

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

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

Jason Paul Helliwell, M.D.

**Physician's and Surgeon's
Certificate No. A 74796**

Respondent.

Case No.: 800-2019-059670

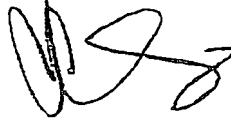
DECISION

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

This Decision shall become effective at 5:00 p.m. on February 28, 2024.

IT IS SO ORDERED: January 29, 2024.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 MICHAEL C. BRUMMEL
Supervising Deputy Attorney General
3 State Bar No. 236116
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Attorneys for Complainant
6

7 **BEFORE THE**
8 **MEDICAL BOARD OF CALIFORNIA**
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

12 **JASON PAUL HELLIWELL, M.D.**
13 **8501 Brimhall Road #300**
Bakersfield, CA 93312

14 **Physician's and Surgeon's Certificate**
15 **No. A 74796**

16 Respondent.

Case No. 800-2019-059670

OAH No. 2023040838

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

17 In the interest of a prompt and speedy settlement of this matter, consistent with the public
18 interest and the responsibility of the Medical Board of California of the Department of Consumer
19 Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order
20 which will be submitted to the Board for approval and adoption as the final disposition of the
21 Accusation.

22 **PARTIES**

23 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
24 California (Board). He brought this action solely in his official capacity and is represented in this
25 matter by Rob Bonta, Attorney General of the State of California, by Michael C. Brummel,
26 Supervising Deputy Attorney General.

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1 **CULPABILITY**

2 9. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 800-2019-059670, if proven at a hearing, constitute cause for imposing discipline upon his
4 Physician's and Surgeon's Certificate.

5 10. Respondent does not contest that, at an administrative hearing, complainant could
6 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-
7 2019-059670, a true and correct copy of which is attached hereto as Exhibit A, and that he has
8 thereby subjected his Physician's and Surgeon's Certificate No. A 74796 to disciplinary action.

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

12 **RESERVATION**

13 12. The admissions made by Respondent herein are only for the purposes of this
14 proceeding, or any other proceedings in which the Medical Board of California or other
15 professional licensing agency is involved, and shall not be admissible in any other criminal or
16 civil proceeding.

17 **CONTINGENCY**

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

28 ///

1 this Decision.

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

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

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

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

23 3. MONITORING - BILLING. Within 30 calendar days of the effective date of this
24 Decision, Respondent shall submit to the Board or its designee for prior approval as a billing
25 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose
26 licenses are valid and in good standing, and who are preferably American Board of Medical
27 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
28 relationship with Respondent, or other relationship that could reasonably be expected to

1 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
2 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
3 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

4 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
5 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
6 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
7 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
8 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
9 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
10 signed statement for approval by the Board or its designee.

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

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

21 The monitor(s) shall submit a quarterly written report to the Board or its designee which
22 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
23 are within the standards of practice of billing, and whether Respondent is practicing medicine
24 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
25 that the monitor submits the quarterly written reports to the Board or its designee within 10
26 calendar days after the end of the preceding quarter.

27 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
28 such resignation or unavailability, submit to the Board or its designee, for prior approval, the

1 name and qualifications of a replacement monitor who will be assuming that responsibility within
2 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
3 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
4 notification from the Board or its designee to cease the practice of medicine within three (3)
5 calendar days after being so notified. Respondent shall cease the practice of medicine until a
6 replacement monitor is approved and assumes monitoring responsibility.

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

12 4. PROHIBITED PRACTICE. During probation, Respondent is prohibited from
13 owning or operating a laboratory testing service. After the effective date of this Decision, all
14 patients being treated by the Respondent shall be notified that the Respondent is prohibited from
15 owning or operating a laboratory testing service. Any new patients must be provided this
16 notification at the time of their initial appointment.

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

24 5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
25 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
26 Chief Executive Officer at every hospital where privileges or membership are extended to
27 Respondent, at any other facility where Respondent engages in the practice of medicine,
28 including all physician and locum tenens registries or other similar agencies, and to the Chief

1 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
2 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
3 calendar days.

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

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

8 7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
9 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
10 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
11 enforcement, as applicable, in the amount of \$45,000 (forty-five thousand dollars). Costs shall be
12 payable to the Medical Board of California. Failure to pay such costs shall be considered a
13 violation of probation.

