's and Surgeon's Certificate No. A 120579,** Respondent.	Case No. 800-2020-073671 **STIPULATED SURRENDER OF LICENSE AND ORDER**

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

PARTIES

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

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2. Sean Andrew Sassano-Higgins, M.D. (Respondent) is represented in this proceeding by attorney Robert Keith Weinberg, Esq., whose address is: 19200 Von Karman Avenue, Suite 380, Irvine, CA 92612-8508.

3. On or about March 16, 2012, the Board issued Physician's and Surgeon's Certificate No. A 120579 to Respondent. That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2020-073671 and will expire on October 31, 2025, unless renewed.

JURISDICTION

4. Accusation No. 800-2020-073671 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 or about December 12, 2023. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2020-073671 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2020-073671. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

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

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

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CULPABILITY

8. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2020-073671, a true copy of which is attached hereto as Exhibit A, and agrees that he has thereby subjected his Physician's and Surgeon's Certificate No. A 120579 to disciplinary action. Respondent hereby surrenders his Physician's and Surgeon's Certificate No. A 120579 for the Board's formal acceptance.

9. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

CONTINGENCY

10. Business and Professions Code section 2224, subdivision (b), provides, in pertinent part, that the Medical Board "shall delegate to its executive director the authority to adopt a ... stipulation for surrender of a license."

11. Respondent understands that, by signing this stipulation, he enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his Physician's and Surgeon's Certificate No. A 120579 without further notice to, or opportunity to be heard by, Respondent.

12. This Stipulated Surrender of License and Disciplinary Order shall be subject to the approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his consideration in the above-entitled matter and, further, that the Executive Director shall have a reasonable period of time in which to consider and act on this Stipulated Surrender of License and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

13. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the

Executive Director on behalf of the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Executive Director, the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving respondent. In the event that the Executive Director on behalf of the Board does not, in his discretion, approve and adopt this Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason by the Executive Director on behalf of the Board, Respondent will assert no claim that the Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

14. This Stipulated Surrender of License 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.

15. The parties agree that copies of this Stipulated Surrender of License and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

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

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ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 120579, issued to Respondent Sean Andrew Sassano-Higgins, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. Pursuant to Business and Professions Code section 2307, subdivision (i)(1)(A), at present, the Board shall not reinstate the certificate of an individual whose certificate has been surrendered because the person committed an act of sexual abuse, misconduct, or relations with a patient pursuant to Section 726 of the Business and Professions Code, or sexual exploitation as defined in subdivision (a) of Section 729 of the Business and Professions Code.

If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2020-073671 shall be deemed to be true, correct and admitted by Respondent when then Board determines whether to grant or deny the petition.

5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of $ 94,244.00 (ninety-four thousand two hundred forty-four dollars and zero cents) prior to issuance of a new or reinstated license.

6. 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 agency in the State of

California, all of the charges and allegations contained in Accusation No. 800-2020-073671 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 licensure.

ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney Robert Keith Weinberg, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 5/3/2024

SEAN ANDREW SASSANO-HIGGINS, M.D.
Respondent

I have read and fully discussed with Respondent Sean Andrew Sassano-Higgins, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 5/6/24

ROBERT KEITH WEINBERG, ESQ.
Attorney for Respondent

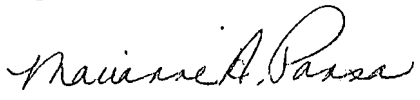
ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: May 7, 2024

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General



MARIANNE A. PANSA
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 800-2020-073671

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

In the Matter of the Accusation Against: **Sean Andrew Sassano-Higgins, M.D.** **4900 California Ave., 210B - #1008** **Bakersfield, CA 93309** **Physician's and Surgeon's Certificate No. A 120579,** Respondent.	Case No. 800-2020-073671 **ACCUSATION**

PARTIES

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

2. On or about March 16, 2012, the Medical Board issued Physician's and Surgeon's Certificate Number A 120579 to Sean Andrew Sassano-Higgins, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on October 31, 2025, unless renewed.

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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 of the Code states:

> (a) 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.
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> (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.
>
> (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

5. Section 2228.1 of the Code states, in pertinent part:

> (a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board and the Podiatric Medical Board of California shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information internet web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, in any of the following circumstances:
>
> (1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:

(A) The commission of any act of sexual abuse, misconduct, or relations with a patient or client as defined in Section 726 or 729.

