

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

In the Matter of the First Amended
Accusation Against:

Richard Arthur Nolan, M.D.

Physician's and Surgeon's
Certificate No. A 24017

Case No.: 800-2019-061539

Respondent.

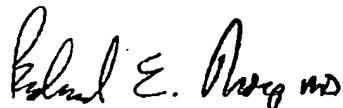
DECISION

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

This Decision shall become effective at 5:00 p.m. on August 1, 2025.

IT IS SO ORDERED: July 3, 2025.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
2 Attorney General of California
3 MACHAELA M. MINGARDI
4 Supervising Deputy Attorney General
5 State Bar No. 194400
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11 *Attorneys for Complainant*

12 **BEFORE THE**
13 **MEDICAL BOARD OF CALIFORNIA**
14 **DEPARTMENT OF CONSUMER AFFAIRS**
15 **STATE OF CALIFORNIA**

16 In the Matter of the First Amended Accusation Case No. 800-2019-061539
17 Against:

18 **RICHARD ARTHUR NOLAN, M.D.**
19 **22 Glen Alpine Rd.**
20 **Piedmont, CA 94611-3523**

21 **STIPULATED SETTLEMENT AND**
22 **DISCIPLINARY ORDER**

23 **Physician's and Surgeon's Certificate No. A**
24 **24017**

25 **Respondent.**

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

28 **PARTIES**

29 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
30 California (Board). He brought this action solely in his official capacity and is represented in this
31 matter by Rob Bonta, Attorney General of the State of California, by Machaela M. Mingardi,
32 Supervising Deputy Attorney General.

33 2. Respondent Richard Arthur Nolan, M.D. (Respondent) is represented in this
34 proceeding by attorney Daniel Horowitz, whose address is: P.O. Box 1547
35 Lafayette, CA 94549

1 3. On or about September 29, 1970, the Board issued Physician's and Surgeon's
2 Certificate No. A 24017 to Richard Arthur Nolan, M.D. (Respondent). The Physician's and
3 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in
4 First Amended Accusation No. 800-2019-061539, and will expire on February 28, 2027, unless
5 renewed.

JURISDICTION

7 4. First Amended Accusation No. 800-2019-061539 was filed before the Board, and is
8 currently pending against Respondent. The First Amended Accusation and all other statutorily
9 required documents were properly served on Respondent on June 6, 2023. Respondent timely
10 filed his Notice of Defense contesting the First Amended Accusation.

11 5. A copy of First Amended Accusation No. 800-2019-061539 is attached as exhibit A
12 and incorporated herein by reference.

ADVISEMENT AND WAIVERS

14 6. Respondent has carefully read, fully discussed with counsel, and understands the
15 charges and allegations in First Amended Accusation No. 800-2019-061539. Respondent has
16 also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated
17 Settlement and Disciplinary Order.

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

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in First Amended Accusation No. 800-2019-061539, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a *prima facie* case factual basis for the charges in the First Amended Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations in First Amended Accusation No. 800-2019-061539, a true and correct copy of which is attached hereto as Exhibit A, and he has thereby subjected his Physician's and Surgeon's Certificate, No. A 24017 to disciplinary action.

12. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

13. ACKNOWLEDGMENT. Respondent acknowledges the Disciplinary Order below, requiring the disclosure of probation pursuant to Business and Professions Code section 2228.1, serves to protect the public interest.

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

CONTINGENCY

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

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

5 16. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
6 be an integrated writing representing the complete, final and exclusive embodiment of the
7 agreement of the parties in this above-entitled matter.

8 17. Respondent agrees that if he ever petitions for early termination or modification of
9 probation, or if an accusation and/or petition to revoke probation is filed against him before the
10 Board, all of the charges and allegations contained in First Amended Accusation No. 800-2019-
11 061539 shall be deemed true, correct and fully admitted by Respondent for purposes of any such
12 proceeding or any other licensing proceeding involving Respondent in the State of California.

