

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

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

**Frederick Scott Dattel, M.D.**

**Physician's and Surgeon's  
Certificate No. C 139597**

## **Respondent.**

**Case Nos. 800-2022-093953  
800-2022-091090**

## DECISION

**The attached Stipulated Surrender of License 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 SEP 23 2025

IT IS SO ORDERED SEP 16 2025

## MEDICAL BOARD OF CALIFORNIA

William J. Varghese  
Reji Varghese, Executive Director

1 ROB BONTA  
2 Attorney General of California  
3 ALEXANDRA M. ALVAREZ  
4 Supervising Deputy Attorney General  
5 JOSEPH F. MCKENNA III  
6 Deputy Attorney General  
7 State Bar No. 231195  
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16 *Attorneys for Complainant*

17 **BEFORE THE**  
18 **MEDICAL BOARD OF CALIFORNIA**  
19 **DEPARTMENT OF CONSUMER AFFAIRS**  
20 **STATE OF CALIFORNIA**

21 In the Matter of the Accusation Against:

22 **FREDERICK SCOTT DATTEL, M.D.**  
23 **11600 Brookwood Avenue**  
24 **Leawood, Kansas 66211-2900**

25 **Physician's and Surgeon's Certificate No.**  
26 **C 139597,**

27 Case Nos.:  
28 800-2022-093953  
1 Case Nos.:  
2 800-2022-091090  
3 OAH No. 2025030247

4 **STIPULATED SURRENDER OF**  
5 **LICENSE AND DISCIPLINARY ORDER**

6 Respondent.

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

9 **PARTIES**

10 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of  
11 California (Board). He brought this action solely in his official capacity and is represented in this  
12 matter by Rob Bonta, Attorney General of the State of California, and by Joseph F. McKenna III,  
13 Deputy Attorney General.

14 2. Frederick Scott Dattel, M.D. (Respondent) is represented in this proceeding by  
15 attorney Derek F. O'Reilly-Jones, Esq., whose address is: 355 South Grand Avenue, Suite 1750,  
16 Los Angeles, California, 90071-1562.

1       3. On or about December 4, 2015, the Board issued Physician's and Surgeon's  
2 Certificate No. C 139597 to Respondent. That license was in full force and effect at all times  
3 relevant to the charges and allegations brought in Accusation Nos. 800-2022-093953 and 800-  
4 2022-091090, and will expire on September 30, 2025, unless renewed.

## **JURISDICTION**

6       4. On December 19, 2024, Accusation No. 800-2022-093953 was filed before the Board  
7 and is currently pending against Respondent. The Accusation and all other statutorily required  
8 documents were properly served on Respondent. Respondent timely filed his Notice of Defense  
9 contesting the Accusation. A true and correct copy of Accusation No. 800-2022-093953 is  
10 attached hereto as Exhibit A and incorporated by reference.

11       5. On July 31, 2025, Accusation No. 800-2022-091090 was filed before the Board and  
12 is currently pending against Respondent. The Accusation and all other statutorily required  
13 documents were properly served on Respondent. Respondent timely filed his Notice of Defense  
14 contesting the Accusation. A true and correct copy of Accusation No. 800-2022-091090 is  
15 attached hereto as Exhibit B and incorporated by reference.

## **ADVISEMENT AND WAIVERS**

17       6.    Respondent has carefully read, fully discussed with counsel, and fully understands the  
18 charges and allegations in Accusation Nos. 800-2022-093953 and 800-2022-091090. Respondent  
19 also has carefully read, fully discussed with counsel, and fully understands the effects of this  
20 Stipulated Surrender of License and Disciplinary Order.

21       7. Respondent is fully aware of his legal rights in this matter, including the right to a  
22 hearing on the charges and allegations contained in Accusation Nos. 800-2022-093953 and 800-  
23 2022-091090; the right to confront and cross-examine the witnesses against him in both  
24 accusation cases; the right to present evidence and to testify on his own behalf; the right to the  
25 issuance of subpoenas to compel the attendance of witnesses and the production of documents;  
26 the right to reconsideration and court review of an adverse decision; and all other rights accorded  
27 by the California Administrative Procedure Act and other applicable laws, having been fully  
28 advised of same by his counsel.

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

## CULPABILITY

9. Respondent understands and agrees that the charges and allegations contained in Accusation Nos. 800-2022-093953 and 800-2022-091090, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate No. C 139597.

10. Respondent stipulates that, at a hearing, Complainant could establish a *prima facie* case or factual basis for the charges and allegations contained in Accusation Nos. 800-2022-093953 and 800-2022-091090; that he gives up his right to contest those charges and allegations contained in both accusation cases; and that he has thereby subjected his Physician's and Surgeon's Certificate to disciplinary action.

11. Respondent hereby surrenders his Physician's and Surgeon's Certificate for the Board's formal acceptance.

## **RESERVATION**

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

## **CONTINGENCY**

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

14. Respondent understands that, by signing this stipulation, he enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his Physician's and Surgeon's Certificate No. C 139597 without further notice to, or opportunity to be heard by, Respondent.

