## CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Robert K. Killian, M.D.
901 Boren Avenue, Suite 712
Seattle, WA 98104
Re: License No. 200352
Dear Dr. Killian:
Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 14-102. This order and any penalty provided therein goes into effect May 2, 2014.

If the penalty imposed by this Order is a surrender, revocation or suspension, you are required to deliver your license and registration within five (5) days of receipt of this Order to: c/o Physician Monitoring Unit, NYS DOH - OPMC, Riverview Center, Suite 355, 150 Broadway, Albany, NY 12204-2719.

If your license is framed, please remove it from the frame and only send the parchment paper on which your name is printed. Our office is unable to store framed licenses.

If the document(s) are lost, misplaced or destroyed, you are required to submit to this office an affidavit to that effect. Enclosed for your convenience is an affidavit. Please complete and sign the affidavit before a notary public and return it to the Office of Professional Medical Conduct.

Please direct any questions to: Board for Professional Medical Conduct, 90 Church Street, 4th Floor, New York, NY 10007-2919, telephone \# 212-417-4445.

Sincerely,
REDACTED
Katherine A. Hawkins, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct
Enclosure

IN THE MATTER OF
ROBERTK. KILLIAAN, M.D.

## SURRENDER

ORDER

Upon the application of ROBERT K. KILLIAN, M.D. to Surrender his llcense as a physician in the State of New York, which is made a part of this Surrender Order, it is

ORDERED, that the Surrender, and its terms, are adopted and it is further ORDERED, that Respondent's name be stricken from the roster of physicians in the State of New York; it is further ORDERED, that this Order shall be effective upon issuance by the Board, either

- by malling of a copy of this Surrender Order, either by first class mail to Respondent at the address in the attached Surrender of License application or by cartified mail to Respondent's attorney, OR
- upon facsimile transmission to Respondent or Respondent's attorney, Whichever is first.
SO ORDERED.

DATE: $4 / 25 / 2014$

REDACTED
ARTHUR S. HENGERER, M.D. Chair
State Board for Professional Medical Conduct

'ROBERT K. KILLIAN, M.D., represents that all of the following statements are true:
That on or about August 2, 1996, I was licensed to practice as a physician in the State of New York, and issued License No. 200352 by the New York State Eiducation Department.

My current address is 901 Boren Avenue $\begin{aligned} & \text { \#712, Seattie, WA } 98104 \text {, and I will advise }\end{aligned}$ the Director of the Office of Professional Medical Conduct of any change of address.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with one or more specirications of professional misconduch, as set forth in a Staternent of Charges, marked as Exhibit "A", which is attached to and part of this Surrender of License.

I am applying to the State Board for Professional Medical Conduct for permission to surrender my license as a physician in the State of New York on the grounds that I do not contest the charge(s) against me.

I ask the Board to accept my Surrender of License, and I agree to be bound by all of the terms set forth in attached Exhibit " $B$ ".

I understand that, if the Board does not accept my Surrender of License, none of its terms shail bind me or constitute an admission of any of the acts of misconduct alleged;
this application shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to the Public Health Law.

I agree that, if the Board accepts my Surrender of License, the Chair of the Board shall issue a Surrender Order in accordance with its terms. I agree that this Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Surrender Order by first class mail to me at the address in this Surrender of License, or to my attorney by cartified mail, or upon facsimile transmission to me or my attorney, whichever is first. The Surrender Order, this agreement, and all attached exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on the Department's website(s). OPMC shall report this action to the National Practitioner Data Bank, the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

I ask the Board to accept this Surrender of License, which I submit of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's acceptance of this Surrender of License, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Surrender Order for which I apply, whether administratively or judicially, and I agree to be bound by the Surrender Order.

I understand and agree that the attorney for the Department, the Director of the Office of Professional Medical Conduct and the Chair of tha State Board for Professional Medical Conduct each retain complete discretion either to enter into the proposed

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agreement and Order, based upon my application, or to decline to do so. 1 further understand and agree that no prior or separate written or oral communication can limit that discretion.


The undersigned agree to Respondent's attached Surrender of License and Order and to its proposed penaliy, terms and conditions.

DATE: April 18, 2014
REDACTED
PAULTSUl
Associate Counsel
Bureau of Professional Medical Conduct

DATE: $4 / 23 / 14$
REDACTED
K点不H W. SERVIg
Director
Office of Professional Medical Conduct

## EXHIBIT A

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

| IN THE MATTER | STATEMENT |
| :---: | :--- |
| OF | OF |
| ROBERT KILLIAN, M.D. <br> CO-13-04-1960-A | CHARGES |

ROBERT KILLLAN, M.D., Respondent, was authorized to practice medicine in New York state on August 2, 1995, by the issuance of license number 200352 by the New York State Education Department.