". . ."

(2) An accusation or statement of issues alleged that the licensee committed any of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a stipulated settlement based upon a nolo contendre or other similar compromise that does not include any prima facie showing or admission of guilt or fact but does include an express acknowledgment that the disclosure requirements of this section would serve to protect the public interest.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2019, the board shall provide the following information, with respect to licensees on probation and licensees practicing under probationary licenses, in plain view on the licensee's profile page on the board's online license information internet web site.

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the board, the causes for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.

(4) The length of the probation and end date.

(5) All practice restrictions placed on the license by the board.

(e) Section 2314 shall not apply to this section.

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STATUTORY PROVISIONS

6. 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.

". . ."

7. Section 726 of the Code states:

(a) The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any person licensed under this or under any initiative act referred to in this division.

(b) This section shall not apply to consensual sexual contact between a licensee and his or her spouse or person in an equivalent domestic relationship when that licensee provides medical treatment, to his or her spouse or person in an equivalent domestic relationship.

8. Section 729 of the Code states, in pertinent part:

(a) Any physician and surgeon, psychotherapist, alcohol and drug abuse counselor or any person holding himself or herself out to be a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor, who engages in an act of sexual intercourse, sodomy, oral copulation, or sexual contact with a patient or client, or with a former patient or client when the relationship was terminated primarily for the purpose of engaging in those acts, unless the physician and surgeon, psychotherapist, or alcohol and drug abuse counselor has referred the patient or client to an independent and objective physician and surgeon, psychotherapist, or alcohol and drug abuse counselor recommended by a third-party physician and surgeon, psychotherapist, or alcohol and drug abuse counselor for treatment, is guilty of sexual exploitation by a physician and surgeon, psychotherapist, or alcohol and drug abuse

counselor.

(b) Sexual exploitation by a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor is a public offense:

". . ."

For purposes of subdivision (a), in no instance shall consent of the patient or client be a defense. However, physicians and surgeons shall not be guilty of sexual exploitation for touching any intimate part of a patient or client unless the touching is outside the scope of medical examination and treatment, or the touching is done for sexual gratification.

(c) For purposes of this section:

(3) "Sexual contact" means sexual intercourse or the touching of an intimate part of a patient for the purpose of sexual arousal, gratification, or abuse.

(4) "Intimate part" and "touching" have the same meanings as defined in Section 243.4 of the Penal Code.

". . ."

COST RECOVERY

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

FACTUAL ALLEGATIONS

10. Patient A[1] first presented to Respondent, a psychiatrist, on or about October 11, 2019. Patient A reported that she had a history of attention deficit/ hyperactivity disorder (ADHD) and obsessive compulsive disorder (OCD) in childhood. She had minimal symptoms until she began experiencing OCD and panic symptoms approximately seven years ago. Patient A reported she received hypnotherapy in the past, which helped, but that the symptoms returned approximately one month ago. Patient A also stated she had been taking Adderall (mixed salts

[1] Patient A's identity is redacted to protect the patient's privacy.

dextroamphetamine/amphetamine),[2] Soma (carisoprodol),[3] and Xanax (alprazolam) prescribed by another physician. Patient A reported the Xanax, which she had been taking at bedtime, had not been helpful, and she had been waking at night with worry, and numbness in her left hand and jaw. Patient A reported that she was worried that suicide may be the only way to stop the panic, and that she may be physically capable of suicide. Patient A also reported that she had thyroid labs performed a few weeks ago, which she does yearly, due to a family history of Hashimoto's disease;[4] a brain MRI on an unknown date; and an EKG in 2017, and that all of these tests had been within normal limits.

11. At this first visit, Respondent noted that he checked Patient A's CURES[5] report, which was within normal limits. Respondent documented that Patient A was being prescribed three controlled substances by another provider: 0.125-0.25 mg of Xanax (alprazolam) at bedtime as needed for anxiety; 5 mg of Adderall (mixed salts dextroamphetamine/amphetamine) in the morning; and Soma (carisoprodol), as needed for left arm pain. This information is corroborated by the CURES report, which indicated that another physician prescribed 90 tablets of 10 mg of mixed salts dextroamphetamine/amphetamine filled on August 17, 2019; 30 tablets of 350 mg of

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[2] Adderall®, a mixture of d-amphetamine and l-amphetamine salts in a ratio of 3:1 (mixed salts dextroamphetamine/amphetamine), is a central nervous system stimulant of the amphetamine class, and is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for attention-deficit hyperactivity disorder and narcolepsy.