15. This Stipulated Surrender of License and Disciplinary Order shall be subject to the approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his

1 consideration in the above-entitled matter and, further, that the Executive Director shall have a  
2 reasonable period in which to consider and act on this Stipulated Surrender of License and  
3 Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands  
4 and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the  
5 time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

6       16. The parties agree that this Stipulated Surrender of License and Disciplinary Order  
7 shall be null and void and not binding upon the parties unless approved and adopted by the  
8 Executive Director on behalf of the Board, except for this paragraph, which shall remain in full  
9 force and effect. Respondent fully understands and agrees that in deciding whether to approve and  
10 adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or  
11 the Board may receive oral and written communications from its staff and/or the Attorney  
12 General's Office. Communications pursuant to this paragraph shall not disqualify the Executive  
13 Director, the Board, any member thereof, and/or any other person from future participation in this  
14 or any other matter affecting or involving Respondent. If the Executive Director on behalf of the  
15 Board does not, in his discretion, approve and adopt this Stipulated Surrender of License and  
16 Disciplinary Order, except for this paragraph, it shall not become effective, shall be of no  
17 evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action  
18 by either party hereto. Respondent further agrees that should this Stipulated Surrender of License  
19 and Disciplinary Order be rejected for any reason by the Executive Director on behalf of the  
20 Board, Respondent will assert no claim that the Executive Director, the Board, or any member  
21 thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated  
22 Surrender of License and Disciplinary Order or of any matter or matters related hereto.

23       **ADDITIONAL PROVISIONS**

24       17. This Stipulated Surrender of License and Disciplinary Order is intended by the parties  
25 herein to be an integrated writing representing the complete, final, and exclusive embodiment of  
26 the agreements of the parties in the above-entitled matter.

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

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

## **DISCIPLINARY ORDER**

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 139597, issued to Respondent Frederick Scott Dattel, M.D., is surrendered and accepted by the Medical Board of California.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a final record of discipline in the cases involving Accusation Nos. 800-2022-093953 and 800-2022-091090 and shall become a part of Respondent's license history with the Board.

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

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

4. If Respondent ever files an application for licensure or a petition for reinstatement of Physician's and Surgeon's Certificate No. C 139597, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations, and procedures for reinstatement of a surrendered license in effect at the time the petition is filed, and all the charges and allegations contained in Accusation Nos. 800-2022-093953 and 800-2022-091090 shall be deemed to be true, correct, and fully admitted by Respondent when the Board determines whether to grant or deny the petition.

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5. Respondent shall pay the Board for the combined costs of investigation and enforcement for Accusation Nos. 800-2022-093953 and 800-2022-091090 in the amount of \$52,013.75 prior to issuance of a new or reinstated physician and surgeon's license.

6. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all the charges and allegations contained in Accusation Nos. 800-2022-093953 and 800-2022-091090 shall be deemed to be true, correct, and fully admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

## ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney, Derek F. O'Reilly-Jones, Esq. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. C 139597. I enter this Stipulated Surrender of License and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 4-10-25

**FREDERICK SCOTT DATTIEL, M.D.**  
*Respondent*

I have read and fully discussed with Respondent Frederick Scott Dattel, M.D., the terms and conditions and other matters contained in this Stipulated Surrender of License and Disciplinary Order. I approve its form and content.

DATED: 09.10.2025

*Derek O'Reilly-Jones*  
DEREK F. O'REILLY-JONES  
Attorney for Respondent

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**ENDORSEMENT**

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

DATED: September 10, 2025

Respectfully submitted,

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

JOSEPH F. MCKENNA III  
Deputy Attorney General  
Attorneys for Complainant

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**Exhibit A**

**Accusation No. 800-2022-093953**

ROB BONTA  
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*Attorneys for Complainant*

*Attorneys for Complainant*

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

14 | In the Matter of the Accusation Against:

Case No. 800-2022-093953

15 FREDERICK SCOTT DATTEL, M.D.  
11600 Brookwood Avenue  
16 Leawood, Kansas 66211-2900

## ACCUSATION

17 Physician's and Surgeon's Certificate No.  
C 139597,

**Respondent.**

## PARTIES

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

25        2. On or about December 4, 2015, the Board issued Physician's and Surgeon's  
26 Certificate No. C 139597 to Frederick Scott Dattel, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on September 30, 2025, unless renewed.

## **JURISDICTION**

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

5 4. Section 2004 of the Code states:

6 The board shall have the responsibility for the following:

7 (a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

8 (b) The administration and hearing of disciplinary actions.

9 (c) Carrying out disciplinary actions appropriate to findings made by a panel or  
an administrative law judge.

10 (d) Suspending, revoking, or otherwise limiting certificates after the conclusion  
11 of disciplinary actions.

11 (e) Reviewing the quality of medical practice carried out by physician and  
12 surgeon certificate holders under the jurisdiction of the board.

(f) Approving undergraduate and graduate medical education programs.

14 (g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

15 (h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

17 || 5. Section 2220 of the Code states:

18        Except as otherwise provided by law, the board may take action against all  
19        persons guilty of violating this chapter. The board shall enforce and administer this  
20        article as to physician and surgeon certificate holders, including those who hold  
21        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:

22 (a) Investigating complaints from the public, from other licensees, from health  
23 care facilities, or from the board that a physician and surgeon may be guilty of  
24 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.

26 (b) Investigating the circumstances of practice of any physician and surgeon  
27 where there have been any judgments, settlements, or arbitration awards requiring the  
28 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.

6. Section 2227 of the Code states:

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

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

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

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

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

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

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

## **STATUTORY PROVISIONS**

7. Section 2234 of the Code states:

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

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

(b) Gross negligence.

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

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

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

(d) Incompetence.

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

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

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board no later than 30 calendar days after being notified by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

(h) Any action of the licensee, or another person acting on behalf of the licensee, intended to cause their patient or their patient's authorized representative to rescind consent to release the patient's medical records to the board or the Department of Consumer Affairs, Health Quality Investigation Unit.

(i) Dissuading, intimidating, or tampering with a patient, witness, or any person in an attempt to prevent them from reporting or testifying about a licensee.