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

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

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

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

25 9. GENERAL PROBATION REQUIREMENTS.

26 Compliance with Probation Unit

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

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1 Address Changes

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

7 Place of Practice

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

11 License Renewal

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

14 Travel or Residence Outside California

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

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

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

24 11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
25 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
26 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
27 defined as any period of time Respondent is not practicing medicine as defined in Business and
28 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct

1 patient care, clinical activity or teaching, or other activity as approved by the Board. If
2 Respondent resides in California and is considered to be in non-practice, Respondent shall
3 comply with all terms and conditions of probation. All time spent in an intensive training
4 program which has been approved by the Board or its designee shall not be considered non-
5 practice and does not relieve Respondent from complying with all the terms and conditions of
6 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
7 on probation with the medical licensing authority of that state or jurisdiction shall not be
8 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
9 period of non-practice.

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

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

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

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

22 12. COMPLETION OF PROBATION. Respondent shall comply with all financial
23 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
24 completion of probation. This term does not include cost recovery, which is due within 30
25 calendar days of the effective date of the Order, or by a payment plan approved by the Medical
26 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
27 shall be fully restored.

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

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

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

23 16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
24 a new license or certification, or petition for reinstatement of a license, by any other health care
25 licensing action agency in the State of California, all of the charges and allegations contained in
26 Accusation No. 800-2019-059670 shall be deemed to be true, correct, and admitted by
27 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
28 restrict license.

1 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
2 restrict license.

3 **ACCEPTANCE**

4 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
5 discussed it with my attorney, Derek F. O'Reilly-Jones, Esq. I understand the stipulation and the
6 effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated
7 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
8 bound by the Decision and Order of the Medical Board of California.

9 DATED: _____
10 JASON PAUL HELLIWELL, M.D.
11 *Respondent*

12 I have read and fully discussed with Respondent Jason Paul Helliwell, M.D. the terms and
13 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
14 I approve its form and content.

15 DATED: _____
16 DEREK F. O'REILLY-JONES, ESQ.
17 *Attorney for Respondent*

18 **ENDORSEMENT**

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

21 DATED: October 23, 2023

22 Respectfully submitted,
23 ROB BONTA
24 Attorney General of California
25 STEVE DIEHL
26 Supervising Deputy Attorney General



27 MICHAEL C. BRUMMEL
28 Supervising Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE


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

DATED: 10/23/23


JASON PAUL HELLIWELL, M.D.
Respondent

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

DATED: 10/23/2023


DEREK F. O'REILLY-JONES, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: _____

Respectfully submitted,

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

MICHAEL C. BRUMMEL
Supervising Deputy Attorney General
Attorneys for Complainant

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1 ROB BONTA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
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Deputy Attorney General
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7 E-mail: Michael.Brummel@doj.ca.gov
Attorneys for Complainant

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9 **BEFORE THE**
10 **MEDICAL BOARD OF CALIFORNIA**
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13 In the Matter of the Accusation Against:

Case No. 800-2019-059670

14 **Jason Paul Helliwell, M.D.**
15 **8501 Brimhall Road #300**
Bakersfield, CA 93312

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. A 74796,**

Respondent.

18
19
20 **PARTIES**

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

24 2. On or about June 1, 2001, the Medical Board issued Physician's and Surgeon's
25 Certificate No. A 74796 to Jason Paul Helliwell, 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 April 30, 2023, unless renewed.

28 ///

1 **JURISDICTION**

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

5 **STATUTORY PROVISIONS**

6 4. Section 2227 of the Code states:

7 “(a) A licensee whose matter has been heard by an administrative law judge of the
8 Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or
9 whose default has been entered, and who is found guilty, or who has entered into a
10 stipulation for disciplinary action with the board, may, in accordance with the provision of
11 this chapter:

12 “(1) Have his or her license revoked upon order of the board.

13 “(2) Have his or her right to practice suspended for a period not to exceed one year
14 upon order of the board.”

15 “(3) Be placed on probation and be required to pay the costs of probation monitoring
16 upon order of the board.