[3] Soma® (carisoprodol) is a muscle relaxant with a known potentiating effect on narcotics. It works by blocking pain sensations between the nerves and the brain. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the treatment of acute and painful musculoskeletal conditions.

[4] Hashimoto's disease is an autoimmune disorder that can cause hypothyroidism, or an underactive thyroid.

[5] Controlled Substance Utilization Review and Evaluation System 2.0 (CURES) is a database of Schedule II, III, and IV controlled substance prescriptions dispensed in California serving the public health, regulatory and oversight agencies, and law enforcement. CURES 2.0 is committed to the reduction of prescription drug abuse and diversion without affecting legitimate medical practice or patient care.

carisoprodol filled on September 26, 2019; and 15 tablets of 0.25 mg of alprazolam filled on October 9, 2019, to Patient A.

12. Although the CURES report contained information regarding Patient A's prior prescriptions, Respondent did not document the names of Patient A's current and past medical providers in the medical record, including the provider identified on the CURES report. Respondent also did not document his request for Patient A to sign authorizations to disclose and exchange information with any of her providers to allow Respondent to obtain medical records and test results so that he could coordinate medical care with them, nor did he document that Patient A declined to sign the requested authorizations. Respondent also did not note how the inability to coordinate care with Patient A's current medical providers would affect treatment planning. Instead, Respondent documented, "Pt [patient] will send lab results from pmd [primary medical doctor] for thyroid and other recent labs." Respondent diagnosed Patient A with OCD, panic disorder, ADHD, a history of migraines, marijuana use, and left arm pain/sensory loss. Respondent found Patient A to be a low risk of suicide, with no suicidal ideation, with no plan or attempts, or firearms. Respondent's psychopharmacology treatment plan for Patient A was to discontinue Xanax. In its place, Respondent prescribed 0.5 mg of Ativan,[6] another Schedule IV controlled substance that has a longer duration, to take as needed, and to have Patient A continue taking the Adderall prescribed by the other provider. Respondent noted that he would initiate a "West Coast neuro[logy] referral to discuss poss[ible] sensory issues L[eft] arm."

13. The medical record does not contain documentation that Respondent gave Patient A information about the risks and benefits of taking the above controlled substances, including developing tolerance, physiological dependence, or life-threatening withdrawal with abrupt cessation, alternatives to medication, the duration of treatment, or that Patient A gave informed consent to treatment. Respondent did not assume responsibility for prescribing Soma or Adderall at the first appointment; however, Respondent documented he advised Patient A of the risk of

[6] Ativan® (lorazepam) is a benzodiazepine and is a centrally acting hypnotic-sedative that works to enhance the activity of certain neurotransmitters in the brain. It is used to treat anxiety disorders. Lorazepam is a Schedule IV controlled substance and is a dangerous drug pursuant to California Business and Professions Code section 4022.

over sedation and death, including advising Patient A to take the medications at least four hours apart. Although these instructions were documented, the note is unclear about which medications should be taken four hours apart.

14. At the second appointment, on October 21, 2019, Respondent noted that Patient A self-increased the dose of Adderall from 5 mg to 10 mg in the morning.

15. Respondent saw Patient A for a third appointment on November 15, 2019, and noted Patient A had some good results taking the Ativan, and that she did better with anxiety in the morning, which is when she took the Adderall. At the fourth appointment, on November 25, 2019, Respondent prescribed 10 mg of Adderall to be taken every morning and another 5 mg of Adderall to be taken in the afternoon. Respondent also documented, "Pt [patient] had hormones tested with Gyn[ecology], awaiting results. Can consider OCP [oral contraceptive pill], but has migraines with aura and Gyn[ecology] hesitant to prescribe."