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

16 19. In consideration of the foregoing admissions and stipulations, the parties agree that
17 the Board may, without further notice or opportunity to be heard by the Respondent, issue and
18 enter the following Disciplinary Order:

19 **DISCIPLINARY ORDER**

20 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 24017 issued
21 to Respondent Richard Arthur Nolan, M.D. is revoked. However, the revocation is stayed and
22 Respondent is placed on probation for four (4) years on the following terms and conditions:

23 1. **REVOCATION - SINGLE CAUSE.** Certificate No. A 24017 issued to Respondent
24 Richard Arthur Nolan, M.D. is revoked.

25 2. **STANDARD STAY ORDER.** However, revocation stayed and Respondent is placed
26 on probation for four (4) years upon the following terms and conditions.

27 3. **CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO**
28 **RECORDS AND INVENTORIES.** Respondent shall maintain a record of all controlled

1 substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any
2 recommendation or approval which enables a patient or patient's primary caregiver to possess or
3 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health
4 and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and
5 address of the patient; 2) the date; 3) the character and quantity of controlled substances involved;
6 and 4) the indications and diagnosis for which the controlled substances were furnished.

7 Respondent shall keep these records in a separate file or ledger, in chronological order. All
8 records and any inventories of controlled substances shall be available for immediate inspection
9 and copying on the premises by the Board or its designee at all times during business hours and
10 shall be retained for the entire term of probation.

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

21 5. **PRESCRIBING PRACTICES COURSE.** Within 60 calendar days of the effective
22 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
23 advance by the Board or its designee. Respondent shall provide the approved course provider
24 with any information and documents that the approved course provider may deem pertinent.
25 Respondent shall participate in and successfully complete the classroom component of the course
26 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
27 complete any other component of the course within one (1) year of enrollment. The prescribing
28 practices course shall be at Respondent's expense and shall be in addition to the Continuing

1 Medical Education (CME) requirements for renewal of licensure.

2 A prescribing practices course taken after the acts that gave rise to the charges in the
3 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
4 or its designee, be accepted towards the fulfillment of this condition if the course would have
5 been approved by the Board or its designee had the course been taken after the effective date of
6 this Decision.

7 Respondent shall submit a certification of successful completion to the Board or its
8 designee not later than 15 calendar days after successfully completing the course, or not later than
9 15 calendar days after the effective date of the Decision, whichever is later.

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

19 A medical record keeping course taken after the acts that gave rise to the charges in the
20 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
21 or its designee, be accepted towards the fulfillment of this condition if the course would have
22 been approved by the Board or its designee had the course been taken after the effective date of
23 this Decision.

24 Respondent shall submit a certification of successful completion to the Board or its
25 designee not later than 15 calendar days after successfully completing the course, or not later than
26 15 calendar days after the effective date of the Decision, whichever is later.

27 7. **PROFESSIONALISM PROGRAM (ETHICS COURSE).** Within 60 calendar days of
28 the effective date of this Decision, Respondent shall enroll in a professionalism program, that

1 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
2 Respondent shall participate in and successfully complete that program. Respondent shall
3 provide any information and documents that the program may deem pertinent. Respondent shall
4 successfully complete the classroom component of the program not later than six (6) months after
5 Respondent's initial enrollment, and the longitudinal component of the program not later than the
6 time specified by the program, but no later than one (1) year after attending the classroom
7 component. The professionalism program shall be at Respondent's expense and shall be in
8 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

26 9. **SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE**
27 **NURSES.** During probation, Respondent is prohibited from supervising physician assistants and
28 advanced practice nurses.

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

4 11. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
5 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
6 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
7 enforcement, as applicable, in the amount of \$28,000 (Twenty-eight thousand dollars). Costs
8 shall be payable to the Medical Board of California. Failure to pay such costs shall be considered
9 a violation of probation.

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

14 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
15 repay investigation and enforcement costs, including expert review costs.

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

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

21 13. GENERAL PROBATION REQUIREMENTS.

