



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47879 • Olympia, Washington 98504-7879

RE: RICHARD F. PRICE, MD
Docket No.: 02-02-A-1064MD
Document: Statement of Charges dated April 29, 2002.

Regarding your request for information about the above-named practitioner, 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 confidential schedule containing patient and/or complainant name(s) has been withheld pursuant to RCW 42.17.310(1)(d) and RCW 70.02.020.

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

Adjudicative Clerk Office
P.O. Box 47879
Olympia, WA 98504-7879
Phone: (360) 236-4677
Fax: (360) 586-2171

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



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License to Practice)
Medicine and Surgery of:) **Docket No. 02-02-A-1064MD**
)
RICHARD F. PRICE, MD) STATEMENT OF CHARGES
License No. MD00009049)
)
Respondent)
_____)

The Disciplinary Program Manager, upon designation by the Medical Quality Assurance Commission, (Commission), makes the following allegations which are supported by evidence contained in the program's case file number 2000-07-0075MD. Any patients referred to in this Statement of Charges are identified in an attached Confidential Schedule.

Section 1: ALLEGED FACTS

1.1 The State of Washington issued a license to practice medicine and surgery to Richard F. Price, MD (Respondent) on December 15, 1964. During the period of time in which these alleged facts occurred, Respondent was employed by contract as a psychiatrist with the Maple Lane School, (the school), Centralia, Washington.

1.2 During Respondent's tenure with the school, he provided medical treatment as a child psychiatrist to youths who were incarcerated residents. Respondent's practice was the psychiatric care of about 90 patients.

1.3 The director of the school discontinued Respondent's contract with the school for his services after she performed a chart review of more than a dozen patients' records. The director of the school filed an Adverse Action Report with the Commission in July of 2000.

1.4 Patient One was a resident of the school and under Respondent's care with the diagnosis of attention deficit hyperactivity disorder, (ADHD), and schizophrenia.

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1.5 Respondent exacerbated Patient One's mental problems in the management of Patient One's health care due to his inconsistent dosing of medications, using stimulant medications on a patient suffering from psychosis and previously diagnosed with schizophrenia, ordering multiple medication trials without apparent completion and assessment of their effectiveness, and inappropriately continuing the use of amitriptyline.

1.6 Respondent put Patient One at risk of harm by his prescribing mood altering medications without apparent consideration of Patient One's history of drug abuse, and by not fully using diagnostic procedures to assess his level of psychosis and the impact of the medications.

1.7 Patient Two was a resident of the school and under Respondent's care with mental health issues attendant to mild mental retardation.

1.8 Respondent put Patient Two at risk of harm by not sufficiently documenting a clear diagnosis. Respondent further put the patient at risk by managing medications that require periodic monitoring for toxicity, without conducting effective periodic monitoring.

1.9 Patient Three was a resident of the school and under Respondent's care. He manifested a long history of depression and disorderly conduct.

1.10 Respondent put Patient Three at risk of harm failing to screen for medication toxicity. Respondent also failed to reduce the patient's medication load after the patient manifested stability.

1.11 Patient Four was a resident of the school and under Respondent's care with a history of psychosis and substance abuse.

1.12 Respondent put Patient Four at risk of harm by aggressively changing his medications and not monitoring blood levels periodically.

1.13 Patient Five was a resident at the school, admitted with externalized behavior problems, but otherwise healthy.

1.14 Respondent put Patient Five at risk of harm by not performing proper diagnostic and etiologic evaluations to support his diagnosis of psychosis.

1.15 Respondent further put Patient Five at risk of harm by making illogical and aggressive medication changes without a long-term medication plan.

1.16 Respondent used several medications to address the same symptoms, and with no clear conclusion to medication trials.