17 “(4) Be publicly reprimanded by the board. The public reprimand may include a
18 requirement that the licensee complete relevant educational courses approved by the
19 board.

20 “(5) Have any other action taken in relation to discipline as part of an order of
21 probation, as the board or an administrative law judge may deem proper.

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

28 ///

1 5. Section 2234 of the Code, states:

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

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

7 (b) Gross negligence.

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

12 (1) An initial negligent diagnosis followed by an act or omission medically
13 appropriate for that negligent diagnosis of the patient shall constitute a single
14 negligent act.

15 (2) When the standard of care requires a change in the diagnosis, act, or
16 omission that constitutes the negligent act described in paragraph (1), including, but
17 not limited to, a reevaluation of the diagnosis or a change in treatment, and the
18 licensee's conduct departs from the applicable standard of care, each departure
19 constitutes a separate and distinct breach of the standard of care.

20 (d) Incompetence.

21 (e) The commission of any act involving dishonesty or corruption that is
22 substantially related to the qualifications, functions, or duties of a physician and
23 surgeon.

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

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

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

COST RECOVERY

7. 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

1 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
2 included in a stipulated settlement.

3 FACTUAL ALLEGATIONS

4 8. At all times relevant to this Accusation, Respondent practiced as an OB-GYN.
5 Respondent practiced out of an office known as Advanced Women's Health Center / Advanced
6 Health Group. In addition to offering typical OB-GYN services, Respondent began to offer
7 additional laboratory tests for his patients within his own office that generated additional revenue
8 for his practice. Respondent purchased the Hitachi CLA-1 machine in 2014, that allowed him to
9 perform allergy tests in his own office. Later, Respondent purchased a new machine known as
10 the EXCELTOX, which allowed him to conduct urine toxicology tests within his own practice.
11 In the following years, Respondent ordered that patients undergo many laboratory tests at his own
12 office for allergy testing, HgA1c, urine analysis, lipid testing, toxicology testing, mercury and
13 lead testing, and cystic fibrosis testing. Respondent subsequently billed insurance companies for
14 the laboratory work performed, even when the patient may not have needed or consented to the
15 procedure. The fees for processing those labs were billable and served as a source of significant
16 additional revenue for the practice.

17 9. On or about October 3, 2019, a First Amended Felony Complaint was filed against
18 Respondent and two others in Kern County Superior Court Case No. 16FX011775. The Felony
19 Complaint alleges that Respondent committed multiple acts of insurance fraud in excess of
20 \$100,000 relating to billing for testing performed at his medical office. The Felony Complaint
21 remains pending at this time.

22 **CIRCUMSTANCES RELATED TO PATIENT A¹**

23 10. On or about January 21, 2019, Patient A presented to Respondent as a new prenatal
24 patient at 24 years old. Patient A was gravida 2, para 1, pregnant at 7 weeks and 6 days
25 gestational age. Patient A's history included bipolar disease and anxiety, for which she was
26 taking lithium and Seroquel. Respondent recommended that she stop taking her medications
27 immediately, and begin taking Zoloft in their place. Respondent documented "potential track

28 ¹ To protect the privacy of patients, the Accusation does not identify individual names.

1 marks” on her extremities, but in social history only wrote “no.” The records indicate that Patient
2 A had a family history of diabetes, heart disease, and Lupus. The assessment noted that Patient A
3 had a history of bipolar disease and potential drug use. Respondent’s documented plan included
4 urine cultures, toxicology, gonorrhea, and chlamydia, as well as prenatal labs and allergy testing
5 due to a history of asthma. Respondent did not document any history of asthma in the medical
6 problems section of the medical record, but simply wrote “asthma.” The records do not indicate
7 whether Patient A suffered from intermittent, mild persistent, moderate persistent, or severe
8 persistent asthma, whether it was well controlled, or if she was taking medications for her asthma.
9 Patient A underwent allergy testing at Respondent’s clinic the same day, and her allergy test
10 results returned within normal limits. The records note that Patient A declined the
11 Comprehensive Perinatal Services Program (CPSP). Respondent ordered standard prenatal labs,
12 pap-smear screening and management, a diabetes screening test, urine drug toxicology, and a
13 hepatitis C test, all to be conducted at Respondent’s clinic. Patient A underwent toxicology
14 testing the same day at Respondent’s clinic, and was positive for the presence of cannabinoids.

