



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Olympia, Washington 98504

RE: Robin L. Baxter, MD  
Master Case No.: M2021-660  
Document: Modified Stipulation to Informal  
Disposition

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: **NONE**

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center  
P.O. Box 47865  
Olympia, WA 98504-7865  
Phone: (360) 236-4700  
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

**STATE OF WASHINGTON  
WASHINGTON MEDICAL COMMISSION**

In the Matter of the License to Practice  
as a Physician and Surgeon of:

**ROBIN L. BAXTER, MD**  
License No. MD.MD.00016767

Respondent

**No. M2021-660**

**MODIFIED STIPULATION TO  
INFORMAL DISPOSITION**

Pursuant to the Uniform Disciplinary Act, Chapter 18.130 RCW, the Washington Medical Commission (Commission) issued a Statement of Allegations and Summary of Evidence (Statement of Allegations) alleging the conduct described below. Respondent does not admit any of the allegations. This Modified Stipulation to Informal Disposition (Modified Stipulation) is not formal disciplinary action and shall not be construed as a finding of unprofessional conduct or inability to practice.

**1. PROCEDURAL STIPULATIONS**

1.1 On October 6, 2022, the Commission entered a Stipulation to Informal Disposition (2022 Stipulation) with Respondent concerning case number 2020-16641. The 2022 Stipulation was not formal disciplinary action and shall not be construed as a finding of unprofessional conduct or inability to practice. Respondent did not admit to any of the allegations. The 2022 Stipulation alleged that the conduct described in the 2022 Stipulation, if proven, would constitute violations of RCW 18.130.180(4) and (7), WAC 246-919-880(1), WAC 246-919-885(3), (5), and (9), WAC 246-919-895, WAC 246-919-900, WAC 246-919-970(1)(a), and WAC 246-919-985(3)(a) and (b), and set forth terms and conditions.

1.2 In September 2023, the Commission became aware that Respondent was no longer practicing medicine and was unable to comply with the terms and conditions of the 2022 Stipulation. The Commission is willing to modify the 2022 Stipulation for the voluntary surrender of Respondent's license.

1.3 The parties wish to resolve this matter by means of a Modified Stipulation to Informal Disposition pursuant to RCW 18.130.172(1).

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1.4 Respondent agrees to be bound by the terms and conditions of this Modified Stipulation.

1.5 This Modified Stipulation is of no force and effect and is not binding on the parties unless and until it is accepted by the Commission.

1.6 If the Commission accepts the Modified Stipulation, it will be reported to the National Practitioner Data Bank (45 CFR Part 60), the Federation of State Medical Board's Physician Data Center and elsewhere as required by law.

1.7 This Modified Stipulation is a public document. It will be placed on the Department of Health web site, disseminated via the Commission's electronic mailing list, and disseminated according to the Uniform Disciplinary Act (Chapter 18.130 RCW). It is subject to disclosure under the Public Records Act, Chapter 42.56 RCW, and shall remain part of Respondent's file according to the state's records retention law and cannot be expunged.

1.8 The Commission agrees to forgo further disciplinary proceedings concerning the allegations.

1.9 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

1.10 A violation Section 3 of this Modified Stipulation, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

## **2. ALLEGATIONS**

2.1 On July 13, 1978, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license expired on July 11, 2023, while on probation pursuant to a Stipulation to Informal Disposition entered in June 2011 related to allegations of failing to meet continuing medical education requirements. Respondent is not board certified.

2.2 On or about January 21, 2021, Patient A presented to Respondent for psychiatric care. Patient A reported previous diagnosis of attention-deficit/hyperactivity disorder (ADHD), anxiety, and periodic insomnia. Patient A reportedly did not have an established care provider and was not prescribed medication for these conditions at the time of initial appointment. Respondent started Patient A on dextroamphetamine-amphetamine (Adderall) 30mg four times per day and alprazolam, a benzodiazepine,

2mg four to five times per day, which were Patient A's self-reported former dosage levels.

2.3 Respondent's medical records for Patient A's initial intake appointment did not document information regarding Patient A's previous prescribing physician for psychiatric medication; Respondent did not obtain past records or corroborating information about Patient A's reported previous treatment or medication dosage. Respondent further failed to document past or current symptoms to validate the diagnoses, a mental status examination, or the rationale for starting Patient A on doses of both dextroamphetamine-amphetamine and alprazolam that were higher than the usual upper dose limit for adults.