22 Compliance with Probation Unit

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

24 Address Changes

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

1 and Professions Code section 2021, subdivision (b).

2 Place of Practice

3 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
4 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
5 facility. Respondent is permitted to engage in telemedicine from his place of residence.

6 License Renewal

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

9 Travel or Residence Outside California

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

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

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

19 15. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
20 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
21 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
22 defined as any period of time Respondent is not practicing medicine as defined in Business and
23 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
24 patient care, clinical activity or teaching, or other activity as approved by the Board. If
25 Respondent resides in California and is considered to be in non-practice, Respondent shall
26 comply with all terms and conditions of probation. All time spent in an intensive training
27 program which has been approved by the Board or its designee shall not be considered non-
28 practice and does not relieve Respondent from complying with all the terms and conditions of

1 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
2 on probation with the medical licensing authority of that state or jurisdiction shall not be
3 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
4 period of non-practice.

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

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

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

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

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

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

the matter is final.

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

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

20. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in First Amended Accusation No. 800-2019-061539 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Daniel Horowitz. 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.

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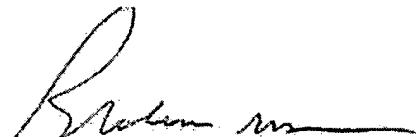
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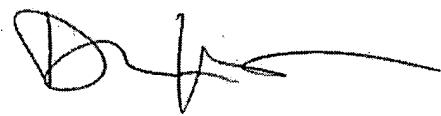
DATED: 1/14/2025



RICHARD ARTHUR NOLAN, M.D.
Respondent

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

1/14/2025



DATED: _____

DANIEL HOROWITZ
Attorney for Respondent

ENDORSEMENT

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

DATED: _____

5/12/2025

Respectfully submitted,

ROB BONTA
Attorney General of California



MACHAELA M. MINGARDI
Supervising Deputy Attorney General
Attorneys for Complainant

SF2022401200

Exhibit A

Accusation No. 800-2019-061539

1 ROB BONTA
2 Attorney General of California
3 MARY CAIN-SIMON
4 Supervising Deputy Attorney General
5 State Bar No. 113083
6 455 Golden Gate Avenue, Suite 11000
7 San Francisco, CA 94102-7004
8 Telephone: (415) 510-3884
9 Facsimile: (415) 703-5480
10 *Attorneys for Complainant*

11
12 **BEFORE THE**
13 **MEDICAL BOARD OF CALIFORNIA**
14 **DEPARTMENT OF CONSUMER AFFAIRS**
15 **STATE OF CALIFORNIA**

16 In the Matter of the First Amended Accusation
17 Against:

18 Case No. 800-2019-061539

19 **FIRST AMENDED ACCUSATION**

20 **RICHARD ARTHUR NOLAN, M.D.**
21 **2100 Otis Drive, Suite B**
22 **Alameda, CA 94501**

23 **Physician's and Surgeon's Certificate**
24 **No. A 24017,**

25 **Respondent.**

26 **PARTIES**

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

30 2. On or about September 29, 1970, the Medical Board issued Physician's and Surgeon's
31 Certificate Number A 24017 to Richard Arthur Nolan, M.D. (Respondent). The Physician's and
32 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
33 herein and will expire on February 28, 2025, unless renewed.

34 **///**

35 **///**

JURISDICTION

3. This First Amended 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 2220 of the Code states:

Except as otherwise provided by law, the Board may take action against all persons guilty of violating this chapter. The Board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders, and the Board shall have all the powers granted in this chapter for these purposes including, but not limited to:

(a) Investigating complaints from the public, from other licensees, from health care facilities, or from the Board that a physician and surgeon may be guilty of unprofessional conduct. The Board shall investigate the circumstances underlying a report received pursuant to Section 805 or 805.01 within 30 days to determine if an interim suspension order or temporary restraining order should be issued. The Board shall otherwise provide timely disposition of the reports received pursuant to Section 805 and Section 805.01.