- 1.17 Patient Five suffered dystonic reaction to the medications, and left Respondent's care with lingering symptoms of tardive dyskinesia.
- 1.18 Patient Six was a school resident admitted with major depression and manifesting conduct disorder symptoms. His history revealed long-standing substance abuse.
- 1.19 Respondent exacerbated Patient Six's mental health problems and put him at risk of harm by placing him on excessive amounts of mood altering medications. Respondent started several medication trials without a clear plan and treatment protocol for an adolescent.
- 1.20 Patient Seven has a long history of precocious and severe conduct disorder. The patient reported insomnia and hearing voices while under Respondent's care.
- 1.21 Respondent put Patient Seven at risk of harm by his use of amitriptyline on an adolescent without performing an EKG. Given Patient Seven's condition, Respondent should have screened for cardio-toxicity, albeit that it is normally a rare possibility.
- 1.22 Patient Eight was a resident of the school and under Respondent's care. He had a history of precocious cannabis abuse and was diagnosed with ADHD and depression. He claimed being plagued with insomnia and manifested manipulative and irritable behaviors.
- 1.23 Respondent put Patient Eight at risk of harm by not capably understanding and relating to the patient's manipulation and deception in his acquiring and consuming the medications, even though nursing staff informed him.
- 1.24 Respondent put Patient Eight at risk by prescribing excessive dosages of Ritalin and by ordering the tablets in a crushed form that created the potential of an overdose. Respondent also put Patient Eight at risk by prescribing Depakote without properly testing and monitoring the effects of the medication.
- 1.25 Patient Nine was a resident of the school and under the care of Respondent. Patient Nine had a long history of substance abuse and antisocial behavior. He also had strong symptoms of Obsessive-Compulsive Disorder.
- 1.26 Respondent put Patient Nine at risk by prescribing a combination of heterocyclic medications in dosages that require blood level monitoring and screening for side effects, including cardiac problems. Respondent's monitoring and screening was insufficient.

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1.27 Patient Ten was a resident of the school and under Respondent's care. He was previously diagnosed with bipolar disorder, ADHD, post-traumatic stress disorder, and impulse control disorder. His mother was active in managing his medications and expressed concern about her son making his own decisions in managing his medications. She asked to be consulted about any changes to his medication regimen.

1.28 Respondent prescribed Depakote with insufficient and late screening of blood levels and for potential side effects. Respondent did not inform the patient's mother and address her concern about his medication management.

1.29 Respondent put Patients One through Ten at risk of harm and/or exacerbated their mental health problems by placing these youths on multiple psychotropic medications simultaneously without the required monitoring, blood level testing, and other appropriate diagnostic testing that would, among other things, establish baselines or accomplish follow-up EKGs.

Section 2: ALLEGED VIOLATIONS

2.1 The facts as alleged in the above section constitute grounds for disciplinary action pursuant to RCW 18.130.180 and the imposition of sanctions pursuant to RCW 18.130.160.

2.2 The facts alleged in paragraphs 1.2 through 1.29 constitute unprofessional conduct, pursuant to RCW 18.130.180(4):

"Incompetence, negligence, or malpractice, which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed ."

2.3 The facts alleged in paragraphs 1.2 through 1.29 constitute unprofessional conduct pursuant to RCW 18.130.180(6):

"The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes"

Section 3: NOTICE TO RESPONDENT

Disciplinary Program Manager of the Commission directs that this Statement of Charges be issued and served as notice on Respondent as provided by law, giving Respondent the opportunity to defend against the aforementioned charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline, pursuant to RCW 18.130.180 and the imposition of sanctions under RCW18.130.160.

DATED this 29th day of April, 2002.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

Maryella E. Jansen

Maryella E. Jansen,
Disciplinary Program Manager

Jim McLaughlin

Jim McLaughlin WSBA #27349
Assistant Attorney General

For Agency Use Only

Program File Tracking No. 2000-07-0075MD

STATEMENT OF CHARGES: Price, MD
Docket No. 02-02-A-1064 MD

PAGE 5 of 5

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47879 • Olympia, Washington 98504-7879

RE: RICHARD F. PRICE, MD
Docket No.: 02-02-A-1064MD
Document: Findings of Fact, Conclusions of Law and Final Order dated
October 11, 2002.

Regarding your request for information about the above-named practitioner, 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: Nothing withheld.

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

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Olympia, WA 98504-7879
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**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice)
As a Physician and Surgeon of:) Docket No. 02-02-A-1064MD
)
RICHARD F. PRICE, MD) STIPULATED FINDINGS OF FACT,
License No. MD00009049) CONCLUSIONS OF LAW, AND
) AGREED ORDER
Respondent)
_____)

The Medical Quality Assurance Commission, (Commission), by and through Michael L. Bahn, Department of Health, (Department), Staff Attorney, with Richard F. Price, MD, (Respondent), and his attorney and counsel, Philip J. VanDerhoef, of Fain, Sheldon, and VanDerhoef, Attorneys at Law, stipulate and agree to the following facts, conclusions, and terms. The patients referred to are the ones identified in the Confidential Schedule that accompanied the Statement of Charges.

