



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Olympia, Washington 98504

RE: Mark I. Anderson, MD  
Master Case No.: M2016-553  
Document: 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  
MEDICAL QUALITY ASSURANCE COMMISSION**

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

**MARK I. ANDERSON, MD**  
License No. MD60194935

Respondent.

**No. M2016-553**

**STIPULATION TO INFORMAL  
DISPOSITION**

Pursuant to the Uniform Disciplinary Act, Chapter 18.130 RCW, the Medical Quality Assurance 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 Stipulation to Informal Disposition (Stipulation) is not formal disciplinary action and shall not be construed as a finding of unprofessional conduct or inability to practice.

**1. ALLEGATIONS**

1.1 On November 9, 2010, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent is board certified in urology. Respondent's license is currently active.

1.2 On January 25, 2016, at 2:08 AM, Patient A reported to the Emergency room (ER) for treatment of the ingestion of a large dose of Zoloft in an apparent suicide attempt. The medication had been prescribed by Respondent. Patient A reported that she took the medication approximately four hours prior to her arrival at the Emergency Room. According to the ER record, Patient A indicated that she had a twenty-seven year history of depression.

1.3 ER notes indicated that Patient A suffered nausea, vomiting, and tachycardia. After successful treatment of Patient A's drug ingestion, she was still deemed to be at risk for suicide and inpatient treatment was recommended. Patient A was stabilized after a course of inpatient treatment and subsequently discharged.

1.4 On March 21, 2016, Respondent told the Commission that Patient A has received a consistent dose of Zoloft from primary care providers for approximately eight to ten years for treatment of depression. Respondent indicated that he provided Patient A with prescriptions for Zoloft on two or three occasions since 2010 to avoid

interruptions in her ongoing regimen, due to difficulties establishing timely medical appointments and changes with insurance provider procedures. When writing Patient A's prescription for Zoloft, Respondent used his typical prescription language allowing renewals to be refilled for up to one year. Respondent did not document the prescriptions or physical assessment of Patient A in the medical record.

1.5 Respondent failed to meet the standard of care in prescribing Zoloft for Patient A when Respondent provided her, a patient with a 27-year history of depression, with a year supply of medication on several occasions without proper evaluation or follow-up of her condition.

## 2. STIPULATION

2.1 The Commission alleges that the conduct described above, if proven, would constitute a violation of RCW 18.130.180 (4).

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

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

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

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

2.6 The Statement of Allegations and this Stipulation are public documents. They 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). They are 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.

2.7 The Commission agrees to forego further disciplinary proceedings concerning the allegations.

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

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

### 3. INFORMAL DISPOSITION

The Commission and Respondent stipulate to the following terms:

3.1 **Compliance Orientation.** Respondent shall complete a compliance orientation in person or by telephone within sixty (60) days of the effective date of this Stipulation. Respondent must contact the Compliance Unit at the Commission by calling 360-236-2763, or by sending an email to: [Medical.compliance@doh.wa.gov](mailto:Medical.compliance@doh.wa.gov) within ten (10) days of the effective date of this Stipulation. Respondent must provide a contact phone number where Respondent can be reached for scheduling purposes.

3.2 **Prescribing course.** Within six (6) months of the effective date of this Stipulation, Respondent must successfully complete a live/ in-person course on prescribing medications that is pre-approved by the Commission. The Physician Assessment and Clinical Education (PACE) prescribing course is pre-approved. The course must address the regulations and expectations of physician prescribing, including prescribing for family members, and prescribing for individuals with whom there is no doctor-patient relationship. Within thirty (30) days of successfully completing the course, Respondent must file documentation affirming his successful completion of the course with the Commission. If not successfully completed, the Commission may direct Respondent to re-take the same or a similar prescribing course at Respondent's expense.

3.3 **Paper.** Respondent must submit a scholarly paper of not less than one thousand (1,000) words, plus bibliography, addressing the risks of prescribing medications without appropriate clinical oversight and recordkeeping, and incorporating applicable principles of the Commission's Policy on Self-Treatment or Treatment of Immediate Family Members, MD2013-03 (accessible on the Commission's website). The paper must also address the principles covered in the prescribing course listed in 3.1. The paper must be completed within nine (9) months from the effective date of this Stipulation. The paper must be submitted to the Commission or its designee for approval, in both electronic and printed format, to the respective address below:

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1. Medical.compliance@doh.wa.gov
2. Compliance Officer  
Medical Quality Assurance Commission  
P.O. Box 47866  
Olympia, Washington 98504-7866.