(b) Investigating the circumstances of practice of any physician and surgeon where there have been any judgments, settlements, or arbitration awards requiring the physician and surgeon or his or her professional liability insurer to pay an amount in damages in excess of a cumulative total of thirty thousand dollars (\$30,000) with respect to any claim that injury or damage was proximately caused by the physician's and surgeon's error, negligence, or omission.

(c) Investigating the nature and causes of injuries from cases which shall be reported of a high number of judgments, settlements, or arbitration awards against a physician and surgeon.

5. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed

1 one year, placed on probation and required to pay the costs of probation monitoring, or such other
2 action taken in relation to discipline as the Board deems proper.

3 6. Section 2234 of the Code states:

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

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

9 (b) Gross negligence.

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

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

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

20 (d) Incompetence.

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

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

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

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7. 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

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

DEFINITIONS

12 9. Acetaminophen with hydrocodone, known by the trade name Norco, is a non-opiate,
13 non-salicylate analgesic and antipyretic. It is a semisynthetic narcotic analgesic and a dangerous
14 drug as defined in section 4022 of the Code. Norco is a Schedule II controlled substance and
15 narcotic as defined by section 11055, subdivision (e) of the Health and Safety Code.

16 10. BuSpar is a trade name for buspirone hydrochloride, an anti-anxiety agent that is
17 chemically or pharmacologically related to benzodiazepines, barbiturates, or other
18 sedative/anxiolytic drugs. The concomitant use of BuSpar with other CNS-active drugs should be
19 approached with caution. BuSpar is a dangerous drug as defined in section 4022 of the Code.

20 11. Carisoprodol, also known by the trade name Soma, is a muscle-relaxant and sedative.
21 It is a dangerous drug as defined in section 4022 of the Code, and a Schedule IV controlled
22 substance as defined by section 11057 of the Health and Safety Code.

23 12. Diazepam, known by the trade name Valium, is a psychotropic drug for the
24 management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It is a
25 dangerous drug as defined in section 4022 of the Code and a Schedule IV controlled substance as
26 defined by section 11057 of the Health and Safety Code.

27 | //

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1 13. Hydroxyzine, sold under the trade names Atarax, Vistaril, and others, reduces activity
2 in the central nervous system and also acts as an antihistamine. It is used as a sedative to treat
3 anxiety and tension. Hydroxyzine is a dangerous drug as defined in Code section 4022.

4 14. Methotrexate is a dangerous drug as defined in section 4022 of the Code. It is used to
5 treat psoriasis, rheumatoid arthritis, and certain types of cancers. It belongs to a class of drugs
6 known as anti-metabolites. It works by slowing or stopping the growth of cancer cells and
7 suppressing the immune system.

8 15. OxyContin is a trade name for oxycodone hydrochloride controlled-release tablets.
9 Oxycodone is a white odorless crystalline powder derived from the opium alkaloid, thebaine. It is
10 a pure agonist opioid whose principal therapeutic action is analgesia. Other therapeutic effects of
11 oxycodone include anxiolysis, euphoria, and feelings of relaxation. Oxycodone is a dangerous
12 drug as defined in section 4022 of the Code and a Schedule II controlled substance and narcotic
13 as defined by section 11055, subdivision (b)(1) of the Health and Safety Code

14 16. Paxil, a trade name for paroxetine hydrochloride, is a selective serotonin reuptake
15 inhibitor (SSRI) chemically unrelated to other SSRIs, tricyclic, tetracyclic, or other available
16 antidepressant agents. It is a dangerous drug as defined by section 4022 of the Code. Paxil is
17 used for the treatment of depression, obsessive compulsive disorder, panic disorder, and social
18 anxiety disorder.

19 17. Zolpidem, known by the trade name Ambien, is a non-benzodiazepine hypnotic of the
20 imidazopyridine class. It is a dangerous drug as defined in section 4022 of the Code and a
21 Schedule IV controlled substance as defined by section 11057 of the Health and Safety Code.