8. Section 2236 of the Code states:

(a) The conviction of any offense substantially related to the qualifications, functions, or duties of a physician and surgeon constitutes unprofessional conduct within the meaning of this chapter [Chapter 5, the Medical Practice Act]. The record of conviction shall be conclusive evidence only of the fact that the conviction occurred.

(b) The district attorney, city attorney, or other prosecuting agency shall notify the Medical Board of the pendency of an action against a licensee charging a felony or misdemeanor immediately upon obtaining information that the defendant is a licensee. The notice shall identify the licensee and describe the crimes charged and the facts alleged. The prosecuting agency shall also notify the clerk of the court in which the action is pending that the defendant is a licensee, and the clerk shall record prominently in the file that the defendant holds a license as a physician and surgeon.

(c) The clerk of the court in which a licensee is convicted of a crime shall, within 48 hours after the conviction, transmit a certified copy of the record of conviction to the board. The division may inquire into the circumstances surrounding the commission of a crime in order to fix the degree of discipline or to determine if the conviction is of an offense substantially related to the qualifications, functions, or duties of a physician and surgeon.

(d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is deemed to be a conviction within the meaning of this section and Section 2236.1. The record of conviction shall be conclusive evidence of the fact that the conviction occurred.

1           9. Section 2236.1 of the Code states:

2           (a) A physician and surgeon's certificate shall be suspended automatically  
3           during any time that the holder of the certificate is incarcerated after conviction of a  
4           felony, regardless of whether the conviction has been appealed. The Medical Board  
5           shall, immediately upon receipt of the certified copy of the record of conviction,  
6           determine whether the certificate of the physician and surgeon has been automatically  
7           suspended by virtue of his or her incarceration, and if so, the duration of that  
8           suspension. The division shall notify the physician and surgeon of the license  
9           suspension and of his or her right to elect to have the issue of penalty heard as  
10           provided in this section.

11           (b) Upon receipt of the certified copy of the record of conviction, if after a  
12           hearing it is determined therefrom that the felony of which the licensee was convicted  
13           was substantially related to the qualifications, functions, or duties of a physician and  
14           surgeon, the Medical Board shall suspend the license until the time for appeal has  
15           elapsed, if no appeal has been taken, or until the judgment of conviction has been  
16           affirmed on appeal or has otherwise become final, and until further order of the  
17           division. The issue of substantial relationship shall be heard by an administrative  
18           law judge from the Medical Quality Hearing Panel sitting alone or with a panel of the  
19           division, in the discretion of the division.

20           (c) Notwithstanding subdivision (b), a conviction of any crime referred to in  
21           Section 2237, or a conviction of Section 187, 261, 288, or former Section 262, of the  
22           Penal Code, shall be conclusively presumed to be substantially related to the  
23           qualifications, functions, or duties of a physician and surgeon and no hearing shall be  
24           held on this issue. Upon its own motion or for good cause shown, the board may  
25           decline to impose or may set aside the suspension when it appears to be in the interest  
26           of justice to do so, with due regard to maintaining the integrity of and confidence in  
27           the medical profession.

28           (d) (1) Discipline may be ordered in accordance with Section 2227, or the  
1           Medical Board may order the denial of the license when the time for appeal has  
2           elapsed, the judgment of conviction has been affirmed on appeal, or an order granting  
3           probation is made suspending the imposition of sentence, irrespective of a subsequent  
4           order under Section 1203.4 of the Penal Code allowing the person to withdraw the  
5           plea of guilty and to enter a plea of not guilty, setting aside the verdict of guilty, or  
6           dismissing the accusation, complaint, information, or indictment.

7           (2) The issue of penalty shall be heard by an administrative law judge from the  
8           Medical Quality Hearing Panel sitting alone or with a panel of the board, in the  
9           discretion of the board. The hearing shall not be had until the judgment of conviction  
10           has become final or, irrespective of a subsequent order under Section 1203.4 of the  
11           Penal Code, an order granting probation has been made suspending the imposition of  
12           sentence; except that a licensee may, at the licensee's option, elect to have the issue  
13           of penalty decided before those time periods have elapsed. Where the licensee so  
14           elects, the issue of penalty shall be heard in the manner described in this section at the  
15           hearing to determine whether the conviction was substantially related to the  
16           qualifications, functions, or duties of a physician and surgeon. If the conviction of a  
17           licensee who has made this election is overturned on appeal, any discipline ordered  
18           pursuant to this section shall automatically cease. Nothing in this subdivision shall  
19           prohibit the division from pursuing disciplinary action based on any cause other than  
20           the overturned conviction.

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(e) The record of the proceedings resulting in the conviction, including a transcript of the testimony therein, may be received in evidence.

(f) The other provisions of this article setting forth a procedure for the suspension or revocation of a physician and surgeon's certificate shall not apply to proceedings conducted pursuant to this section.

10. Unprofessional conduct under Code section 2234 is conduct which breaches the rules or ethical code of the medical profession or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine.

(*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

11. Section 2261 of the Code states:

Knowingly making or signing any certificate or other document directly or indirectly related to the practice of medicine or podiatry which falsely represents the existence or nonexistence of a state of facts, constitutes unprofessional conduct.

12. Section 490 of the Code states:

(a) In addition to any other action that a board is permitted to take against a licensee, a board may suspend or revoke a license on the ground that the licensee has been convicted of a crime, if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued.

(b) Notwithstanding any other provision of law, a board may exercise any authority to discipline a licensee for conviction of a crime that is independent of the authority granted under subdivision (a) only if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the licensee's license was issued.

