

1 **ARIZONA STATE BOARD OF NURSING**
2 **4747 N. 7TH STREET, SUITE 200**
3 **PHOENIX ARIZONA 85014-3655**

4 IN THE MATTER OF REGISTERED NURSE
5 LICENSE NO. RN056661 AND ADVANCED
6 PRACTICE CERTIFICATE NO. AP0213
7 ISSUED TO:

8 **TRUDY RUMANN HEIL,**

Respondent.

**FINDINGS OF PUBLIC
EMERGENCY AND ORDER OF
SUMMARY SUSPENSION**

CASE NO. 1203035

9 On April 11, 2012, the Arizona State Board of Nursing ("Board") met at 4747 North 7th
10 Street, Ste. 200, Phoenix, Arizona 85014-3655, to consider a complaint filed against Trudy
11 Rumann Heil ("Respondent"), the holder of registered nurse license no. RN056661 and
12 advanced practice certificate no. AP0213. Information was presented to the Board and, as a
13 result, the Board made the following Preliminary Findings of Fact, Conclusions of Law and
14 Order.

14 **PRELIMINARY FINDINGS OF FACT**

15 1. In or about June, 2011, Heil diagnosed patient I.K., an 11 year old male, with
16 Hypervitaminosis D and a thyroid disorder, despite the fact that lab work completed in or about
17 June, 2011 negated these diagnoses. Notwithstanding the lab tests, in or about June and July,
18 2011, Heil prescribed thyroid replacement medications to patient I.K., as well as four to six times
19 the recommended dose of Benicar, an angiotensin II receptor blocker (ARB), plus the antibiotics
20 Minocycline and Clyndamycin, as part of an experimental treatment known as the "Marshall
21 Protocol" (MP). Heil used the MP to treat patient I.K. for a condition described as "Th1
22 Spectrum Disorder," which is a diagnosis unrecognized in the accepted medical literature.
23 According to the manufacturer of Benicar, Daiichi-Sankyo, Benicar is not approved by the FDA
24 for the treatment of "Th1 Spectrum Disorder" or for use in the MP, and the maximum dosage of
25 Benicar approved by the FDA is 40 mg daily.
26

1 2. On or about March 9, 2012, patient I.K.'s parents brought patient I.K. to the
2 Emergency Department of Phoenix Children's Hospital (PCH). Upon arrival, patient I.K.'s lab
3 results revealed that his potassium, creatinine, and BUN levels were critically high, indicating
4 acute renal failure/acute kidney damage, which PCH physicians attributed to Benicar toxicity
5 and dehydration. In addition, patient I.K. presented with elevated liver enzymes, which indicated
6 possible liver damage secondary to Benicar toxicity.

7 3. On or about March 9, 2012, PCH physicians admitted patient I.K. to the PCH
8 pediatric intensive care unit for acute renal failure/acute kidney injury, with orders to discontinue
9 the Benicar to avoid raising patient I.K.'s potassium to "lethal levels." On or about the same
10 date, however, Heil advised patient I.K.'s parents and PCH physicians to continue to administer
11 Benicar to patient I.K., despite the serious risk of injury and/or death to patient I.K. Heil also
12 requested a PCH nephrologist to give patient I.K. Diovan instead of Benicar, however the
13 nephrologist refused and informed Heil that Diovan would be just as bad as the Benicar and that
14 she could not give I.K. an ARB or "it would kill him." On or about March 9, 2012, at Heil's
15 instruction and against medical advice from the PCH physicians, patient I.K.'s parents
16 administered a dose of Benicar to patient I.K. while patient I.K. was still in the Emergency
17 Department. To prevent further administration of Benicar to patient I.K., PCH assigned a sitter
18 to watch over patient I.K. while hospitalized and reported the incident to Child Protective
19 Services and the City of Phoenix Police.

20 4. During patient I.K.'s hospitalization at PCH, the physicians also noted that patient
21 I.K.'s thyroid studies indicated overtreatment. A pediatric physician at PCH questioned whether
22 Heil erroneously diagnosed and treated patient I.K. for a thyroid condition (Hypothyroidism)
23 because patient I.K.'s T4 level was normal and his Thyroid Stimulating Hormone (TSH) was
24 suppressed.