16. At the fifth appointment, on December 13, 2019, Respondent documented that Patient A reported to him that, "Gyn[ecology] had approved using progestin only Minipill once hormone levels checked. Pt [patient] would like to trial OCP [oral contraceptive pill] as soon as possible and is having difficulty reaching gynecologist." Respondent documented that Patient A had seen her gynecologist and was told by staff that the testosterone levels were abnormal, and the labs were checked for possible PCOS [polycystic ovary syndrome].[7] Respondent noted, "Pt [patient] counseled on RBSE [risks, benefits, side effects] with OCP [oral contraceptive pill], including stroke and cardiac. Provided courtesy fill of Minipill: 1pk [package], 0 rf [refill]. Pt [patient] will send lab results. Unclear if checked for anemia. Lanula[8] wnl [within normal limits]."

17. At the sixth appointment, on December 23, 2019, Respondent noted that Patient A reported being less anxious since taking the OCP, but "did have [a] panic attack yesterday and today." Respondent documented that Patient A did not need to take Adderall in the afternoon as

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[7] Polycystic ovary syndrome is a condition that can occur in women during their reproductive years and can result in longer of more frequent menstrual cycles and higher androgen levels. Androgens are hormones that contribute to growth and reproduction in males and females.

[8] The lanula is the half-moon shape at the base of the nail.

the "OCP has made focus better." Ativan was noted as helpful, but that it takes time to work. Respondent was still waiting for copies of the labs from Patient A's gynecologist.

18. At the seventh appointment, on January 3, 2020, Patient A reported being a bit less anxious overall, and had not had any panic attacks since her last visit. Patient A did not think that the OCP was going to help enough with anxiety, but was interested in taking Prozac (fluoxetine).[9] Respondent prescribed Patient A fluoxetine and also noted, "Continue minipill OCP (progestin only). Script called to pharmacy (escript could not locate med) for 1 pack, 2 rf [refills])." Respondent also noted that the sensory issue in Patient A's left arm was resolved, and that Patient A had been "seen by neuro and thinks its anxiety, could consider EMG, but unlikely to be helpful." No reports or testing results from Patient A's neurologist are contained in Patient A's medical record.

19. From January 17, 2020 through May 7, 2020, Respondent saw Patient A several times a month, during which time additional non-controlled psychotropic medications (fluoxetine and vortioxetine[10]) were trialed, anxiety symptoms were documented, and a variety of psychotherapy techniques to target anxiety and obsessive-compulsive symptoms were described. As with earlier appointments, there is no documentation of Respondent's efforts to obtain authorization from Patient A to disclose and exchange information with other medical providers to inform his treatment plan. Throughout this period, Respondent was consistently prescribing 10 mg of mixed salts dextroamphetamine/amphetamine (Adderall) to be taken daily in the morning; between .5 mg and 1 mg of lorazepam to be taken daily; and fluoxetine to be taken daily.

20. In or about the Spring of 2020, Patient A told Respondent that she was sexually attracted to him. Respondent did not document this disclosure in Patient A's medical record.

21. On May 11, 2020, Respondent documented, "Pt [patient] asked to meet briefly today to ask psychotherapy question. Writer met with pt [patient] for 10 minutes to discuss. CBT

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[9] Prozac ®, fluoxetine is an antidepressant and belongs to a group of medicines known as selective serotonin reuptake inhibitors (SSRIs). The medicine works by increasing the activity of serotonin in the brain.

[10] Vortioxetine (Trintellix and Brintellix ®) is a medication used to treat major depressive disorder.

[cognitive behavioral therapy] techs [techniques] used: cog[cognitive] restructuring, review of past patterns of thoughts and behaviors."

22. Respondent continued to see Patient A for appointments on May 14, 2020, June 5, 2020, and June 12, 2020 respectively. Each appointment documented that Patient A continued to have target symptoms for treatment and there was active treatment planning for psychotherapy and psychotropic medication, until cognitive behavioral therapy was deleted with no comment from the treatment plan on June 12, 2020. During the appointment on June 12, 2020, Respondent documented that the Prozac was leading to muscle twitch and anorgasmia, but was helping with anxiety and depression. Respondent noted that 20 mg of Prozac was not sufficient, and outlined several other treatment options and medications that could be potential substitutes for treatment. There was no discussion of plans to terminate the treatment relationship or to transfer psychiatric care.