(c) A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action that a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code.

(d) The Legislature hereby finds and declares that the application of this section has been made unclear by the holding in *Petropoulos v. Department of Real Estate* (2006) 142 Cal.App.4th 554, and that the holding in that case has placed a significant number of statutes and regulations in question, resulting in potential harm to the consumers of California from licensees who have been convicted of crimes. Therefore, the Legislature finds and declares that this section establishes an independent basis for a board to impose discipline upon a licensee, and that the amendments to this section made by Chapter 33 of the Statutes of 2008 do not constitute a change to, but rather are declaratory of, existing law.

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## **REGULATORY PROVISIONS**

13. California Code of Regulations, title 16, section 1360, states:

(a) For the purposes of denial, suspension or revocation of a license pursuant to Section 141 or Division 1.5 (commencing with Section 475) of the code, a crime, professional misconduct, or act shall be considered to be substantially related to the qualifications, functions or duties of a person holding a license if to a substantial degree it evidences present or potential unfitness of a person holding a license to perform the functions authorized by the license in a manner consistent with the public health, safety or welfare. Such crimes, professional misconduct, or acts shall include but not be limited to the following: Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision of state or federal law governing the applicant's or licensee's professional practice.

(b) In making the substantial relationship determination required under subdivision (a) for a crime, the board shall consider the following criteria:

- (1) The nature and gravity of the crime;
- (2) The number of years elapsed since the date of the crime; and
- (3) The nature and duties of the profession.

## **COST RECOVERY**

14. Section 125.3 of the Code states:

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

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

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be *prima facie* evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

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

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

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

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

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

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

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

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

## **DEFINITIONS**

15. As used herein, the terms below will have the following meanings:

“CMS” means the Centers for Medicare and Medicaid Services, which is an agency of HHS (defined below) that oversees and administers Medicare (defined below).

"Compounding" generally means, according to the Food and Drug Administration, "a practice in which a licensed pharmacist, a licensed physician, or, in the case of an outsourcing facility, a person under the supervision of a licensed pharmacist, combines, mixes, or alters ingredients of a drug to create a medication tailored to the needs of an individual patient." A compound may be necessary when a patient has a medical condition, such as an allergy, that makes "commercially available drug[s]" unsafe to him or her. Compounds frequently take the form of topical creams and gels.

"DME" means durable medical equipment. Medicare covers a beneficiary's access to DME, such as off-the-shelf (OTS) ankle braces, knee braces, back braces, elbow braces, wrist braces and hand braces. OTS braces require minimal self-adjustment for appropriate use. A claim for DME submitted to Medicare qualifies for reimbursement only if it is medically necessary for the treatment of the beneficiary's illness or injury and is prescribed by a licensed physician.

"HHS" means the United States Department of Health and Human Services. HHS, through its agency, CMS, oversees and administers Medicare.

“Medicare” means the Medicare Program, which is a federal health care program providing benefits to individuals who were the age of 65, or older, or disabled. The benefits available under Medicare are governed by federal statutes and regulations. Individuals who received benefits under Medicare are commonly referred to as Medicare “beneficiaries.” Medicare is a “health care benefit program,” as defined by Title 18, United States Code, Section 24(b) and a “Federal health care program,” as defined by Title 42, United States Code, Section 1320a-7b(f).

1                   Medicare Part B is part of Medicare, and covers, among other things, medical  
2                   services provided by physicians, medical clinics, laboratories, and other qualified  
3                   health care providers, as well as office service and outpatient care, including the  
4                   ordering of durable medical equipment, prosthetics, orthotics, and supplies, that are  
5                   medically necessary and ordered by licensed medical doctors or other qualified health  
6                   care providers. Medicare Part B covers expenses for specified telehealth services if  
7                   certain requirements are met. These requirements included that (a) the beneficiary  
8                   was located in a rural or health professional shortage area; (b) services were delivered  
9                   via an interactive audio and video telecommunications system; and (c) the beneficiary  
10                  was at a practitioner's office or a specified medical facility--not at a beneficiary's  
11                  home--during the telehealth consultation with a remote practitioner.

12                  Medicare Part D is part of Medicare, and covers compounds. Like any other  
13                  "covered part D drug," however, a compound "may be dispensed only upon a  
14                  prescription..." 42 U.S.C. 1395w-102(e)(1)(A).

15                  "RediDoc," is RediDoc L.L.C., a commercial telemedicine platform.

16                  **FIRST CAUSE FOR DISCIPLINE**

17                  **(Conviction of Crime)**

18                  16. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined  
19                  by section 2236, of the Code, in that he has been convicted of a crime substantially related to the  
20                  qualifications, functions, or duties of a physician and surgeon, as more particularly alleged  
21                  hereinafter. The facts and circumstances surrounding the crime are as follows:

22                  17. During the relevant times hereunder:

23                  A. Physicians, clinics and other health providers, including laboratories, that provided  
24                  services to Medicare beneficiaries were required to apply for and obtain a "provider number." A  
25                  healthcare provider that receives a Medicare provider number can file claims with Medicare to  
26                  obtain reimbursement for services provided to beneficiaries. To receive Medicare reimbursement  
27                  providers were required to apply to a Medicare Administrative Contractor and execute a written  
28                  provider agreement.

29                  B. The Medicare provider enrollment application was required to be signed by an  
30                  authorized representative of the provider. That application contained certifications that the  
31                  provider agreed to abide by the Medicare laws and regulations, including the Anti-Kickback  
32                  Statute, as well as an agreement that the provider "will not knowingly present or cause to be  
33                  presented a false or fraudulent claim for payment by Medicare and will not submit claims with  
34                  deliberate ignorance or reckless disregard of their truth or falsity."