15 11. On or about January 22, 2019, Patient A underwent a rapid lipid panel at
16 Respondent’s clinic, despite her normal body mass index (BMI). Respondent did not document
17 any justification or rationale for performing the test in the medical records.

18 12. On or about June 4, 2019, Patient A underwent toxicology testing a second time at
19 Respondent’s clinic, and was positive for cannabinoids. A note on the test results suggests that
20 Respondent planned to repeat the urine toxicology test in two weeks, and to ask Patient A if she
21 stopped smoking marijuana.

22 13. On or about June 18, 2019, Patient A declined to provide another sample for urine
23 toxicology testing. A note on the test results states that Patient A did not want to stop using
24 marijuana.

25 14. On or about May 16, 2019, the records state “URINE x 3 ORDER.”

26 15. On or about February 22, 2021, the Board’s investigators interviewed Patient A
27 regarding the treatment she received from Respondent. Patient A reported that Respondent
28 performed genetic testing on her early in her pregnancy without her consent. She believes that

1 Respondent may have performed Cystic Fibrosis testing as well without her consent or
2 knowledge. Patient A stated that she never discussed allergies or anything allergy related with
3 Respondent. Patient A was surprised to learn that Respondent had performed a comprehensive
4 food and inhalant allergy panel with her blood sample, as she was never informed that the test
5 was performed.

6 **CIRCUMSTANCES RELATED TO PATIENT B**

7 16. On or about January 15, 2018, Patient B presented as a new patient after testing
8 positive on a home pregnancy test. The records state that Patient B was estimated to be 11 weeks
9 and 0/7 days pregnant at the time of this visit. She complained of gastro esophageal reflux
10 disease, and provided a past medical history. The records state that Respondent ordered prenatal
11 labs, urine X3 UTZ, and called in medications to the pharmacy. Patient B underwent a urinalysis,
12 urine pregnancy test, blood type testing, hepatitis testing, HIV testing, blood serology testing,
13 glucose testing and a lipid panel, all performed at Respondent's clinic. The results indicated that
14 Patient B had elevated cholesterol and triglycerides. The records document that a urine
15 toxicology was ordered and obtained at Respondent's clinic, but the records do not contain any
16 findings or risk factors that suggest a need for the test. There is no record of Patient B providing
17 consent for a toxicology test.

18 17. On or about January 30, 2018, Patient B returned to Respondent's office for an initial
19 obstetrical visit. Patient B presented at 36 years old, gravida 4, para 3, at 11 weeks gestational
20 age. Patient B's history included GERD and advanced maternal age. The records documented
21 that Patient B's BMI was 48, consistent with class 3 morbid obesity. Patient B's blood pressure
22 was 130/90, and her family history was positive for diabetes. Respondent did not document any
23 past medical history related to asthma or substance abuse. Respondent ordered standard prenatal
24 labs and planned for a pap smear at the following visit. Patient B's HgA1c was 6.5, consistent
25 with the diagnosis of pre-gestational diabetes. Respondent referred Patient B to the diabetes
26 educator for diet and lifestyle education.

27 18. On or about February 15, 2018, Patient B completed testing at Respondent's clinic to
28 determine if she was a carrier for the cystic fibrosis gene as well as allergy testing. The records

1 stated that the allergy test was performed due to a history with asthma, but Patient B's records
2 contain no other history of asthma and it was never listed as a health problem in prior visits. The
3 following day, the results indicated that Patient B was a carrier for cystic fibrosis. The lab results
4 contain a handwritten note that states "need to test FOB," referring to the father of the baby.
5 There is no documentation regarding a discussion with Patient B about the test results, or if any
6 attempt was made to consult with and/or test the father of the baby to see if he was a carrier of
7 cystic fibrosis.

8 19. On or about March 5, 2018, at 14 weeks and 4 days gestation, Patient B reported a
9 brown watery discharge. An ultrasound was performed which revealed that she had suffered a
10 miscarriage. The notes state that the cause of the miscarriage was believed to be cervical
11 incompetence, due to the cervix being too weak and unable to hold the pregnancy in place.