23. In the course of treatment, Respondent and Patient A began communicating via email and text. On or about June 15 through June 16, 2020, Patient A emailed Respondent and asked if Patient A would see Respondent again if she asked for a referral to another provider. Respondent advised that the typical course of treatment would be that they would not see each other again once Patient A established care with another provider. Patient A further explained that she was still having sexual feeling towards Respondent. Patient A told Respondent that she did not know how to manage her feelings, and did not know if she should continue treatment with Respondent because she wanted to have a sexual relationship with him. After outlining sexually graphic content, Patient A told Respondent that she felt that there was a connection or tension between them. On or about on June 17, 2020, Respondent replied via email stating that there was a "connection/tension," but told Patient A that if she thought they could navigate through the tension, (by acknowledging it and discussing it), that it would be helpful to Patient A in the long run to continue treatment, if it was not too difficult for her.

24. On June 23, 2020, Respondent documented an atypically brief note condensed into the "Chief Complaint" section that states, "20m[inutes] therapy (CBT [cognitive behavioral therapy], emotional review, judicious self-disclosure). No med [medication] issues. Good

adherence. MSE [mental status examination]: anxious app [appearing] to conversation, normal range, ijiccog [insight judgement cognitions] intact, linear; DX: panic disorder; A/P cont[inue] meds [medications] unchanged. RTC [return to clinic] 1.5 weeks."

25. In an email on or about June 24, 2020, Patient A stated she had been thinking about the one-sided nature of their relationship and asked Respondent to write a sexual fantasy about her. On the same day, Respondent replied, "Happy to do this if you think it would be helpful." None of these email communications between Respondent and Patient A were contained or documented in Patient A's medical record.

26. Regarding the twenty-fifth and final appointment with Patient A, on July 3, 2020, Respondent documented: "Met pt [patient] today. Mutually agreed there is no longer need for psychotherapy. Stable on medications. Provided three month supply of current medications. Pt [patient] discharged from writer's care due to clinic closing. Advised to contact ins[urance] company to locate new provider/referrals provided." Respondent noted he wrote prescriptions for Patient A for 30 tablets of 10 mg of mixed salts dextroamphetamine/amphetamine, one tablet to be taken in the morning; 30 tablets of 10 mg and 20 mg of fluoxetine HCl, respectively, both to be taken in the morning; and 45 tablets of 1 mg of lorazepam, .5 tablets to be taken at 6:00 p.m., and at bedtime. Respondent prescribed the fluoxetine and lorazepam with two refills. The prescription for mixed salts dextroamphetamine/amphetamine had zero refills, but two additional prescriptions for mixed salts dextroamphetamine/amphetamine were written, one to be filled after July 30, 2020, and August 20, 2020, respectively.

27. In an interview, Patient A advised that she was unaware that July 3, 2020 appointment was going to be the last appointment prior to that day. Patient A stated that Respondent advised her at that appointment that she and Respondent could be friends. Patient A sent Respondent a text that included sexual material shortly after the appointment on July 3, 2020.

28. After the July 3, 2020 appointment, Respondent and Patient A began a romantic and sexual relationship, including sexual intercourse. Patient A indicated that her first sexual encounter with Respondent occurred on July 8, 2020. In interviews with the Medical Board of California, Respondent acknowledged engaging in an ongoing romantic dating and sexual

relationship with Patient A, and indicated that he thought the sexual relationship started "toward the end of July 2020." Respondent and Patient A's sexual relationship continued at least through the summer. The sexual relationship subsequently terminated.

29. Despite documenting a termination of care on or about July 3, 2020, Respondent entered a treatment note on September 23, 2020, writing prescriptions for Patient A for 30 tablets of 10 mg of mixed salts dextroamphetamine/amphetamine, one tablet to be taken in the morning; 30 tablets of 10 mg and 20 mg of fluoxetine HCl, respectively, both to be taken in the morning; and 45 tablets of 1 mg of lorazepam, .5 tablets to be taken at 6:00 p.m., and at bedtime. No refills for these prescriptions were given. Patient A subsequently filled those prescriptions.

30. Patient A resumed treatment with another therapist on or about October 14, 2020. Certified medical records with Patient A's subsequent treating provider document that Patient A continued to experience symptoms from her existing psychiatric disorders. The certified medical records also document psychological conditions and treatment to address the effects the sexual relationship with Respondent had on Patient A. Patient A also reported her sexual relationship with Respondent caused her continuing emotional distress and an exacerbation of her psychological conditions.