22 **FIRST CAUSE FOR DISCIPLINE**

23 **(Unprofessional Conduct – Repeated Negligent Acts; Failure to Maintain Accurate and
Adequate Records – Patient 1)¹**

24 18. Respondent Richard Arthur Nolan, M.D. is subject to disciplinary action under
25 sections 2234 and/or 2234(c) and/or 2266 in that Respondent engaged in unprofessional conduct
26

27 28 ¹ Numbers are used to protect patient privacy. Respondent may learn the names of the
patients through the discovery process.

1 and was repeatedly negligent, and/or failed to maintain accurate and adequate records in the care
2 and treatment of Patient 1. The circumstances are as follows:

3 19. Patient 1, a male born in 1959, was a United Postal Service worker who had a lumbar
4 endoscopic micro-discectomy in October 1997. Another three level lumbar endoscopic micro-
5 discectomy was done August 8, 1998. He later had facet injections and in July 2000 he had
6 another lumbar micro-discectomy to right L4-5 and L5-S1.

7 20. Patient 1 has had depression associated with the chronic pain and loss of function and
8 is on an anti-depressant medication for this, which he takes routinely. From February 9, 2017
9 through December 2, 2020, Respondent prescribed Norco for moderated pain, Percocet for acute
10 pain and Lexapro for depression.

11 21. Respondent prescribed high doses of opioids to Patient 1, a man with a history of
12 drug abuse and psychiatric illness, without the benefit of lab work, risk assessment instruments,
13 response tracking, outcome measures, opioid specific examinations, and coordination with other
14 co-providers.

15 22. Respondent is subject to disciplinary action under sections 2234 and/or 2234(c)
16 and/or 2266 in that Respondent failed to document the following in Patient 1's records:

- 17 A. A signed opioid agreement.
- 18 B. Physician-patient specific agreed functional goals and expected duration of controlled
19 substance use.
- 20 C. Physician-patient discussion of the added risk associated with the combination of
21 medications, including the fact of concurrent psychiatric issues.
- 22 D. Opioid examination or risk assessment.
- 23 E. Urine drug screen and laboratory follow-ups.
- 24 F. Pain and function tracking instruments such as the 5 A's (Ask, Advise, Assess,
25 Assist, and Arrange).

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SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Repeated Negligent Acts; Failure to Maintain Accurate and Adequate Records – Patient 2)

23. Respondent is subject to disciplinary action under sections 2234 and/or 2234(c) and/or 2266 in that Respondent engaged in unprofessional conduct and was repeatedly negligent, and/or failed to maintain accurate and adequate records in the care and treatment of Patient 2.

The circumstances are as follows:

24. Patient 2 was injured in 1981, had orthopedic spine issues, failed lower back surgeries, kyphoscoliotic collapse with hunchback and had long-term residual chronic pain. Patient 2 had an aortic aneurysm for which he received a stent, and had longstanding anxiety and depression. Patient 2 had pain management care by multiple doctors prior to having his opioid prescriptions taken over by Respondent on August 6, 2018. Patient 2 was already on high doses at that time. In 2019, Patient 2 had an MME of 2,000.²

25. Respondent prescribed high doses of multiple opioids that were combined with benzodiazapines without documenting risk assessment, goals and duration clarification, inclusion of specialists, and lifestyle whole-person improvements. No urine drug screens were recorded on Patient 2, while under the care and treatment of Respondent; no signed opioid agreement was documented; and no opioid examination or risk assessment was documented.

26. Respondent documented Patient 2's longstanding anxiety and depression but did not document directing Patient 2 to a psychiatrist to address these issues.

27. Respondent is subject to disciplinary action under sections 2234 and/or 2234(c) and/or 2266 in that Respondent failed to document the following in Patient 2's records:

- A. A signed opioid agreement.
- B. Opioid examination or risk assessment.
- C. Communication with and coordination of care with co-providers.
- D. Urine drug screen and laboratory follow-ups.