12 20. On or about March 21, 2018, Patient B presented to Respondent for a follow-up after
13 her recent miscarriage. Respondent prescribed oral birth control pills for contraception and
14 referred Patient B to her primary care physician for follow-up regarding diabetes.

15 21. On or about February 18, 2021, Patient B met with the Board's investigators to
16 discuss the care and treatment she received from Respondent. Patient B recalled a previous
17 interview with investigators from the Department of Healthcare Services regarding Respondent.
18 Patient B was not aware that Respondent ever performed a test for cystic fibrosis, and she never
19 discussed the test results with Respondent.

20 **CIRCUMSTANCES RELATED TO PATIENT C**

21 22. On or about January 16, 2018, Patient C presented for her initial visit with
22 Respondent. Patient C presented at 27 years old, gravida 2, para 1, after testing positive on a
23 home pregnancy test performed at Planned Parenthood. Patient C reported some spotting and
24 passage of clots since her pregnancy test, and was unsure if she was having a miscarriage. The
25 medical records state "none" for past medical history, family history, and social history. Patient
26 C's BMI was recorded as 37, and she was tested for HCG and her blood type.

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1 23. On or about January 30, 2018, Patient C presented to Respondent stating that the
2 bleeding had stopped. Patient C's hormone levels were decreasing, and she was diagnosed with a
3 likely miscarriage.

4 24. On or about March 12, 2018, Patient C presented to Respondent for an annual
5 examination. Patient C stated that she wanted to discontinue birth control and try to conceive
6 again. The record states that her last period was one week prior, but no pregnancy test was
7 performed during the visit.

8 25. On or about March 15, 2018, Patient C presented to Respondent with a positive home
9 pregnancy test. The record states that her last period was on February 23, 2018. Patient C was 28
10 years old, presenting as gravida 3, para 1, in the first trimester of her pregnancy.

11 26. On or about April 9, 2018, Respondent ordered standard prenatal labs, HgA1c, and a
12 lipid panel. Patient C was noted to have a BMI of 40, which is considered morbid obesity.

13 27. On or about April 11, 2018, Patient C presented for an obstetric visit. Respondent
14 ordered a urine toxicology test and a cystic fibrosis test, both of which were negative. Patient C
15 did not report any drug use, and the records contained no documentation of risk factors for drug
16 use.

17 28. On or about June 4, 2018, Patient C presented to Respondent for a first-trimester
18 genetic screening.

19 29. On or about October 2, 2018, allergy testing was performed for what the records state
20 was a history of asthma. Patient C's prior records and medical history contained no mention of
21 asthma or allergy problems.

22 30. On or about February 18, 2021, the Board's investigators met with Patient C to
23 discuss the care and treatment she received from Respondent. Patient C stated that she did not
24 recall ever undergoing a genetic test for cystic fibrosis and that she was never consulted about the
25 reason for the test or the results of the test. Patient C stated that it was possible that she was given
26 the test because she provided so many blood test samples for Respondent that he easily could
27 have taken another vial to perform the cystic fibrosis test.

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 31. Respondent has subjected his Physician's and Surgeon's Certificate No. A 74796 to
4 disciplinary action under section 2227, as defined by section 2234, subdivision (b), of the Code,
5 in that he committed multiple acts and/or omissions constituting gross negligence. The
6 circumstances are set forth in paragraphs 8 through 30 which are hereby incorporated by
7 reference as if fully set forth herein. Additional circumstances are as follows:

8 **Patient A**

9 32. Respondent ordered unnecessary allergy testing for Patient A on January 21, 2019,
10 despite failing to document any problem with asthma in Patient A's past medical history.
11 Respondent failed to document an assessment and plan to treat the new diagnosis of asthma.
12 Respondent ordered allergy testing for Patient A even though allergy testing is not a typical part
13 of the management of a patient during pregnancy. Respondent, while providing obstetric care to
14 Patient A, ordered unnecessary testing for Patient A's purported diagnosis of asthma, despite any
15 documentation in the medical record of asthma or allergy problems, to be conducted at his own
16 lab, in order to collect reimbursement from Patient A's insurance company. Respondent ordered
17 Patient A to undergo unnecessary allergy testing and obtained financial gain from the testing,
18 which constitutes an extreme departure from the standard of care.