FIRST CAUSE FOR DISCIPLINE

(Sexual Misconduct with a Patient)

31. Respondent Sean Andrew Sassano-Higgins, M.D. is subject to disciplinary action under section 2227 of the Code, pursuant to section 726, in that he engaged in sexual relations with Patient A, which constitutes sexual misconduct. The circumstances giving rise to this cause for discipline are set forth in paragraphs 10 through 30 above, and are incorporated by reference as if fully set forth herein. Additional circumstances are as follows:

32. Boundary Violation: Engaging in a Sexual Relationship with a Patient: The standard of care is that romantic or sexual interactions between physicians and patients that occur concurrently with the patient-physician relationship are unethical. Such interactions detract from the goals of the patient-physician relationship and may exploit the vulnerability of the patient, compromise the physician's ability to make objective judgments about the patient's health care,

and ultimately be detrimental to the patient's wellbeing. A physician must terminate the patient-physician relationship before initiating a dating, romantic, or sexual relationship with a patient.

Likewise, sexual or romantic relationships between a physician and a former patient may be unduly influenced by the previous patient-physician relationship. Sexual or romantic relationships with former patients are unethical if the physician uses or exploits trust, knowledge, emotions, or influence derived from the previous professional relationship, or if a romantic relationship would otherwise foreseeably harm the individual.

In keeping with a physician's ethical obligations to avoid inappropriate behavior, a physician who has reason to believe that nonsexual, nonclinical contact with a patient may be perceived as, or may lead to romantic or sexual contact should avoid such contact. Engaging in a sexual relationship with a patient, whether current or former, when there is a reasonable consequence of harm to the patient is improper.

33. Respondent exploited information and trust obtained during the treatment of Patient A by engaging in inappropriate email communication with her, encouraging Patient A to continue treatment with him after she requested to be transferred to another care provider, and engaging in a sexual relationship with Patient A immediately following the abrupt termination of their patient-physician relationship. Patient A reported that their first sexual encounter, including sexual intercourse, occurred on or about July 8, 2020, just five days after the July 3, 2020 appointment. Respondent admitted that the sexual relationship began sometime toward the end of July 2020. The sexual relationship, including ongoing sexual intercourse, extended at least through the end of the summer. Although Respondent documented that the patient-physician relationship was terminated on July 3, 2020, he extended the patient-physician relationship by continuing to provide prescriptions for controlled substances to Patient A on or about September 23, 2020. Respondent placed his own self-interest in seeking gratification through a sexual relationship with Patient A ahead of the welfare of Patient A, who continued to require treatment for psychiatric disorders. Furthermore, it was foreseeable that Respondent's sexual relationship with Patient A would cause harm to Patient A, and in fact did cause harm to Patient A, as documented by Patient

A's subsequent therapist, and Patient A's reports. Respondent's sexual relationship with Patient A constitutes sexual misconduct and is an extreme departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Sexual Exploitation)

34. Respondent Sean Andrew Sassano-Higgins, M.D. is subject to disciplinary action under section 2227 of the Code, pursuant to section 729, in that he engaged in the sexual exploitation of Patient A. The circumstances giving rise to this cause for discipline are set forth in paragraphs 10 through 33 above, and are incorporated by reference as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(Gross Negligence)

35. Respondent Sean Andrew Sassano-Higgins, M.D. is subject to disciplinary action under section 2227 of the Code, pursuant to section 2234, subdivision (b), in that he committed acts of gross negligence with respect to Patient A. The circumstances giving rise to this cause for discipline are set forth in paragraphs 10 through 34 above, and are incorporated by reference as if fully set forth herein. Additional circumstances are as follows:

36. Psychiatric Evaluation, Diagnosis, Formulation and Treatment Planning: Failure to Collaborate and Coordinate with Other Medical Providers: The initiation of psychiatric services with a patient begins with a psychiatric evaluation that may take place over several appointments. The purpose of the psychiatric evaluation is to make a working diagnosis of the patient, formulate the case, and develop a recommended treatment plan to be discussed and agreed to by the patient. The evaluation should consist not only of information from the patient but also from collateral sources, if available, such as medical records from previous and concurrent providers. When critical information for clinical decision-making is not available from collateral sources for any number of reasons, physicians must recognize these limitations in developing a safe and appropriate treatment plan. When a physician assumes responsibility for prescribing a medication currently prescribed by another medical provider, especially when the medication is a controlled substance, the standard of care is to notify that prescriber in order to coordinate the transfer of

prescribing responsibility and thus prevent duplicating the same care or creating two inconsistent treatment plans for the same medical problem.