Section 1: PROCEDURAL STIPULATIONS

- 1.1 At all times material to the Statement of Charges, Respondent has been licensed to practice as a physician and surgeon in the state of Washington.
- 1.2 On or about April 29, 2002, the Acting Disciplinary Program Manager for the Commission issued a Statement of Charges regarding Respondent's practice as a physician and surgeon.
- 1.3 The Statement of Charges alleges that Respondent committed unprofessional conduct pursuant to RCW 18.130.180(4) and (6), of the Uniform Disciplinary Act.
- 1.4 Respondent understands that the Department is prepared to proceed to a hearing on the allegations in the Statement of Charges.
- 1.5 Respondent understands that he has the right to defend himself against the allegations in the Statement of Charges by presenting evidence at a hearing.

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1.6 Respondent understands that if the Department should prove at a hearing, the allegations in the Statement of Charges, the Commission panel has the power and authority to impose sanctions pursuant to RCW 18.130.160.

1.7 Respondent filed his Answer to the Statement of Charges with the Commission on or about January 30, 2002.

1.8 Respondent and the Commission agree to expedite the resolution of this matter by means of this Stipulated Findings of Fact, Conclusions of Law, and Agreed Order, (Agreed Order).

1.9 Respondent waives the opportunity for a hearing on the Statement of Charges contingent upon signature and acceptance of this Agreed Order by the Commission.

1.10 This Agreed Order is not binding unless and until it is signed and accepted by the Commission.

1.11 Should this Agreed Order be signed and accepted, it will be subject to the reporting requirement of RCW 18.130.110, Section 1128E of the Social Security Act, and any other applicable Washington or interstate/national reporting requirements.

1.12 Should this Agreed Order be rejected, Respondent waives any objection to the participation at a hearing of all or some of the Commission members, or of the Presiding Officer, who may have presided at the presentation of this Agreed Order.

Section 2: STIPULATED FACTS

The Commission and Respondent stipulate that the Commission has alleged the following facts:

2.1 The State of Washington issued a license to practice medicine and surgery to Richard F. Price, MD (Respondent) on December 15, 1964. During the period of time in which these alleged facts occurred, Respondent was employed by contract as a psychiatrist with the Maple Lane School, (the school), Centralia, Washington.

2.2 During Respondent's tenure with the school, he provided medical treatment as a child psychiatrist to youths who were incarcerated residents. Respondent's practice was the psychiatric care of about 90 patients.

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- 2.3 The director of the school discontinued Respondent's contract with the school for his services after she performed a chart review of his patient records. The director of the school filed an Adverse Action Report with the Commission in July of 2000.
- 2.4 Patient One was a resident of the school and under Respondent's care with the diagnosis of attention deficit hyperactivity disorder, (ADHD), and schizophrenia.
- 2.5 Respondent exacerbated Patient One's mental problems in the management of Patient One's health care due to his inconsistent dosing of medications, using stimulant medications on a patient suffering from psychosis and previously diagnosed with schizophrenia, ordering multiple medication trials without apparent completion and assessment of their effectiveness, and inappropriately continuing the use of amitriptyline.
- 2.6 Respondent put Patient One at risk of harm by his prescribing mood altering medications without apparent consideration of Patient One's history of drug abuse, and by not fully using diagnostic procedures to assess his level of psychosis and the impact of the medications.
- 2.7 Patient Two was a resident of the school and under Respondent's care with mental health issues attendant to mild mental retardation.
- 2.8 Respondent put Patient Two at risk of harm by not sufficiently documenting a clear diagnosis. Respondent further put the patient at risk by managing medications that require periodic monitoring for toxicity, without conducting effective periodic monitoring.
- 2.9 Patient Three was a resident of the school and under Respondent's care. He manifested a long history of depression and disorderly conduct.
- 2.10 Respondent put Patient Three at risk of harm failing to screen for medication toxicity. Respondent also failed to reduce the patient's medication load after the patient manifested stability.
- 2.11 Patient Four was a resident of the school and under Respondent's care with a history of psychosis and substance abuse.
- 2.12 Respondent put Patient Four at risk of harm by aggressively changing his medications and not monitoring blood levels periodically.
- 2.13 Patient Five was a resident at the school, admitted with externalized behavior problems, but otherwise healthy.
- 2.14 Respondent put Patient Five at risk of harm by not performing proper diagnostic and etiologic evaluations to support his diagnosis of psychosis.