2.4 Respondent saw Patient A on or about March 12, April 9, and May 11, 2020. During each encounter, Respondent documented that the patient was doing well and continued Patient A's medication, but did not document an interim psychiatric history, current psychiatric symptoms, or a mental status evaluation. Subsequent encounters on or about June 4 and July 30, 2020, documented only the type of encounter and prescription information.

2.5 On or about September 2, 2020, Patient A complained of acute shoulder and back pain resulting from a work-related injury. Respondent prescribed oxycodone, an opioid, 10mg four times daily with a twenty-day supply, in addition to the alprazolam and dextroamphetamine-amphetamine she regularly prescribed. Respondent did not comply with the state rules for prescribing opioids, including failing to document an examination of Patient A, risk factors for prescribing opioids with a benzodiazepine, evidence of medical decision making, or justification for the quantity of opioids prescribed.

2.6 Respondent provided two subsequent prescriptions for a thirty-day supply of oxycodone on or about September 30 and October 23, 2020. The October 23, 2020, prescription was issued over seven weeks after the initial opioid prescription for acute nonoperative pain. There was no documentation of either prescription in Respondent's medical record for Patient A. Respondent thus did not comply with the state rules for prescribing opioids, including failing to document risk factors for overdose, a pain treatment plan, metrics used to monitor efficacy of treatment, evidence of medical decision making, justification for the quantity of opioids prescribed, and the transition of

Patient A from acute pain to subacute pain. Respondent did not document a query of the Prescription Monitoring Program (PMP) for Patient A at the time of the first refill or renewal of the prescription or at the time of transition from acute to subacute pain.

2.7 In approximately August 2020 through October 2020, Patient A provided care giving services to Respondent at Respondent's residence, and occasionally stayed overnight at Respondent's residence to provide care. Patient A was paid for these services by a third party. This arrangement served Respondent's needs and was not aimed at providing a therapeutic benefit to the patient. The American Psychiatric Association's Commentary on Ethics in Practice (2015) specifically notes that psychiatrists must avoid patient interactions that are aimed at gratifying the psychiatrist's needs, and that the psychiatrist's behavior should be directed toward the patient's therapeutic benefit.

### **3. INFORMAL DISPOSITION**

The Commission and Respondent stipulate to the following terms:

3.1 **Voluntary Surrender.** Respondent agrees to voluntarily surrender her physician license and agrees not to resume the practice of medicine in the state of Washington, including any temporary, emergency or volunteer practice. In addition, Respondent shall refrain from providing an opinion as to professional practice or its application and from representing that Respondent is eligible to practice medicine. Respondent acknowledges that she is ineligible to renew, reactivate, or to practice subject to a retired active license as a physician in the state of Washington.

3.2 **Return of License.** Within five (5) days of the effective date of the Modified Stipulation, Respondent shall deliver Respondent's original license to practice medicine to Compliance Officer, Washington Medical Commission, P.O. Box 47866, Olympia, Washington 998504-7866.

3.3 **Washington State Medical Practice and Patients.** Respondent shall further comply with the directives within paragraph 3.3 if Respondent has current patients in Washington state or has a financial interest in professional services related to medical care in Washington state.

3.3.1 Within 15 days of the effective date of the Modified Stipulation, Respondent shall notify all patients of the cessation of Respondent's medical practice and shall refer all patients to another licensed practicing physician for

continued care, as appropriate. Respondent shall notify, in writing, each health care plan with which the Respondent contracts or is employed, and each hospital where Respondent has privileges, that Respondent has ceased medical practice. If Respondent has any such patients and hospitals in the state of Washington, Respondent shall provide the Commission with written documentation within 45 days of the Modified Stipulation's effective date that all patients and hospitals have been notified of the cessation of Respondent's medical practice.

3.3.2 Respondent shall make arrangements for the transfer and maintenance of all patient medical records, if any, in the state of Washington. If Respondent has any such records in the state of Washington, Respondent shall notify the Commission of these arrangements, including the name, address, and telephone number of an appropriate and acceptable contact person who shall have access to these records within 30 days of the effective date of this Modified Stipulation. Original records shall be retained for at least six (6) years after the last date of service rendered to a patient or, in the case of a minor, for at least six (6) years after the last date of service or three (3) years after the patient reaches the age of majority, whichever time period is longer. Records shall be maintained in a safe and secure place that is reasonably accessible to former patients. The arrangements shall include provisions to ensure that the information in the record is kept confidential and is available only to authorized persons. When a patient or a patient's representative requests a copy of the patient's medical record, or requests that the original medical record be sent to another health care provider, a copy of the record shall be promptly provided or forwarded at a reasonable cost to the patient. Radiographic, sonographic and similar materials shall be provided at cost. A qualified person shall not be denied access to patient information solely because of an inability to pay.