37. Patient A's diagnoses of obsessive compulsive disorder, panic disorder, ADHD, and a neurological issue were being treated by another provider who was prescribing several controlled substances to treat these conditions at the time of her first appointment. Without communicating with the provider who was reportedly prescribing Xanax, Respondent prescribed a different Schedule IV benzodiazepine, Ativan, that has longer duration of action. Additionally, in subsequent appointments, Respondent similarly recommended that Patient A increase the dose of Schedule II Adderall, and he initiated prescribing this medication without communicating with the other provider. Moreover, Patient A had been treated for numbness in her left hand, arm, and jaw, for which Respondent documented a referral to a neurologist in his treatment plan. However, over the course of Patient A's treatment, Respondent failed to obtain authorizations to communicate with these care providers so that Respondent could coordinate Patient A's care, and he failed to document Patient A's ongoing refusal to provide the authorizations throughout treatment. Respondent's failure to obtain the authorizations so he could communicate with Patient A's care providers, as well as his failure to document Patient A's refusal to sign the required authorizations, each constitute a separate and distinct extreme departure from the standard of care.

38. Informed Consent for Medications: The standard of care requires that before prescribing psychotropic medication to a patient, a physician should obtain and document informed consent. Informed consent includes a discussion of risks and benefits, alternatives to medication, and duration of treatment. When prescribed on an ongoing basis, all benzodiazepine medications carry the clear risk of developing tolerance, physiological dependence, life-threatening withdrawal with abrupt cessation, and prolonged detoxification under medical supervision. Benzodiazepines with abrupt-onset and short duration of action, including lorazepam and alprazolam, have a greater risk of psychological dependence than slower-onset, longer duration of action benzodiazepines. Similarly, stimulant medications including Adderall carry similar risks of physiological dependence and misuse/diversion.

39. The lack of documenting that the risks and benefits of these medications were discussed with Patient A, and failing to obtain and document written informed consent to prescribe psychotropic medication to Patient A, including Schedule II and Schedule IV controlled substances, is an extreme departure from the standard of care.

40. Prescribing Medications Outside the Scope of Practice: The standard of care requires that when physicians prescribe outside their scope of practice, they are held to the same standard of care as a physician prescribing within their scope of practice.

41. Respondent prescribed an oral contraceptive to Patient A as a "courtesy fill" based on Patient A's report of what her gynecologist recommended, and based on Patient A's report that she was unable to obtain the contraceptives from her gynecologist. Respondent did not independently communicate or collaborate with Patient A's gynecologist or primary care physician to assess the truthfulness of these statements, or to assess the appropriateness of prescribing this medication. Respondent prescribed these medications without reviewing labs that were ordered by the gynecologist. Prescribing a medication outside a physician's scope of practice without an understanding of the diagnosis, treatment options, risks, benefits, alternatives, and adverse effects is an extreme departure from the standard of care.

42. Improper Termination of the Patient-Physician Relationship: A patient-physician relationship is generally formed when a physician affirmatively acts in a patient's case by examining, diagnosing, treating, or agreeing to do so. When the patient-physician relationship is terminated because there will no longer be an established practice and access to a medical record, there must be a plan for continuity of health care. The physician has an obligation to cooperate in the coordination of medically indicated care with other health care providers treating a patient. The physician may not discontinue treatment of a patient as long as further treatment is medically indicated, without giving a patient reasonable assistance and sufficient opportunity to make alternative arrangements for care. Notice of termination should be provided to the patient in writing and include referral information and the offer to provide records to a subsequent physician if authorized to do so by the patient.

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43. During the course of treatment, Patient A first raised the question of whether or not she should be transferred to another psychiatrist when she developed sexual attraction to Respondent. Subsequently, as her attachment to him grew, Patient A expressed to Respondent that she did not have the strength to initiate a transfer to another psychiatrist and asked Respondent what she should do. Respondent encouraged Patient A to continue treatment with him.

44. At the second-to-last appointment, on June 12, 2020, Respondent documented the presence of ongoing impairing symptoms, noting that Prozac was leading to muscle twitch, tremor, and anorgasmia, but was helping with depression. Respondent noted that the current dosage of Prozac was not sufficient, and outlined several other treatment options and medications that could be potential substitutes for treatment. No discussion of termination of treatment was documented.