1                   C. In addition to Respondent's pediatrics practice, Respondent practiced telemedicine<sup>1</sup>.  
2 In addition, Respondent practiced medicine in Missouri. Missouri law required that physicians  
3 who use telemedicine shall ensure that a properly established physician-patient relationship exists  
4 with the person who receives the telemedicine services. Without additional consultation, a  
5 questionnaire completed by the patient, whether via the internet or telephone, does not constitute  
6 an acceptable medical interview and examination for treatment by telehealth.

7                   D. Marketers identified Medicare beneficiaries to target for expensive medications and  
8 DME. After identifying beneficiaries, the marketers called the beneficiaries to persuade them to  
9 agree to try the medications or DME, even when the beneficiary's need for those items was not  
10 clear and was not discussed with the beneficiary's doctor. The marketers then transmitted to  
11 RediDoc<sup>2</sup> the beneficiaries' medical information and the proposed prescriptions or doctor's DME  
12 orders that included pre-marked check-off boxes for particular drugs or DME that yielded large  
13 reimbursements. The marketers in turn paid reimbursement proceeds to RediDoc and its owners.

14                 18. In or around December 2016, Respondent submitted an online application to enroll as  
15 a Medicare provider. Of the application's enrollment options, Respondent chose the option (Form  
16 CMS-8550) allowing him to only refer Medicare members to other Medicare providers, such as  
17 pharmacies, laboratories, and suppliers of durable medical equipment, that bill Medicare for items  
18 or services Respondent deemed medically necessary.

19                 19. Beginning on or about December 1, 2016 (Respondent's date of Medicare application  
20 submission), Respondent, as a Medicare provider, promised to comply with all Medicare rules  
21 and regulations and federal laws, including that he would not knowingly present or cause to be  
22 presented a false and fraudulent claim for payment by Medicare and that he would comply with  
23 the Anti-Kickback Statute.

24                 <sup>1</sup> The term telemedicine is generally associated with the use of telecommunications  
25 technology to provide health care services remotely. Telemedicine involves commercial  
26 platforms, such as RediDoc, that contract with medical providers like Respondent who use  
various technological means (i.e., telephone, real-time audio-visual cyber-connectivity, text  
message) to remotely consult with and treat patients.

27                 <sup>2</sup> RediDoc's owners unlawfully profited by paying kickbacks and bribes to doctors so  
28 doctors would sign high volumes of expensive beneficiary prescriptions and DME orders that  
were not medically necessary.

1           20. Between in or around August 2017 through February 2018, Respondent worked as a  
2 physician for RediDoc. During this time, Respondent unlawfully caused to be submitted false and  
3 fraudulent claims to health care benefit programs, including Medicare, for prescriptions for DME  
4 and compounds without examining or speaking to patients and without any physician-patient  
5 relationship. While working for RediDoc telemedicine, many of these completed, signed  
6 prescriptions for DME and compounds and other Medicare-required documents, referred to as  
7 “doctors’ orders”, as Respondent knew, were, among other things, not legitimately prescribed, not  
8 needed, and not used.

9           21. Between in or around August 2017 through February 2018, while practicing  
10 telemedicine for RediDoc, Respondent reviewed 1077 patient files. Respondent engaged in these  
11 consultations from his office at Kansas City Pediatrics and elsewhere. Of the 1077 patient files  
12 reviewed, Respondent issued orders or prescriptions for 1075 beneficiaries for DME, orthotics,  
13 and/or compounds. Respondent issued orders and prescriptions (a) without seeing, speaking to, or  
14 otherwise communicating or examining the beneficiaries and (b) without regard to whether the  
15 beneficiaries needed the DME and compounds. Respondent knew these orders and prescriptions  
16 were used to submit false and fraudulent claims to Medicare. Respondent was not treating and did  
17 not examine the RediDoc beneficiaries for whom he signed the doctors’ orders. Despite this,  
18 Respondent certified that he had assessed the beneficiaries and verified the medical necessity of  
19 the doctors’ orders. Without such statements of medical necessity, Medicare does not reimburse  
20 claims for these orders. Many of the RediDoc beneficiaries for whom Respondent signed doctors’  
21 orders were targeted by telemarketing campaigns. These beneficiaries received DME and  
22 compounds regardless of medical necessity. As a result of these orders, between on or about  
23 August 28, 2017, through February 26, 2018, Medicare was billed at least \$312,392.54 for DME  
24 and compounds and paid at least \$211,542 for these orders. During the same timeframe, RediDoc  
25 deposited a total of \$22,270 over thirteen separate payments. These payments were deposited into  
26 three bank accounts that Respondent controlled. On multiple dates on or between on or about  
27 August 28, 2017, and February 26, 2018, Respondent engaged in “sprints” of RediDoc patient  
28 files where he opened and signed numerous orders only seconds after having viewed them.

1           22. On or about November 7, 2017, RediDoc Physician Support asked Respondent to  
2 review "29 CMS Patients under the state of Michigan." Respondent agreed to the review, and he  
3 issued an order for orthotics for each file he reviewed. HHS estimates that these orders resulted in  
4 a total of approximately \$28,614.28 in reimbursements that Medicare Part B paid to various  
5 suppliers. Respondent had no pre-existing doctor-patient relationship with any of the RediDoc 29  
6 CMS Patients under the state of Michigan.