25 5. On or about March 14, 2012, prior to discharging patient I.K., PCH physicians
26 advised patient I.K.'s parents that it was "imperative" that patient I.K. not resume Benicar, and

1 discharged patient I.K. into his parents' custody with instructions to follow up with a pediatric
2 endocrinologist and a gastrointestinal physician. The day after discharge, on or about March 15,
3 2012, Heil prescribed Diovan 40 mg every eight hours to patient I.K. Diovan is an ARB
4 medication similar to Benicar. On or about March 16, 2012, the pharmacy refused to fill Heil's
5 Diovan prescription and Heil filed an appeal stating that the use of Diovan at 40 mg every eight
6 hours was needed "in lieu of Benicar use" to avoid damage to patient I.K.'s vital organs pursuant
7 to the "Marshall Protocol emergency guidelines." Also on or about March 16, 2012, Heil
8 continued to prescribe thyroid supplements to patient I.K., despite the fact that patient I.K.'s lab
9 results were previously inconsistent with a diagnosis of Hypothyroidism.

10 6. On or about March 29, 2012, Child Protective Services removed patient I.K. from
11 his parents' home after patient I.K.'s parents attempted to fill Heil's prescription for Diovan,
12 which Heil prescribed despite knowing the risk of serious injury and/or death posed to patient
13 I.K. by prescribing Diovan, and in doses higher than recommended/approved by the
14 manufacturer/FDA.

15 7. Medical records of patient I.K. and additional MP patients treated by Heil (M.P.,
16 S.M., D.K. [I.K.'s father], T.A., D.D., C.W., A.S., P.S., C.S., R.S., and former M.P. patients L.K.
17 [I.K.'s mother], E.G., M.M.) were reviewed and revealed that Heil treated these patients in a
18 manner inconsistent with the standard of care, including but not limited to:

- 19 a. Heil prescribed the MP, an experimental treatment protocol that is not recognized
20 in accepted medical literature, for Th1 spectrum disorder, a diagnosis that is not
21 recognized in accepted medical literature;
- 22 b. Heil failed to document all of her care and treatment of patients in the medical
23 record and she failed to list Th1 as a diagnosis or to document her treatment plan for said
24 diagnosis;
- 25 c. Heil prescribed the MP for patients with documented medical conditions for
26 which the MP does not meet the standard of care for treatment;
- d. Heil diagnosed the MP patients with Hypervitaminosis D and Hypothyroidism,
although their lab work was not consistent with these diagnoses;
- e. MP Patients were treated for Hypothyroidism with thyroid replacement
medications, although their lab work was not consistent with a diagnosis of
Hypothyroidism, resulting in suppressed TSH indicating overtreatment;

1 f. Multiple MP patients reported symptomatology/adverse reactions to Heil that Heil
2 ascribed to “Immunopathology” (IP) without an assessment, and instructed patients to
take more Benicar;

3 g. MP Patients suffered physical, psychological, and financial harm as a result of
4 Heil prescribing the MP, as evidenced by:

5 1. MP Patients suffered multiple adverse reactions for extended periods of
6 time and had abnormal lab work, including elevated creatinine, BUN, liver
7 function tests, etc., which Heil attributed to IP;

8 2. MP Patients also were prescribed additional, otherwise unnecessary
9 medications by Heil in order for them to tolerate the adverse reactions (IP),
10 including anti-anxiety medications and narcotics;

11 3. MP Patients required multiple visits and laboratory tests to monitor this
12 experimental treatment, which were billed to the patients and/or their insurers
13 (including Medicare Part B);

14 h. All MP patients (including Medicare Part B patients) were billed for office visits
15 and lab work, apparently fraudulently submitted by Heil under the diagnosis codes for
16 Hypervitaminosis D and/or Hypothyroidism, although their lab work was not consistent
17 with these diagnoses;

18 i. All MP patients (including Medicare Part B patients) were billed using “extended
19 visit” codes, although the visits appear related to the MP experimental research protocol
20 and medical records do not reflect a comprehensive history & physical assessment (or
21 any physical exam on many visits) or complex decision making, which are required to
22 bill for an “extended visit.”

23 8. Heil treated herself in accordance with the MP, and authorized prescriptions for
24 herself, including prescriptions for Benicar, Clindamycin, Levothyroxine, Liothyronine, and
25 Minocycline. Additionally, Heil ordered lab tests for herself, including, but not limited to,
26 complete blood counts, chemistry panels, Vitamin D levels, and thyroid tests.