- 2.15 Respondent further put Patient Five at risk of harm by making illogical and aggressive medication changes without a long-term medication plan.
- 2.16 Respondent used several medications to address the same symptoms, and with no clear conclusion to medication trials.
- 2.17 Patient Five suffered dystonic reaction to the medications, and left Respondent's care with lingering symptoms of tardive dyskinesia.
- 2.18 Patient Six was a school resident admitted with major depression and manifesting conduct disorder symptoms. His history revealed long-standing substance abuse.
- 2.19 Respondent exacerbated Patient Six's mental health problems and put him at risk of harm by placing him on excessive amounts of mood altering medications. Respondent started several medication trials without a clear plan and treatment protocol for an adolescent.
- 2.20 Patient Seven has a long history of precocious and severe conduct disorder. The patient reported insomnia and hearing voices while under Respondent's care.
- 2.21 Respondent put Patient Seven at risk of harm by his use of amitriptyline on an adolescent without performing an EKG. Given Patient Seven's condition, Respondent should have screened for cardio-toxicity, albeit that it is normally a rare possibility.
- 2.22 Patient Eight was a resident of the school and under Respondent's care. He had a history of precocious cannabis abuse and was diagnosed with ADHD and depression. He claimed being plagued with insomnia and manifested manipulative and irritable behaviors.
- 2.23 Respondent put Patient Eight at risk of harm by not capably understanding and relating to the patient's manipulation and deception in his acquiring and consuming the medications, even though nursing staff informed him.
- 2.24 Respondent put Patient Eight at risk by prescribing excessive dosages of Ritalin and by ordering the tablets in a crushed form that created the potential of an overdose. Respondent also put Patient Eight at risk by prescribing Depakote without properly testing and monitoring the effects of the medication.
- 2.25 Patient Nine was a resident of the school and under the care of Respondent. Patient Nine had a long history of substance abuse and antisocial behavior. He also had strong symptoms of Obsessive-Compulsive Disorder

2.26 Respondent put Patient Nine at risk by prescribing a combination of heterocyclic medications in dosages that require blood level monitoring and screening for side effects, including cardiac problems. Respondent's monitoring and screening was insufficient.

2.27 Patient Ten was a resident of the school and under Respondent's care. He was previously diagnosed with bipolar disorder, ADHD, post-traumatic stress disorder, and impulse control disorder. His mother was active in managing his medications and expressed concern about her son making his own decisions in managing his medications. She asked to be consulted about any changes to his medication regimen.

2.28 Respondent prescribed Depakote with insufficient and late screening of blood levels for potential side effects. Respondent did not inform the patient's mother and address her concern about his medication management.

2.29 Respondent put Patients One through Ten at risk of harm and/or exacerbated their mental health problems by placing these youths on multiple psychotropic medications simultaneously without the required monitoring, blood level testing, and other appropriate diagnostic testing such as EKG's.

Section 3: CONCLUSIONS OF LAW

The Commission and Respondent stipulate to the entry of the following conclusions:

3.1 The Commission has jurisdiction over this matter and Respondent's license to practice as a physician and surgeon in the state of Washington, pursuant to RCW 18.130.

3.2 The Commission is authorized to find unprofessional conduct, pursuant to the Uniform Disciplinary Act, RCW 18.130.180.

3.3 The above facts, as summarized in paragraphs 2.2 through 2.29, if presented and proven by clear, cogent, and convincing evidence at a hearing, would form the basis of a finding of unprofessional conduct pursuant to RCW 18.130.180(4) and (6).