7           23. On or about November 7, 2017, Respondent reviewed an electronic patient file for  
8 Medicare beneficiary G.M. and signed an electronic order for a back brace after viewing the  
9 electronic patient file for only 26 seconds. Respondent certified that he was treating G.M. and that  
10 he personally performed the assessment of the patient for the prescribed treatment and device.  
11 Respondent verified in an Order For Orthosis that the brace was "medically necessary with  
12 reference to the standards of medical practice for this patient's condition(s)." Medicare Part B  
13 declined to reimburse a claim that was deemed "medically unnecessary" for Medicare  
14 beneficiary G.M. In fact, Respondent was not treating G.M., had performed no assessment nor  
15 diagnosis of G.M., and he falsely stated that he determined, through his interaction with G.M., that  
16 the prescription of an orthotic back brace was medically necessary.

17           24. On or about November 10, 2022, in the matter of *United States of America v.*  
18 *Frederick Scott Dattel*, United States District Court, Western District of Missouri case number  
19 22-00255-01-CR-W-BCW, Respondent was charged with False Statements Relating to Health  
20 Care Matters in violation of 18 U.S.C. §§ 1035 and 2.

21           25. On or about November 10, 2022, in the matter of *United States of America v.*  
22 *Frederick Scott Dattel*, United States District Court, Western District of Missouri case number  
23 22-00255-01-CR-W-BCW, Respondent was convicted upon a plea of guilty to False Statements  
24 Relating to Health Care Matters in violation of 18 U.S.C. §§ 1035 and 2, a felony and was  
25 sentenced to 3 years' probation, with terms and conditions, including, restitution, among other  
26 things.

27           ////  
28           ////

## **SECOND CAUSE FOR DISCIPLINE**

### **(Dishonesty and/or Corrupt Acts; Misstatements)**

3       26. Respondent is subject to disciplinary action under sections 2227, 2261, and 2234,  
4 subdivision (e), of the Code, in that he has engaged in dishonest and/or corrupt acts substantially  
5 related to the qualifications, functions, or duties of a physician and surgeon, and/or made false  
6 representations as more particularly alleged in the First Cause for Discipline above, which is  
7 hereby incorporated by reference and realleged as if fully set forth herein.

### **THIRD CAUSE FOR DISCIPLINE**

### **(General Unprofessional Conduct)**

10        27. Respondent is subject to disciplinary action under sections 2227 and 2234 of the  
11 Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical  
12 profession, or conduct which is unbecoming to a member in good standing of the medical  
13 profession, and which demonstrates an unfitness to practice medicine, as more particularly  
14 alleged in the First Cause for Discipline above, which is hereby incorporated by reference and  
15 realleged as if fully set forth herein.

## **DISCIPLINARY CONSIDERATIONS**

17       28. To determine the degree of discipline, if any, to be imposed on Respondent,  
18 Complainant alleges that Respondent has a history of discipline with the Board. The  
19 circumstances are that effective August 23, 2023, in a prior disciplinary action entitled, *In the*  
20 *Matter of the First Amended Accusation Against Frederick Scott Dattel, M.D.*, before the Board  
21 in Case No. 800-2018-044693, Respondent's Physician's and Surgeon's Certificate was revoked,  
22 but that revocation was stayed, and he was placed on probation for three (3) years, with terms and  
23 conditions, for unprofessional conduct, including inadequate and inaccurate medical  
24 recordkeeping and unprofessional conduct. That decision is incorporated herein by reference as  
25 though set forth fully.

26 | *|||||*

27 | *|||||*

28 | //

## PRAYER

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

4        1.    Revoking or suspending Physician's and Surgeon's Certificate No. C 139597, issued  
5 to Respondent Frederick Scott Dattel, M.D.;

6        2.    Revoking, suspending, or denying approval of Respondent Frederick Scott Dattel,  
7 M.D.'s authority to supervise physician assistants and advanced practice nurses;

8        3.    Ordering Respondent Frederick Scott Dattel, M.D., to pay the Board the costs of the  
9 investigation and enforcement of this case;

10       4.    Ordering Respondent Frederick Scott Dattel, M.D., if placed on probation, to pay the  
11 Board the costs of probation monitoring; and

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

DEC 19 2024

DATED: \_\_\_\_\_

REJI VARGHESE  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

**Exhibit B**

**Accusation No. 800-2022-091090**

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*Attorneys for Complainant*

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

14. In the Matter of the Accusation Against:

Case No. 800-2022-091090

15      **FREDERICK SCOTT DATTEL, M.D.**  
16      **11600 Brookwood Avenue**  
16      **Leawood, Kansas 66211-2900**

## ACCUSATION

17 Physician's and Surgeon's Certificate  
No. C 139597,

**Respondent.**

## **PARTIES**

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

25       2. On or about December 4, 2015, the Board issued Physician's and Surgeon's  
26 Certificate No. C 139597 to Frederick Scott Dattel, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on September 30, 2025, unless renewed.

## **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 4. Section 2220 of the Code states, in relevant part:

6 Except as otherwise provided by law, the board may take action against all  
7 persons guilty of violating this chapter. The board shall enforce and administer this  
article as to physician and surgeon certificate holders ...

## **STATUTORY PROVISIONS**

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

13 6. Section 2234 of the Code, states:

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

18 (b) Gross negligence.

22       7. Unprofessional conduct under Code section 2234 is conduct which breaches the rules  
23 or ethical code of the medical profession or conduct which is unbecoming to a member in good  
24 standing of the medical profession, and which demonstrates an unfitness to practice medicine.