3.4 **Cost Recovery.** Respondent will pay \$1,000.00 to the Commission as partial reimbursement of some of the costs of investigating and processing this matter. Payment must be by certified or cashier's check made payable to the Commission, and must be received by the Department of Health within ninety (90) days of the effective date of this Stipulation. Respondent must send payment to:

Department of Health  
Medical Quality Assurance Commission  
P.O. Box 1099  
Olympia, Washington 98507-1099.

3.5 **Personal Appearances.** Respondent must personally appear before the Commission in approximately six (6) months, or as soon thereafter as the Commission's schedule permits. The purpose of appearances is to provide meaningful oversight of Respondent's compliance with the requirements of this Stipulation. Evidence and testimony will be accepted regarding Respondent's compliance. Thereafter, Respondent must make personal appearances annually or as frequently as the Commission otherwise requires until the Commission terminates this Stipulation, unless the Commission waives the need for an appearance. Dates and locations of appearances will be determined by the Commission.

3.6 **Obey Laws.** Respondent must obey all federal, state and local laws and all administrative rules governing the practice of the profession in Washington.

3.7 **Costs.** Respondent must assume all costs of complying with this Stipulation.

3.8 **Violations.** If Respondent violates any provision of this Stipulation in any respect, the Commission may initiate further action against Respondent's license.

3.9 **Change of Address.** Respondent must inform the Commission and the Adjudicative Clerk Office in writing, of changes in his residential and/or business address within thirty (30) days of such change.

3.10 **Effective Date.** The effective date of this Stipulation is the date the Adjudicative Clerk Office places the signed Stipulation into the U.S. mail. If required, Respondent shall not submit any fees or compliance documents until after the effective date of this Stipulation.

3.11 **Termination of Stipulation.** Respondent may petition the Commission in writing to terminate this Stipulation after completing all of the requirements set forth above. The Commission will issue a notice indicating a date and time for the Respondent to appear, unless the Commission waives the need for an appearance.

#### **4. COMPLIANCE WITH SANCTION RULES**

4.1 The Commission applies WAC 246-16-800, *et seq.*, to determine appropriate sanctions, including Stipulations to Informal Dispositions under RCW 18.130.172. Respondent's alleged conduct falls under Tier A of the "Practice Below Standard of Care" schedule, WAC 246-16-810. Respondent allegedly failed to use good judgment by providing Patient A with prescriptions allowing refills up to one year, and failed to appropriately document prescriptions in the medical record. The alleged conduct caused a risk of minimal patient harm. Tier A therefore applies.

4.2 WAC 246-16-800(3)(c) directs the Commission to identify aggravating or mitigating factors to determine appropriate sanctions. It is mitigating that Respondent has no prior complaints or disciplinary record and has cooperated with the Commission in the investigation of this matter. The Commission did not identify any aggravating factors.


4.3 Tier A sanctions range from zero to three years of oversight. WAC 246-16-800(3)(d) states that the starting point for the duration of oversight is the middle of the range and then aggravating and mitigating factors move the appropriate sanctions towards the maximum or minimum ends of the range. The mitigating factors noted in this case justify a duration at the bottom of the sanction range. Respondent may petition for termination as soon as all requirements are completed. This Stipulation requires submission of a written paper, completing a prescribing course, personal appearances, and cost recovery. The sanctions stated in this Stipulation are sufficient to protect the public and ensure that similar alleged violations do not occur.

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5. RESPONDENT'S ACCEPTANCE

I, MARK I. ANDERSON, MD, Respondent, certify that I have read this Stipulation 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 Stipulation, I understand that I will receive a signed copy.

  
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MARK I. ANDERSON, MD.  
RESPONDENT

25 July 2016  
DATE

  
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CAROL SUE JANES, WSBA #16557  
ATTORNEY FOR RESPONDENT

July 26, 2016  
DATE

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**6. COMMISSION'S ACCEPTANCE**

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

DATED: 8/11, 2016.

STATE OF WASHINGTON  
MEDICAL QUALITY ASSURANCE COMMISSION

MD Johnson MD  
PANEL CHAIR

PRESENTED BY:

Seana Reichold  
SEANA REICHOLD, WSBA NO. 49163  
COMMISSION STAFF ATTORNEY