3.4 A violation of the Uniform Disciplinary Act is grounds for the imposition of sanctions pursuant to RCW 18.130.160.

3.5 The Commission and Respondent may enter into this stipulated disposition of the charges pursuant to RCW 18.130.160.

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3.6 This stipulated disposition and resolution of this matter, with this Agreed Order, is formal disciplinary action by the Commission.

Section 4: TERMS OF AGREEMENT

Based upon the preceding stipulations and conclusions, the Commission and Respondent agree to the following:

4.1 Respondent agrees to the oversight of the Commission by this Agreed Order for a period of probation of two (2) years. During this period the Commission may perform a review of Respondent's practice every six (6) months, starting from the date of acceptance of this Agreed Order, for the purpose of insuring that all terms are met.

4.2 Respondent agrees not to treat or prescribe for patients under the age of 18 years during this period of probation, nor thereafter.

4.3 Respondent agrees that to terminate this Agreed Order, he will submit to the Commission a "Petition for Release and Termination of Agreed Order". The petition shall be filed with the Adjudicative Clerk Office when he has fully completed the requirements of the order. Respondent may submit a petition no sooner than two (2) years from the date of acceptance of this order. Termination of and release from this Agreed Order is subject to Respondent's full and successful completion of the terms of this Agreed Order as determined by the Commission.

4.4 Respondent agrees that should he breach the terms of this Agreed Order, the Commission may determine that he is out of compliance and subsequently issue a Statement of Charges, pursuant to RCW 18.130.180(9). In the alternative, the Commission may issue a Notice of Determination that reflects Respondent's failure to comply with the terms of this Agreed Order. The Commission would then make the Brief Adjudicative Procedure available to Respondent pursuant to RCW 34.05.482 and WAC 246-11-420.

4.5 Respondent agrees to obey all federal and Washington State laws and administrative rules regulating the profession of medicine.

4.6 Respondent agrees to inform the Commission of any changes in his residential and business addresses.

4.7 Respondent agrees that prior to or no later than ten (10) days after the effective date of this order, if he has not done so already, he shall fully complete the attached Healthcare Integrity and Protection Data Bank Reporting Form (Section 1128 of the Social Security Act), and return it to the Commission's Disciplinary Program Manager.

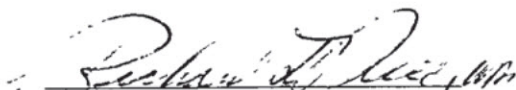
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Section 5: RESPONDENT'S ACCEPTANCE

I, Richard F. Price, MD, respondent, hereby certify that I have read this Stipulated Findings of Fact, Conclusions of Law, and Agreed Order in its entirety. My counsel of record, Philip VanDerhoef, has fully explained the legal significance and consequence of this Agreed Order. I fully acknowledge and accept all the stipulations and waivers, agree to the terms, and approve for entry this Agreed Order. Further, I understand that presentation of this Agreed Order may be made without my appearance before the Commission, unless I desire to appear or I am requested to appear by the Commission. I, therefore, waive notice of the presentation of this matter and my appearance before the Commission.

Signed:

Dated this 9th day of October, 2002.


Richard F. Price, MD


Philip J. VanDerhoef, Attorney for Dr. Price

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OCT 15 2002
FIRM SHELDON ANDERSON
& VANDERHOEF, PLLC

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Section 6: AGREED ORDER

The Commission accepts the resolution of this matter by this Stipulated Findings of Fact, Conclusions of Law, and Agreed Order.

IT IS ORDERED, that all parties shall be bound by the terms and conditions set forth in Section 4. The probation period shall commence as of the date this order is signed.

DATED this 11th day of October, 2002.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

By: E. J. Espinosa, M.D.
Panel Chairman

Prepared and Presented by:

Michael L. Bahn
Michael L. Bahn, WSBA #16009
Staff Attorney
MQAC/DOH

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FOR AGENCY'S INTERNAL USE ONLY

Program File No. 00-07-0075MD

REDACTED



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Richard F. Price, MD
Docket No.: 02-02-A-1064MD
Document: Order Denying Motion for Release from Commission Order

Regarding your request for information about the above-named practitioner, 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 Deputy Secretary, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License Application to Practice as a Physician and Surgeon of:)	
)	Docket No. 02-02-A-1064MD
)	
RICHARD F. PRICE, M.D.,)	ORDER DENYING MOTION
License No. MD00009094,)	FOR RELEASE FROM
)	COMMISSION ORDER
Respondent.)	
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APPEARANCES:

Respondent, Richard F. Price, M.D., pro se

Department of Health-Medical Program, by
Michael Bahn

PRESIDING OFFICER: Arthur E. DeBusschere, Health Law Judge

COMMISSION PANEL: Kenneth Cogen, M.D., Panel Chair
Karl Forch, PA-C
Douglas Yoshida, M.D., J.D.
Fredrick Dore, M.D.,

The Medical Quality Assurance Commission (the Commission) convened a hearing on April 7, 2005 in Renton, Washington. The Reviewing Commission Member, Mike Snell, Public Member, was present but did not participate in the decision. The Commission denied the Respondent's Motion.

Based upon the consideration of the evidence presented at the hearing and the files and records herein, the Commission hereby issues the following:

I. PROCEDURAL HISTORY AND FINDINGS OF FACT

1.1 On April 29, 2002, the Department issued Statement of Charges alleging that the Respondent's conduct was unprofessional in violation of the Uniform

Disciplinary Act (the UDA), chapter 18.130 RCW. Subsequently, the Commission approved the Stipulated Findings of Fact, Conclusions of Law and Agreed Order (the Agreed Order), dated October 11, 2002. The stipulated findings stated in part that the Respondent as a child psychiatrist put Patients One through Ten at risk of harm and/or exacerbated their mental health problems.

1.2 Under the terms of the Agreed Order, the Respondent's license was placed on probation for a minimum of two years. The conditions of the probation included, *inter alia*, that the Commission may perform a review of the Respondent's practice every six (6) months. The Agreed Order required the Respondent to comply with all federal and state laws and rules regulating the profession. The Agreed Order also stated that the Respondent was not to treat or prescribe for patients under the age of 18 years during the period of probation, nor thereafter.

1.3 On January 4, 2005, Lynn Larsen-LeVier issued a Compliance Report dated January 4, 2005. The Compliance Report only reported that the Respondent was not treating patients under the age of 18 years and Respondent was performing social security examinations. It did not include information about Respondent's treatment of other patients and a review of such practices. In particular, it failed to include a review and assessment of the Respondent's treatment records concerning two patients that the Respondent sees at a coffee shop. At the hearing, the Respondent failed to provide an appropriate justification for seeing these two patients in such a setting and failed to provide an adequate explanation of medication(s) being prescribed for them. Based upon the Compliance Report, the practice review was incomplete.

1.4 On February 11, 2005, the Respondent filed a letter requesting release from the Agreed Order.

1.5 The Adjudicative Service Unit issued a Notice of Hearing scheduling a hearing on the Respondent's Motion for Reinstatement for April 7, 2005. At the hearing, the Respondent testified on his own behalf. The Department had no objections to the Respondent's motion.

II. CONCLUSIONS OF LAW

2.1 The Commission has jurisdiction over Respondent and over the subject matter herein. As provided by RCW 18.71.019, the UDA (Chapter 18.130 RCW) governs the discipline of physician license by the Commission.

2.2 The Commission has authority to fashion appropriate remedies in disciplining the Respondent including, without limitation, imposing restrictions on the Respondent's practice. The Agreed Order provided for restrictions and/or conditions on the Respondent's license. The Commission must also consider what is necessary to protect the public. RCW 18.130.160. Here, the Commission must have a complete review of the Respondent's practice. This is necessary for a full successful completion of the terms of the Agreed Order and to protect the public.

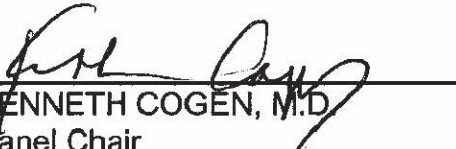
2.3 Further, in this case, the review of the Respondent's practice was incomplete. The Commission concludes that the Respondent failed to show that there is full compliance with the Agreed Order. An order should be entered denying the Respondent's Motion for Release. An updated practice review should be completed and submitted to the Commission. Upon receipt of an updated practice review

addressing the concerns stated above, the Department and/or the Respondent may renew the Motion for Release and request a hearing before the Commission.