25 | (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

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

## **COST RECOVERY**

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

## **FACTUAL ALLEGATIONS<sup>1</sup>**

### Patient A

10        10. On or about August 22, 2022, the Board received a police report from the Marina  
11 Police Department (MPD) regarding a possible fraudulent marijuana recommendation website.  
12 The police report described allegations involving an individual under the age of twenty-one (21)  
13 who had attempted to purchase marijuana from a marijuana dispensary using a medical marijuana  
14 recommendation. The incident occurred in or around July 2022. The individual was later  
15 identified as Patient A, and he was nineteen years old at the time of the attempted purchase of  
16 marijuana.

17        11. On or about January 25, 2023, Investigator D.S. working for the Health Quality  
18      Investigation Unit (HQIU) contacted Patient A to discuss the incident described in the MPD  
19      report. Patient A agreed to speak to Investigator D.S. about the incident and about his medical  
20      marijuana recommendation.

12. Patient A said that approximately one (1) year ago he had discovered a website  
13. named Veriheal, which provided medical recommendations for marijuana from medical doctors.  
14. Patient A contacted Veriheal and scheduled an appointment with a doctor to pursue obtaining a  
15. recommendation for medical marijuana.

25 | 1111

<sup>1</sup> To protect the confidentiality of the patients involved in this matter, their true names have not been used in this Accusation. The patients' identities are known to Respondent or will be disclosed to Respondent upon receipt of a duly issued request for discovery in accordance with Government Code section 11507.6.

1           13. On or about April 11, 2022, prior to the date of his scheduled appointment, Patient A  
2 was contacted telephonically by a doctor from Veriheal to discuss the reasons why he wanted a  
3 medical marijuana card. The telephone call lasted approximately five (5) minutes according to  
4 Patient A. Patient A said that the doctor did not ask him any questions about his medical history.  
5 Patient A said that he told the doctor he wanted the medical marijuana recommendation due to his  
6 "back pain" and his "mental state." On this same date, the doctor approved the medical marijuana  
7 recommendation for Patient A. Significantly, Patient A's scheduled video appointment with a  
8 doctor never occurred.

9           14. Respondent was later identified as the doctor who had called Patient A to discuss the  
10 medical marijuana recommendation. Respondent's name appears on Patient A's medical  
11 marijuana recommendation.

12           15. Respondent never physically examined Patient A. The documentation of  
13 Respondent's appointment with Patient A contains scant medical information and does not  
14 support Respondent's diagnosis of "Anxiety, PTSD, Depression, Migraine." The documentation  
15 described Patient A as "alert, active, no acute distress" despite Respondent never having visually  
16 seen Patient A during the telephonic (no video) appointment. The documentation does not contain  
17 any reference to reviewing the Controlled Substance Utilization Review and Evaluation System  
18 (CURES) database, or any other steps taken by Respondent to substantiate a diagnosis for  
19 recommending medical marijuana to a nineteen (19) year old male. Furthermore, Respondent  
20 never reviewed any medical records from other medical providers for Patient A prior to issuing a  
21 recommendation for medical marijuana.

22           16. The documentation of Respondent's appointment with Patient A contains scant  
23 medical information and does not show that Patient A was adequately and appropriately advised  
24 on risks and benefits of using marijuana, which is a controlled substance. Nor is there any  
25 evidence that Patient A was provided any information about potential complications associated  
26 with the use of marijuana.

27           17. The documentation of Respondent's appointment with Patient A contains scant  
28 medical information and does not contain and/or provide meaningful, timely, critical, and

1 accurate information about Patient A's medical and psychiatric conditions. The documentation  
2 shows that Respondent relied on a generic cursory form containing a few brief responses from  
3 Patient A, and that Respondent did not obtain and document an appropriate history for Patient A.

4 Patient B

5 18. On or about September 4, 2024, Investigator D.S. set up an appointment through  
6 Veriheal while posing as Patient B, a fictitious patient. A video appointment with a doctor was  
7 scheduled to occur on September 11, 2024.

8 19. On or about September 10, 2024, a day prior to the scheduled appointment, Patient B  
9 (Investigator D.S.) received a telephone call from Respondent. Respondent told Patient B that he  
10 wanted to speak with him to get "some things" out of the way to make Patient B's appointment  
11 the following day "go quicker." Respondent asked Patient B why he was interested in medical  
12 marijuana, and Patient B told Respondent that he had trouble sleeping at night. Respondent  
13 thanked Patient B for answering and then ended the call.

14 20. On or about September 11, 2024, Investigator D.S. logged into the fictitious account  
15 he had set up for Patient B on the Veriheal website. Investigator D.S. noticed on the dashboard of  
16 Patient B's Veriheal account that he had already been "recommended for marijuana." Investigator  
17 D.S. also located a PDF file on the dashboard that was a medical marijuana recommendation for  
18 Patient B. The recommendation indicated that Respondent had "discussed with this patient the  
19 possible health risks and therapeutic or palliative benefits of the medical use of Cannabis to  
20 alleviate symptoms of the patient's condition." Investigator D.S. also noticed a message on the  
21 website indicating that Patient B was pre-approved for medical marijuana and that Patient B was  
22 officially approved to purchase medical marijuana. The video appointment that had been  
23 previously scheduled to occur that day was indicated as "completed" when Investigator D.S. tried  
24 to access Patient B's appointments on the Veriheal website.