19 33. Respondent ordered urine toxicology testing for Patient A on January 21, 2019, and
20 June 4, 2019, to be conducted at his clinic. Respondent documented his concerns for ordering the
21 tests, but he failed to document a social history for Patient A. Respondent did not document any
22 discussion of possible smoking, drinking, and/or drug use with Patient A during the initial patient
23 intake. Respondent suspected that Patient A could be using drugs during pregnancy, but failed to
24 provide her with education about the risks to the child, and failed to provide her with appropriate
25 referrals to therapists, social workers, or programs in her area to aid her in decreasing or
26 discontinuing her use during pregnancy. Respondent referred Patient A to the CPSP, but she
27 declined. Respondent did not document Patient A's responses to questions about possible drug
28 use. If Patient A admitted or denied drug use, it should have been documented in the medical

1 records. Respondent ordered urine toxicology testing for Patient A during pregnancy without
2 Patient A's consent. Drug testing during pregnancy can have serious implications and requires
3 that the patient provide consent prior to conducting testing. Respondent ordered urine drug
4 toxicology testing for Patient A at his own lab, without Patient A's consent, during her
5 pregnancy, and obtained financial gain from the testing, which constitutes an extreme departure
6 from the standard of care.

7 34. Respondent ordered a lipid panel for Patient A on January 19, 2019, during her
8 pregnancy, to be performed at his own lab. Respondent did not document any reasonable
9 justification for a lipid panel for Patient A, who had a normal BMI and no medical history to
10 support the order. Respondent ordered the unnecessary lipid panel and obtained financial gain
11 from the testing, which demonstrates a conflict of interest and an extreme departure from the
12 standard of care.

13 **Patient B**

14 35. On or about February 15, 2018, Respondent ordered unnecessary allergy testing for
15 Patient B to be performed at his clinic. Respondent failed to document an assessment and plan to
16 treat the new diagnosis of asthma. Respondent, providing obstetric care to Patient B, ordered
17 unnecessary testing for Patient B's purported diagnosis of asthma, despite any documentation in
18 the medical record of asthma or allergy problems. Respondent ordered Patient B to undergo
19 unnecessary allergy testing without her consent and obtained financial gain from the testing,
20 which constitutes an extreme departure from the standard of care.

21 36. Respondent ordered urine toxicology testing for Patient B on January 15, 2018,
22 during the very first visit with the patient, to be performed at his clinic. Respondent did not
23 document any findings or risk factors to suggest that Patient B had any risk for drug use.
24 Respondent did not document informed consent for urine toxicology testing during Patient B's
25 pregnancy. Respondent ordered urine toxicology testing for Patient B during pregnancy without
26 Patient B's consent. Drug testing during pregnancy can have serious implications and requires
27 that the patient provide consent prior to conducting testing. Respondent ordered urine drug
28

1 toxicology testing for Patient B, without Patient B's consent, during her pregnancy, and obtained
2 financial gain from the testing, which constitutes an extreme departure from the standard of care.

3 **Patient C**

4 37. On or about October 2, 2018, Respondent ordered unnecessary allergy testing for
5 Patient C, to be performed at his clinic. Respondent failed to document an assessment and plan to
6 treat the new diagnosis of asthma. Respondent, providing obstetric care to Patient C, ordered
7 unnecessary testing for Patient C's purported diagnosis of asthma, despite any documentation in
8 the medical record of asthma or allergy problems. Respondent ordered Patient C to undergo
9 unnecessary allergy testing and obtained financial gain from the testing, which constitutes an
10 extreme departure from the standard of care.

11 38. Respondent ordered urine toxicology testing for Patient C on August 29, 2018, absent
12 any documented findings or risk factors to suggest that Patient C had any risk for drug use, to be
13 performed at his clinic. Respondent did not document an informed consent from Patient C for
14 urine toxicology testing during her pregnancy. Respondent ordered urine toxicology testing for
15 Patient C during pregnancy without Patient C's consent. Drug testing during pregnancy can have
16 serious implications and requires that the patient provide consent prior to conducting testing.
17 Respondent ordered urine drug toxicology testing without Patient C's consent during her
18 pregnancy and obtained financial gain from the testing, which constitutes an extreme departure
19 from the standard of care.