² Morphine Milligram Equivalency (MME) or morphine equivalent doses (MED) are values that represent the potency of an opioid dose relative to morphine. The calculation or conversion amount of each opioid the patient takes on a daily basis is intended to help clinicians make safe, appropriate decisions concerning changes to opioid regimens.

1 E. Pain and function tracking instruments.
2 F. Evidence of CURES reviews.³
3 G. Tracking of Patient 2's home exercise program and response to counseling.
4 H. Psychiatric care and coordination in light of the prescribing of multiple mind-altering
5 medications.

6 **THIRD CAUSE FOR DISCIPLINE**

7 **(Unprofessional Conduct – Repeated Negligent Acts; Failure to Maintain Accurate and
Adequate Records – Patient 3)**

8 28. Respondent is subject to disciplinary action under sections 2234 and/or 2234(c)
9 and/or 2266 in that Respondent engaged in unprofessional conduct and was repeatedly negligent,
10 and/or failed to maintain accurate and adequate records in the care and treatment of Patient 3.

11 The circumstances are as follows:

12 29. Patient 3 was a female born in 1955, who worked for the United States Postal
13 Service. Patient 3 had a history of lower back pain, had both knees replaced, a plan to replace
14 both shoulders, a heart attack, anxiety, depression, and gastrectomy.

15 30. Patient 3 initially treated with Respondent in May 1995. In 2005, Respondent
16 performed a L5-S1 Laminotomy and foraminotomy. A subsequent procedure was performed in
17 2008 to revise and fuse L4-L1. The hardware was removed in 2013. Patient 3 developed
18 meralgia paresthetica that was treated with blocks and then ilioinguinal release surgery.

19 31. In December 2020, Respondent prescribed OxyContin, acetaminophen with
20 hydrocodone, diazepam and zolpidem even while Patient 3 had a primary care physician.

21 32. Respondent prescribed a mixture of Oxycontin with a mixture of other medications
22 without documenting that less dangerous methods had been exhausted and lifestyle improvement
23 measures were continuing. No urine drug screens were recorded on Patient 3, while under the

24
25 ³ CURES "is California's prescription drug monitoring program. By statute, every prescription of
26 a Schedule II, III, or IV controlled substance must be logged in CURES, along with the patient's
27 name, address, telephone number, gender, date of birth, drug name, quantity, number of refills,
28 and information about the prescribing physician and pharmacy. [Citation.]" (*Lewis v. Superior
Court* (2017) 3 Cal.5th 561, 565 (*Lewis*)). The Board is authorized to access the CURES
database (*id.* at p. 567), which is maintained by the California Department of Justice (*id.* at
p. 566).

1 care and treatment of Respondent; no signed opioid agreement was documented; and no opioid
2 examination or risk assessment was documented. Respondent's records for Patient 3 used
3 repetitive cut-and-paste segments that failed to update and show response or tracking.

4 33. Respondent is subject to disciplinary action under sections 2234 and/or 2234(c)
5 and/or 2266 in that Respondent failed to document the following in Patient 3's records:

6 A. A signed opioid agreement with an added discussion regarding combination
7 prescribing.

8 B. Opioid examination or risk assessment.

9 C. Urine drug screen and laboratory follow-ups.

10 D. Physician-patient specific agreed functional goals and expected duration of controlled
11 substance use.

12 E. Pain and function tracking instruments such as the 5 A's (Ask, Advise, Assess,
13 Assist, and Arrange).

14 **FOURTH CAUSE FOR DISCIPLINE**
15 **(Unprofessional Conduct – Repeated Negligent Acts; Failure to Maintain Accurate and
Adequate Records – Patient 4)**

16 34. Respondent is subject to disciplinary action under sections 2234 and/or 2234(c)
17 and/or 2266 in that Respondent engaged in unprofessional conduct and was repeatedly negligent,
18 and/or failed to maintain accurate and adequate records in the care and treatment of Patient 4.