III. ORDERS

Based on the above, the Commission hereby ORDERS that the Respondent's Motion for Release is DENIED.

Dated this 24th day of April, 2005.


KENNETH COGEN, M.D.
Panel Chair

FOR INTERNAL USE ONLY: (Internal tracking numbers) Program No. 2000-07-0075
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NOTICE TO PARTIES

This order is subject to the reporting requirements of RCW 18.130.110, Section 1128E of the Social Security Act, and any other applicable interstate/national reporting requirements. If adverse action is taken, it must be reported to the Healthcare Integrity Protection Data Bank.

Either party may file a **petition for reconsideration**. RCW 34.05.461(3); 34.05.470. The petition must be filed within 10 days of service of this Order with:

Adjudicative Service Unit
P.O. Box 47879
Olympia, WA 98504-7879

and a copy must be sent to:

Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866

The petition must state the specific grounds upon which reconsideration is requested and the relief requested. The petition for reconsideration is considered denied 20 days

after the petition is filed if the Adjudicative Service Unit has not responded to the petition or served written notice of the date by which action will be taken on the petition.

A **petition for judicial review** must be filed and served within 30 days after service of this order. RCW 34.05.542. The procedures are identified in chapter 34.05 RCW, Part V, Judicial Review and Civil Enforcement. A petition for reconsideration is not required before seeking judicial review. If a petition for reconsideration is filed, however, the 30-day period will begin to run upon the resolution of that petition. RCW 34.05.470(3).

This order remains in effect even if a petition for reconsideration or petition for review is filed. "Filing" means actual receipt of the document by the Adjudicative Service Unit. RCW 34.05.010(6). This order was "served" upon you on the day it was deposited in the United States mail. RCW 34.05.010(19).



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Richard F. Price, M.D.,
Docket No.: 02-02-A-1064MD
Document: Order On Requests For Termination Of Commission Order

Regarding your request for information about the above-named practitioner, 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:

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**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice)
as a Physician and Surgeon of:)
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RICHARD F. PRICE, M.D.,)
License No. MD00009049,)
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Respondent.)
_____)

Docket No. 02-02-A-1064MD

ORDER ON REQUEST FOR
TERMINATION OF COMMISSION
ORDER

APPEARANCES:

Respondent, Richard F. Price, M.D., pro se

Department of Health Medical Program, by
Michael Bahn, Staff Attorney

PRESIDING OFFICER: Michael T. Concannon, Health Law Judge

COMMISSION PANEL: James Cook, M.D., Panel Chair
Chelle Moat, M.D.
Karl Forch, PA-C
Judy Tobin (Public Member)
Cabell Tennis (Public Member)
Sunanda Uberoi, M.D.
Gilbert Rodriguez, M.D.

The Medical Quality Assurance Commission (the Commission) convened a hearing on April 28, 2006, in Renton, Washington. The Reviewing Commission Member, Michael Snell, was not present and did not participate in the decision. The license of Richard F. Price, M.D. previously subject to probation and disciplinary restrictions, is REINSTATED WITHOUT RESTRICTION.

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Based on consideration of the evidence presented at the hearing and the files and records herein, the Commission hereby issues the following:

PROCEDURAL HISTORY

On or about April 29, 2002, the Commission issued a Statement of Charges against the Respondent, alleging that the Respondent had committed unprofessional conduct in his practice through inappropriate prescribing practices for ten juvenile psychiatric patients at the Maple Lane School in Centralia, Washington. On October 11, 2002, a Stipulated Findings of Fact, Conclusions of Law and Agreed Order was entered among the Department, the Commission, and the Respondent (the Prior Order) in which the Respondent was required, *inter alia*, to be subject to practice reviews every six months, not treat or prescribe for patients under the age of 18, and be subject generally to probationary oversight for a period of two years.

In an April 2005 appearance before the Commission, as a result of an incomplete explanation by the Respondent of his prescribing and approach to two patients that was not cleared up in a practice review at that time, the Respondent failed to have the Commission agree to an end of the probation. After a December 2005 practice review and compliance report, the Respondent has renewed his request (the Termination Request) to show completion of the Prior Order's requirements. On April 19, 2006, the Adjudicative Service Unit issued a Notice of Modification/Reinstatement Hearing, setting the hearing on the Termination Request for April 28, 2006.