20 **SECOND CAUSE FOR DISCIPLINE**

21 **(Repeated Negligent Acts)**

22 39. Respondent Jason Paul Helliwell, M.D. has subjected his Physician's and Surgeon's
23 Certificate No. A 74796 to disciplinary action under section 2227, as defined by section 2234,
24 subdivision (c), of the Code, in that he committed repeated negligent acts in the care and
25 treatment of Patient A, Patient B, and Patient C, as more particularly alleged in paragraphs 8
26 through 38, which are hereby incorporated by reference and realleged as if fully set forth herein.
27 Additional circumstances are as follows:

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1 **Patient A**

2 40. Respondent ordered unnecessary allergy testing for Patient A on January 21, 2019,
3 despite failing to document any problem with asthma in Patient A's past medical history.
4 Respondent failed to document an assessment and plan to treat the new diagnosis of asthma.
5 Respondent ordered allergy testing for Patient A even though allergy testing is not a typical part
6 of the management of a patient during pregnancy. Respondent, while providing obstetric care to
7 Patient A, ordered unnecessary testing for Patient A's purported diagnosis of asthma, despite any
8 documentation in the medical record of asthma or allergy problems. Respondent ordered Patient
9 A to undergo unnecessary allergy testing, which constitutes a simple departure from the standard
10 of care.

11 41. Respondent ordered urine toxicology testing for Patient A on January 21, 2019, and
12 June 4, 2019. Respondent documented his concerns for ordering the tests, but he failed to
13 document a social history for Patient A. Respondent did not document any discussion of
14 possible smoking, drinking, and/or drug use with Patient A during the initial patient intake.
15 Respondent suspected that Patient A could be using drugs during pregnancy, but failed to provide
16 her with education about the risks to the child, and failed to provide her with appropriate referrals
17 to therapists, social workers, or programs in her area to aid her in decreasing or discontinuing her
18 use during pregnancy. Respondent referred Patient A to the CPSP program, but she declined.
19 Respondent did not document Patient A's responses to questions about possible drug use. If
20 Patient A admitted or denied drug use, either response should have been documented in the
21 medical records. Respondent ordered urine toxicology testing for Patient A during pregnancy
22 without Patient A's consent. Drug testing during pregnancy can have serious implications and
23 requires that the Patient provide consent prior to conducting testing. Respondent ordered urine
24 drug toxicology testing for Patient A, without Patient A's consent, during her pregnancy, which
25 constitutes a simple departure from the standard of care.

26 42. Respondent ordered a lipid panel for Patient A during her pregnancy, to be performed
27 at his own lab. Respondent did not document any reasonable justification for a lipid panel for
28 Patient A, who had a normal BMI and no medical history to support the order. Respondent

1 ordered the unnecessary lipid panel, which demonstrates a conflict of interest and a simple
2 departure from the standard of care.

3 **Patient B**

4 43. On or about February 15, 2018, Respondent ordered unnecessary allergy testing for
5 Patient B. Respondent failed to document an assessment and plan to treat the new diagnosis of
6 asthma. Respondent, providing obstetric care to Patient B, ordered unnecessary testing for
7 Patient B's purported diagnosis of asthma, despite any documentation in the medical record of
8 asthma or allergy problems. Respondent ordered Patient B to undergo unnecessary allergy testing
9 without her consent, which constitutes a simple departure from the standard of care.

10 44. Respondent ordered urine toxicology testing for Patient B on January 15, 2018,
11 during the very first visit with the patient. Respondent did not document any findings or risk
12 factors to suggest that Patient B had any risk for drug use. Respondent did not document
13 informed consent for urine toxicology testing during Patient B's pregnancy. Respondent ordered
14 urine toxicology testing for Patient B during pregnancy without Patient B's consent. Drug testing
15 during pregnancy can have serious implications and requires that the patient provide consent prior
16 to conducting testing. Respondent ordered urine drug toxicology testing for Patient B, without
17 Patient B's consent, during her pregnancy, which constitutes a simple departure from the standard
18 of care.