3.3.3 In the event that Respondent holds a Drug Enforcement Administration (DEA) certificate for the state of Washington, Respondent shall, within 15 days of the effective date of the Modified Stipulation, advise the DEA, in writing, of the licensure action and shall surrender Respondent's DEA controlled substance privileges for the state of Washington to the DEA. Respondent shall promptly surrender any unused DEA #222 U.S. Official Order Forms Schedules 1

and 2 for the state of Washington to the DEA. All submissions to the DEA shall be addressed to Diversion Program Manager, U.S. Drug Enforcement Administration, 300 Fifth Avenue, Seattle, Washington 98104.

3.3.4 Within 15 days of the Modified Stipulation's effective date, Respondent shall destroy any unused state of Washington official prescription forms. If no other practitioner is providing services at Respondent's practice location, Respondent shall properly dispose of all medications.

3.3.5 Within 15 days of the effective date of this Modified Stipulation, Respondent shall remove from the public domain any representation that Respondent is eligible to practice medicine, including all related signs, advertisements, professional listings, web sites, professional stationery, or billings. Respondent shall not share, occupy, or use office space with another practitioner who provides health care services.

3.3.6 Respondent shall not charge, receive or share any fee or distribution of dividends for professional services rendered by Respondent or others while Respondent is barred from engaging in the practice of medicine. Respondent may be compensated for the reasonable value of services lawfully rendered, and disbursements incurred on a patient's behalf, prior to the effective date of this Modified Stipulation.

3.3.7 If Respondent is a shareholder in any professional service corporation organized to engage in the practice of medicine, Respondent shall divest all financial interest in the professional services corporation, in accordance with Washington law. Such divestiture shall occur within 90 days. If Respondent is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within 90 days of the effective date of the Modified Stipulation.

3.3.8 Practicing medicine without a valid license may result in civil or criminal action. Under RCW 18.130.190(3), the practice of medicine without a license may result in the issuance of a cease-and-desist order and a civil fine in an amount not exceeding one thousand dollars for each day upon which the person engaged in unlicensed practice of a business or profession for which a license is required. Under RCW 18.130.190(7), the unlicensed practice of a

profession is a gross misdemeanor for the first violation, and a Class C felony for each subsequent violation.

3.4 **Effective Date.** The effective date of this Modified Stipulation is the date the Adjudicative Clerk Office places the signed Modified Stipulation into the U.S. mail.

#### 4. COMPLIANCE WITH SANCTION RULES

4.1 The Commission applies WAC 246-16-800, *et seq.*, to determine appropriate sanctions, including stipulations to informal disposition under RCW 18.130.172. WAC 246-16-800(2)(b)(iii) provides for surrender of a credential by a license holder as an alternative to imposing sanctions consistent with the sanction guidelines.


4.2 Respondent has retired as a physician and has no future plans of returning to practice. Respondent is at the effective end of her practice and surrender alone is enough to protect the public.

#### 5. RESPONDENT'S ACCEPTANCE

I, ROBIN L. BAXTER, MD, Respondent, certify that I have read this Modified Stipulation to Informal Disposition in its entirety; that my counsel of record, Carol Sue Janes, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Modified Stipulation to Informal Disposition, I understand that I will receive a signed copy.

  
ROBIN L. BAXTER, MD  
RESPONDENT

10/3/2023  
DATE

  
CAROL SUE JANES, WSBA NO. 16557  
ATTORNEY FOR RESPONDENT

10/3/2023  
DATE




**6. COMMISSION'S ACCEPTANCE**


The Commission accepts this Modified Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED: October 5, 2023.

STATE OF WASHINGTON  
WASHINGTON MEDICAL COMMISSION

  
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PANEL CHAIR

PRESENTED BY:

  
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KELLY ELDER, WSBA NO. 51810  
COMMISSION STAFF ATTORNEY