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At the hearing, the Department and the Respondent set forth their respective arguments, the Respondent testified on his own behalf, and the Commission considered the Respondent's current status and the provisions of the Prior Order.

The record for consideration of this Termination Request consists solely of the disciplinary packet provided to the Commission members in advance of the hearing (Exhibit A).

I. FINDINGS OF FACT

1.1 The Respondent is a physician duly licensed as a physician and surgeon in the state of Washington, and his practice has been subject to the continuing discipline of the Prior Order.

1.2 The Respondent has complied with the requirements of the Prior Order. Currently, his only medical practice is providing social security disability evaluations on a contract, working approximately 30 hours a month. The Respondent has applied for some *locum tenens* work but has been denied because of the disciplinary restrictions and the ongoing impact of the Prior Order. The Respondent has no intention of resuming any private or public practice that could involve children/juveniles and the prescribing of psychiatric medications for that patient population.

1.3 The Department supports the Termination Request as both timely and appropriate. The Commission agrees, and finds the Respondent's medical license should no longer be subject to any disciplinary restriction.

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II. CONCLUSIONS OF LAW

2.1 The Commission has jurisdiction over the Respondent and over the subject matter herein. As provided by RCW 18.71.019, the Uniform Disciplinary Act (UDA) (Chapter 18.130 RCW) governs the discipline of physician licensees by the Commission.

2.2 RCW 18.130.160 permits the Commission to fashion appropriate remedies in disciplining the Respondent including, without limitation, imposing restrictions or limitations on the Respondent's practice. The Prior Order provided for restrictions and/or limitations on the Respondent's practice, and the Commission must consider what is necessary to protect the public in imposing (or continuing) sanctions. RCW 18.130.160.

2.3 Based on the Findings of Fact, the Commission concludes that an order should be entered granting the Termination Request.

III. ORDER

Based on the foregoing Procedural History, Findings of Fact, and Conclusions of Law, the Commission makes the following order:

The Termination Request of the Respondent, Richard F. Price, M.D., is GRANTED. The Respondent thereby has an unrestricted license to practice as a

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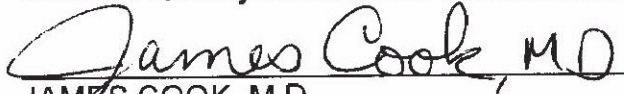
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physician and surgeon in the state of Washington. The effective date of the termination of the discipline imposed by the Prior Order is April 28, 2006.

Dated this 8 day of May, 2006.

Medical Quality Assurance Commission



JAMES COOK, M.D.
Panel Chair

FOR INTERNAL USE ONLY: (Internal tracking numbers)
Program No. 2000-07-0075

NOTICE TO PARTIES

This order is subject to the reporting requirements of RCW 18.130.110, Section 1128E of the Social Security Act, and any other applicable interstate/national reporting requirements. If adverse action is taken, it must be reported to the Healthcare Integrity Protection Data Bank.

Either party may file a **petition for reconsideration**. RCW 34.05.461(3); 34.05.470. The petition must be filed within 10 days of service of this Order with:

The Adjudicative Service Unit
P.O. Box 47879
Olympia, WA 98504-7879

and a copy must be sent to:

Medical Quality Assurance Commission
P.O. Box 47866
Olympia, WA 98504-7866

The petition must state the specific grounds upon which reconsideration is requested and the relief requested. The petition for reconsideration is considered denied 20 days after the petition is filed if the Adjudicative Service Unit has not responded to the petition or served written notice of the date by which action will be taken on the petition.

A **petition for judicial review** must be filed and served within 30 days after service of this order. RCW 34.05.542. The procedures are identified in

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chapter 34.05 RCW, Part V, Judicial Review and Civil Enforcement. A petition for reconsideration is not required before seeking judicial review. If a petition for reconsideration is filed, however, the 30-day period will begin to run upon the resolution of that petition. RCW 34.05.470(3).

This order remains in effect even if a petition for reconsideration or petition for review is filed. "Filing" means actual receipt of the document by the Adjudicative Service Unit. RCW 34.05.010(6). This order was "served" upon you on the day it was deposited in the United States mail. RCW 34.05.010(19).