19 45. Respondent ordered a lipid panel for Patient B during her pregnancy to be performed
20 at his own lab. Respondent did not document any discussion of the abnormal results with Patient
21 B following the test. Respondent ordered the unnecessary lab, obtained financial gain from the
22 testing, and failed to review the abnormal results with Patient B, which demonstrates a conflict of
23 interest and a simple departure from the standard of care.

24 **Patient C**

25 46. On or about October 2, 2018, Respondent ordered unnecessary allergy testing for
26 Patient C. Respondent failed to document an assessment and plan to treat the new diagnosis of
27 asthma. Respondent, providing obstetric care to Patient C, ordered unnecessary testing for
28 Patient C's purported diagnosis of asthma, despite any documentation in the medical record of

1 asthma or allergy problems. Respondent ordered Patient C to undergo unnecessary allergy
2 testing, which constitutes a simple departure from the standard of care.

3 47. Respondent ordered urine toxicology testing for Patient C on August 29, 2018, absent
4 any documented findings or risk factors to suggest that Patient C had any risk for drug use.
5 Respondent did not document an informed consent from Patient C for urine toxicology testing
6 during her pregnancy. Respondent ordered urine toxicology testing for Patient C during
7 pregnancy without Patient C's consent. Drug testing during pregnancy can have serious
8 implications and requires that the patient provide consent prior to conducting testing. Respondent
9 ordered urine drug toxicology testing without Patient C's consent during her pregnancy, which
10 constitutes a simple departure from the standard of care.

11 48. Respondent ordered a lipid panel for Patient C on April 9, 2018, during her
12 pregnancy. While a lipid panel is not a standard test, it may have been an appropriate test to
13 consider given Patient C's high BMI and morbid obesity. Respondent ordered a non-standard
14 lipid test for Patient C during pregnancy without her consent, to be performed at his own lab.
15 Respondent ordered a non-standard lab test, without Patient C's consent, and obtained financial
16 gain from the testing, which demonstrates a conflict of interest and a simple departure from the
17 standard of care.

18 **THIRD CAUSE FOR DISCIPLINE**

19 **(Failure to Maintain Adequate Records)**

20 49. Respondent Jason Paul Helliwell, M.D. has subjected his Physician's and Surgeon's
21 Certificate No. A 74796 to disciplinary action under section 2227, as defined by section 2266, of
22 the Code, in that he failed to maintain adequate and accurate records in the care and treatment of
23 Patient A, Patient B, and Patient C, as more particularly alleged in paragraphs 8 through 48,
24 which are hereby incorporated by reference and realleged as if fully set forth herein.

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1 **DISCIPLINARY CONSIDERATIONS**

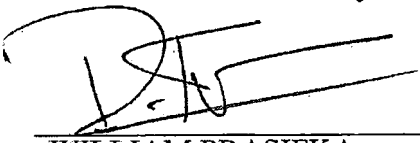
2 50. To determine the degree of discipline, if any, to be imposed on Respondent Jason
3 Paul Helliwell, M.D., Complainant alleges that on or about October 12, 2018, in a prior
4 disciplinary action titled *In the Matter of the Accusation Against Jason Paul Helliwell, M.D.*
5 before the Medical Board of California, in Case Number 08-2013-234073, Respondent's license
6 was revoked, the revocation was stayed, and he was placed on probation for a period of forty-two
7 months with specific terms and conditions. That decision is now final and is incorporated by
8 reference as if fully set forth herein.

9 **PRAYER**

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

- 12 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 74796,
13 issued to Jason Paul Helliwell, M.D.;
- 14 2. Revoking, suspending or denying approval of Jason Paul Helliwell, M.D.'s authority
15 to supervise physician assistants and advanced practice nurses;
- 16 3. Ordering Jason Paul Helliwell, M.D., to pay the Board the costs of the investigation
17 and enforcement of this case, and if placed on probation, the costs of probation monitoring;
- 18 5. Taking such other and further action as deemed necessary and proper.

19
20 DATED: SEP 1.2 2022

21 
22 For: WILLIAM PRASIFKA
23 Executive Director
24 Medical Board of California
25 Department of Consumer Affairs
26 State of California
27 Complainant
28 Reji Varghese
Deputy Director

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