45. On the next visit, eleven days later on June 23, 2020, the documentation is considerably shorter, noting 20 minutes of cognitive behavioral therapy, emotional review, judicious self-disclosure. No medication issues were noted and Patient A's medications remained unchanged. Another appointment was scheduled for 1.5 weeks. There was no mention of a termination plan before the final appointment. Ultimately, Respondent abruptly declared a termination to the patient-physician relationship ten days following the previous appointment, on July 3, 2020, with no documented oral or written notification before that appointment that this would be Patient A's final appointment.

46. The abrupt one-sided termination of the patient-physician treatment relationship by Respondent when care remained medically-indicated and without written notification alerting Patient A to any foreseeable impediment to continuity of care, and providing Patient A with reasonable assistance and sufficient opportunity to make alternative arrangements for care is an extreme departure from the standard of care, causing Patient A harm.

47. Boundary Violation: Engaging in a Sexual Relationship with a Patient: Respondent's sexual relations, including sexual intercourse, with Patient A as outlined above is an extreme departure from the standard of care.

FOURTH CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

48. Respondent Sean Andrew Sassano-Higgins, M.D. is subject to disciplinary action under section 2227 of the Code, pursuant to section 2234, subdivision (c), in that Respondent committed repeated negligent acts in his care and treatment of Patient A. The circumstances giving rise to this cause for discipline are set forth in paragraphs 10 through 47 above, which are incorporated herein by reference as if fully set forth herein.

FIFTH CAUSE FOR DISCIPLINE

(Inadequate or Inaccurate Recordkeeping)

49. Respondent Sean Andrew Sassano-Higgins, M.D is subject to disciplinary action under section 2227 of the Code, pursuant to section 2266, in that Respondent failed to adequately and accurately document his clinical encounters with Patient A. The circumstances giving rise to this cause for discipline are set forth in paragraphs 10 through 48 above, which are incorporated herein by reference as if fully set forth herein. Additional circumstances are as follows:

50. Respondent did not document the names of Patient A's other providers, or his attempts to request for Patient A to sign authorizations to disclose and exchange information with her other care providers, so that he could obtain medical records and coordinate medical care, or that Patient A declined to do so. Respondent also did not document how this lack of information affected his treatment plan.

51. Respondent failed to obtain and document informed consent to prescribe psychotropic medication, including discussing the risks and benefits of Schedule II and Schedule IV controlled substances, to Patient A.

52. Respondent failed to adequately document instructions given to Patient A regarding the risks of over sedation and death when he believed she was taking Soma in combination with the other drugs he was prescribing (Adderal and Ativan), including advising Patient A to separate the medications by at least four hours. Although these instructions were documented, the note is unclear about which medications should be taken four hours apart.

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SIXTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

53. Respondent Sean Andrew Sassano-Higgins, M.D is subject to disciplinary action under section 2227 of the Code, pursuant to section 2234, subdivision (a), in that Respondent committed acts constituting unprofessional conduct in his care and treatment of Patient A. The circumstances giving rise to this cause for discipline are set forth in paragraphs 10 through 52 above, which are incorporated herein by reference as if fully set forth herein. Additional circumstances are as follows:

54. Respondent's sexual relationship with Patient A, whether she was a current or former patient at the time, constitutes unprofessional conduct.

55. The abrupt one-sided termination by the physician of the patient-physician relationship, failing to alert the patient to any foreseeable impediment to continuity of care, and failing to provide the patient with reasonable assistance and sufficient opportunity to make alternative arrangements for care is an ethical violation and constitutes unprofessional conduct.

56. Respondent's placing of his own self-interest in seeking gratification through the sexual relationship with Patient A ahead of the welfare of Patient A, when she continued to require treatment for psychiatric disorders, constitutes unprofessional conduct.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 120579, issued to Respondent Sean Andrew Sassano-Higgins, M.D.;

2. Revoking, suspending or denying approval of Respondent Sean Andrew Sassano-Higgins, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Sean Andrew Sassano-Higgins, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring;

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4. Ordering Respondent Sean Andrew Sassano-Higgins, M.D., if placed on probation, to provide patient notification in accordance with Business and Professions Code section 2228.1; and

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

DATED: DEC 12 2023

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