PRELIMINARY CONCLUSIONS OF LAW

1. The Arizona State Board of Nursing (“Board”) has the authority to regulate and
control the practice of nursing in the State of Arizona, pursuant to A.R.S. §§ 32-1606, 32-1663,
32-1664, and 41-1092.11(B). The Board also has the authority, pursuant to A.R.S. § 32-1663
and A.R.S. § 32-1664, to impose disciplinary sanctions against the holders of nursing licenses
for violations of the Nurse Practice Act, A.R.S. §§ 32-1601 through 1669, and A.A.C. R4-19-
101 to R4-19-815.

2. The conduct and circumstances described in the Preliminary Findings of Fact
constitute unprofessional conduct and grounds to take disciplinary action pursuant to A.R.S. §

1 32-1663(D) as described in:

2 **A.R.S. § 32-1601 (18) (d), (h) and (j) (effective September 30, 2009)**

3 18. “Unprofessional conduct” includes the following whether occurring in this state or
4 elsewhere:

5 (d) Any conduct or practice that is or might be harmful or dangerous to the health of a patient
6 or the public.

7 (h) Committing an act that deceives, defrauds or harms the public.

8 (j) Violating a rule that is adopted by the Board pursuant to this chapter, specifically:

9 **A.A.C. R4-19-403 (1), (2), (7), (8) (a), (12), (19), (30) and (31) (effective January 31, 2009)**

10 For purposes of A.R.S. § 32-1601(18)(d), any conduct or practice that is or might be harmful or
11 dangerous to the health of a patient or the public includes one or more of the following:

12 1. A pattern of failure to maintain minimum standards of acceptable and prevailing nursing
13 practice;

14 2. Intentionally or negligently causing physical or emotional injury;

15 7. Failing to maintain for a patient record that accurately reflects the nursing assessment,
16 care, treatment, and other nursing services provided to the patient;

17 8. Falsifying or making a materially incorrect, inconsistent, or unintelligible entry in any
18 record:

19 a. Regarding a patient, health care facility, school, institution, or other work place
20 location;

21 12. Assuming patient care responsibilities that the nurse lacks the education to perform, for
22 which the nurse has failed to maintain nursing competence, or that are outside the scope
23 of practice of the nurse;

24 19. Providing or administering any controlled substance or prescription-only drug for other
25 than accepted therapeutic or research purposes;

26 30. For a registered nurse granted prescribing privileges, any act prohibited under R4-19-
511(D);

31. Practicing in any other manner that gives the Board reasonable cause to believe the health
of a patient or the public may be harmed.

1 **R4-19-511(D) (2) and (5) (effective January 31, 2009)**

2 **Prescribing and Dispensing Authority; Prohibited Acts**

3 D. In addition to acts listed under R4-19-403, for a nurse who prescribes or dispenses a drug or
4 device, a practice that is or might be harmful to the health of a patient or the public, includes
5 one or more of the following:

- 6 2. Providing any controlled substance or prescription-only drug or device for other than
7 accepted therapeutic purposes.
- 8 5. Prescribing, dispensing, or furnishing a prescription drug or a prescription-only device to
9 a person unless the nurse has examined the person and established a professional
10 relationship, except when the nurse is engaging in one or more of the following:
- 11 a. Providing temporary patient care on behalf of the patient's regular treating and
12 licensed health care professional;
- 13 b. Providing care in an emergency medical situation where immediate medical care or
14 hospitalization is required by a person for the preservation or health, life, or limb; or
- 15 c. Furnishing a prescription drug to prepare a patient for a medical examination.

16 **FINDING OF PUBLIC EMERGENCY AND ORDER**

17 Based upon the facts and circumstances set forth in the Preliminary Findings of Fact and
18 Preliminary Conclusions of Law, the Board finds that the public health, safety and welfare
19 imperatively requires emergency action.

20 **IT IS THEREFORE ORDERED**, pursuant to A.R.S. § 41-1092.11(B) and effective
21 immediately, that registered nurse license no. RN056661 and advanced practice certificate no.
22 AP0213 held by Trudy Rumann Heil is **SUMMARILY SUSPENDED** pending proceedings for
23 revocation and other action by the Board. A hearing in this matter shall be promptly instituted
24 and determined.

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1 Dated this 11th day of April, 2012.

2 SEAL

3
4 Joey Ridenour, R.N., M.N.
Executive Director

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6 COPIES hand-delivered this 11th day of April, 2012, to:

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