25 21. Respondent did not conduct an appropriate initial examination of Patient B prior to  
26 issuing a recommendation for medical marijuana. Based on the scant information documented  
27 from the telephone call on or about April 10, 2024, it does not support a diagnosis of "anxiety or  
28 insomnia." The documentation described Patient B as "alert, active, no acute distress" despite

1 Respondent never having visually seen Patient B during the telephonic (no video) appointment.  
2 Significantly, Respondent never visualized Patient B in a video call despite Veriheal's website  
3 indicating the scheduled video appointment had occurred and was completed.<sup>2</sup> The documentation  
4 does not contain any reference to reviewing the CURES database, or any other steps taken by  
5 Respondent to substantiate a diagnosis for recommending medical marijuana to Patient B.

6 22. The documentation of Respondent's appointment with Patient B contains scant  
7 medical information and does not show that Patient B was adequately and appropriately advised  
8 on risks and benefits of using marijuana, which is a controlled substance. Nor is there any  
9 evidence that Patient B was provided any information about potential complications associated  
10 with the use of marijuana.

11 23. The documentation of Respondent's appointment with Patient B contains scant  
12 medical information and does not contain and/or provide meaningful, timely, critical, and  
13 accurate information about Patient B's medical and psychiatric conditions. The documentation  
14 shows that Respondent relied on a generic cursory form containing a few brief responses from  
15 Patient B, and that Respondent did not obtain and document an appropriate history for Patient B.

16 **FIRST CAUSE FOR DISCIPLINE**

17 **(Gross Negligence)**

18 24. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined  
19 by section 2234, subdivision (b), of the Code, in that Respondent committed gross negligence in  
20 his care and treatment of Patients A and B, as more particularly alleged hereinafter:

21 25. Respondent committed gross negligence in his care and treatment of Patient A  
22 including, but not limited to, the following:

- 23 a) Paragraphs 10 through 17, above, are hereby incorporated by reference and  
24 realleged as if fully set forth herein.
- 25 b) On or about April 11, 2022, Respondent failed to perform an adequate initial  
26 medical examination of Patient A.

27  
28 <sup>2</sup> Investigator D.S. documented in his report for this investigation that no video  
appointment ever took place between Respondent and him (posing as Patient B).

1       26. Respondent committed gross negligence in his care and treatment of Patient B  
2 including, but not limited to, the following:

3       a) Paragraphs 18 through 23, above, are hereby incorporated by reference and  
4                    realleged as if fully set forth herein.  
5       b) On or about September 10, 2024, Respondent failed to perform an adequate  
6                    initial medical examination of Patient B.

7                    **SECOND CAUSE FOR DISCIPLINE**

8                    **(Repeated Negligent Acts)**

9       27. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined  
10                    by section 2234, subdivision (c), of the Code, in that Respondent committed repeated negligent  
11                    acts in his care and treatment of Patients A and B, as more particularly alleged hereinafter:

12       28. Patient A

13       a) Paragraphs 10 through 17, and 25, above, are hereby incorporated by  
14                    reference and realleged as if fully set forth herein.  
15       b) On or about April 11, 2022, Respondent failed to adequately and  
16                    appropriately advise Patient A on risks and benefits of using marijuana  
17                    with regards to informed consent.  
18       c) On or about April 11, 2022, Respondent failed to adequately and  
19                    accurately document an appropriate medical history for Patient A.

20       29. Patient B

21       a) Paragraphs 18 through 23, and 26, above, are hereby incorporated by  
22                    reference and realleged as if fully set forth herein.  
23       b) On or about September 10, 2024, Respondent failed to adequately and  
24                    appropriately advise Patient B on risks and benefits of using marijuana  
25                    with regards to informed consent.  
26       c) On or about September 10, 2024, Respondent failed to adequately and  
27                    accurately document an appropriate medical history for Patient B.

28       // /

### **THIRD CAUSE FOR DISCIPLINE**

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

30. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records, as more particularly alleged in paragraphs 10 through 29, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

## **FOURTH CAUSE FOR DISCIPLINE**

### **(General Unprofessional Conduct)**

9       31. Respondent is subject to disciplinary action under sections 2227 and 2234 of the  
10      Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical  
11      profession, or conduct which is unbecoming to a member in good standing of the medical  
12      profession, and which demonstrates an unfitness to practice medicine, as more particularly  
13      alleged in paragraphs 10 through 30, above, which are hereby incorporated by reference and  
14      realleged as if fully set forth herein.

## **DISCIPLINARY CONSIDERATIONS**

16       32. To determine the degree of discipline, if any, to be imposed on Respondent,  
17 Complainant alleges that Respondent has a history of discipline with the Board. In a prior  
18 disciplinary action entitled, *In the Matter of the First Amended Accusation Against Frederick*  
19 *Scott Dattel, M.D.*, Case No. 800-2018-044693, Respondent's Physician's and Surgeon's  
20 Certificate was revoked, but revocation was stayed, and he was placed on probation for three (3)  
21 years, with terms and conditions, for unprofessional conduct, including inadequate and inaccurate  
22 medical recordkeeping and unprofessional conduct. That decision is incorporated by reference as  
23 though set forth fully herein. The effective date of that Decision is August 23, 2023.

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## PRAYER

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

4        1. Revoking or suspending Physician's and Surgeon's Certificate No. C 139597, issued  
5 to Respondent Frederick Scott Dattel, M.D.;

6        2. Revoking, suspending, or denying approval of Respondent Frederick Scott Dattel,  
7 M.D.'s authority to supervise physician assistants and advanced practice nurses;

8        3. Ordering Respondent Frederick Scott Dattel, M.D., to pay the Board the costs of the  
9 investigation and enforcement of this case;

10        4. Ordering Respondent Frederick Scott Dattel, M.D., if placed on probation, to pay the  
11 Board the costs of probation monitoring; and

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

13  
14 DATED: JUL 31 2025

REJI VARGHESE  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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