19 The circumstances are as follows:

20 35. Patient 4, a male longshoreman born in 1961, was initially seen by Respondent in
21 1998 for a lumbar injury. He was under Respondent's care for 14 years. Patient 4 had
22 subsequent bilateral laminectomy and L4-S1 fusions, along with treatment to his left arm,
23 shoulder, and rheumatoid arthritis affecting his knees and feet. Patient 4 also "had significant
24 psychiatric problems requiring treatment" with a psychiatrist and the use of psychotropic
25 medications. Patient 4 also had a history of drug abuse.

26 36. Patient 4's rheumatoid arthritis was treated with Methotrexate by another provider.

27 37. In 2018, Patient 4 was prescribed OxyContin 40 mg tablets 120, OxyContin 20 mg
28 tablets 150, Carisoprodol 350 mg 90 tablets. There were also prescriptions for hydrocodone

1 10/325 mg 240 tablets along with OxyContin 40 mg 120 tablets also OxyContin 20 mg 150
2 tablets. These were all prescribed together on multiple occasions. Patient 4 had an MME of 440
3 while under Respondent's care.

4 38. There are no records of urine drug screens or laboratory reports pertaining to
5 toxicology screenings. The records do not contain an opioid agreement, an opioid examination,
6 or opioid risk assessment.

7 39. Respondent is subject to disciplinary action under sections 2234 and/or 2234(c)
8 and/or 2266 in that Respondent failed to document the following in Patient 4's records:

- 9 A. A signed opioid agreement.
- 10 B. Opioid examination or risk assessment.
- 11 C. Urine drug screen and laboratory follow-ups.
- 12 D. Physician-patient specific agreed functional goals and expected duration of controlled
13 substance use.
- 14 E. Communication with and coordination of care with co-providers.
- 15 F. Pain and function tracking instruments such as the 5 A's (Ask, Advise, Assess,
16 Assist, and Arrange).

17 **FIFTH CAUSE FOR DISCIPLINE**
(Unprofessional Conduct – Repeated Negligent Acts – Patient 5)

18 40. Respondent is subject to disciplinary action under sections 2234 and/or 2234(c) in
19 that Respondent engaged in unprofessional conduct and was repeatedly negligent in the care and
20 treatment of Patient 5. The circumstances are as follows:

21 41. Patient 5, a female who was born in 1979, was seen by Respondent during multiple
22 visits in 2021 for laser tattoo removal. Patient 5's visits to Respondent's clinic occurred on April
23 24, 2021, May 19, 2021, June 24, 2021, August 17, 2021 and October 11, 2021. The tattoo she
24 had removed was on her right flank, extending down from her shoulder blade to the right
25 buttock.

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1 During the course of Patient 5's treatments, Respondent failed to safeguard Patient 5's
2 privacy and dignity by failing to offer appropriate draping. Respondent also made inappropriate
3 comments to Patient 5, including inappropriate comments about sado-masochism, telling her that
4 she looked "better" with her undergarments pushed down. On the final visit, Respondent
5 inappropriately touched Patient 5, patting her on her buttocks.

6 42. Respondent is subject to disciplinary action under sections 2234 and/or 2234(c) in
7 that Respondent committed repeated acts of negligence and unprofessional conduct, when he
8 failed to maintain a respectful and safe environment for Patient 5 during medical visits for a
9 painful procedure, made inappropriate jokes, failed to safeguard Patient 5's privacy and dignity,
10 and touched Patient 5 inappropriately on her buttocks, without medical cause.
11

12 **PRAYER**

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

15 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 24017,
16 issued to Richard Arthur Nolan, M.D.;

17 2. Revoking, suspending or denying approval of Richard Arthur Nolan, M.D.'s authority
18 to supervise physician assistants and advanced practice nurses;

19 3. Ordering Richard Arthur Nolan, M.D., to pay the Board the costs of the investigation
20 and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

22 DATED: JUN 06 2023

23 
24 REJI VARGHESE
25 Interim Executive Director
26 Medical Board of California
27 Department of Consumer Affairs
28 State of California
Complainant