## FAGTUAL ALLEGATIONS

A. On or about March 27, 2013, the State of Washington, Depariment of Health. Medical Quality Assurance Commission (hereinafter "Washington Board"), by Suipulated Findings of Fact, Conclusions of Law and Agreed Order (hereinarter "Washington Order"\% inter alia, placed Respondent on probation for two (2) years subject to certain terms and conditions; and ordered Respondent to pay a $\$ 1,000.00$ fine based upon his misuse of prescriptive authority from on or about July 2007 to on or about March 2011 to order large quantitites of controlled substances with intent to divert those drugs for his own personal use as well as Respondent's abandonment of two patients.
B. The conduel resulting in the Washington Board disciplinary action against Respondent would constitute misconduct under the laws of New York State, pursuant to the following sections of New York State law:

1. New York Education Law $\mathbf{\$ 6 5 3 0 ( 2 )}$ (Practicing the profession fraudulently);
2. New York Education Law $\$ 6530$ (3) (Practicing the profession with negligence on more than one occasion); and/or
3. New York Education Law §6530(30) (Abandoning or neglecting a patient under and in need of immediale professional care, without making reasonable arrangernents for the continuation of such cars):

## SPECIFCATION

Respondent violated Now York Education Law $\S 6530(9)($ d) by having disciplinary action taken by a duly authorized disciplinary agency of another state, where the conduct resulting in the disciplinary action would, if commilted in New York State, constitute professional misconduct inder the laws of New York State, in that Petitioner charges:

1. The facts in Paragraphs A and $\mathrm{B} \& \mathrm{~B} 1$, and/or A and $\mathrm{B} \& \mathrm{~B}$, and/or A and $\mathrm{B} \& \mathrm{~B} 3$.

Dated: Apul 2/. 2014
Albany, New York
REDACTED
michael A. HISER
Deputy Counsel
Bureau of Professional Medical Conduct

## EXHIBIT "B"

## Recuirements for Closing a Medical Practice Following a Revocation. Surrender, Limitation or Suspension of a Medical License

1. Licensee shall immediately cease and desist from engaging in the practice of medicine in New York State, or under Licensee's New York license, in accordance with the terms of the Order. In addition, Licensee shall refrain from providing an opinion as to professional practice or its application and from representing that Licensee is elligible to practice medicine.
2. Within 5 days of the Order's effective date, Licensea shall deliver Licensee's original license to practice medicine in New York State and current biennial registration to the Office of Professional Medical Conduct (OPMC) at Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719.
3. Within 15 days of the Order's affective date, Licensee shall notify all patients of the cessation or limitation of Licensee's medical practice, and shall refer all patients to another licensed practicing physician for continued care, as appropriate. Licensee shall notify, in writing, each health care plan with which the Licensee contracts or is employed, and each hospital where Licensee has privileges, that Licensee has ceased medical practice. Within 45 days of the Order's effective date, Licensee shall provide OPMC with written documentetion that all patients and hospitals have been notified of the cessation of Licensee's medical practice.
4. Licensee shall make arrangements for the transifer and maintenance of all patient medical records. Within 30 days of the Order's effective date, Licensee shall notify OPMC of these arrangements, including the name, address, and telephone number of an appropriate and acceptable contact person who shall have access to these records. Original records shall be retained for at least 6 years after the last date of service reridered to a patient or, in the case of a minor, for at least 6 years atter the last date of service or 3 years after the patient reaches the age of majority, whichever time pariod is longer. Records shail be maineained 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 fonwarded at a reasonable cost to the patient (not to exceed 75 cents per page.) Radiographic, sonographic and similar materials shall be provided at cost. A qualified person shall not be denied access to patient information sclely because of an inability to pay.
5. In the event that Licensee holds a Drug Enforcement Administration (DEA) certificate for New York State, Licensee shall, within 15 days of the Order's effective date, advise the DEA, in writing, of the licensure action and shall surrender Licensee's DEA controlled substance prlvileges for New York Stata to the DEA. Licensee shall promptly surrender any unused DEA $\$ 222$ U.S. Official Order Forms Schedules 1 and 2 for New York State to the DEA. All submissions to the DEA shall be addressed to Diversion Program Manager, New York Field Diviston, U.S. Drug Enforcement Administration, 99 Tenth Avenue, New York, NY 10011.
6. Within 15 days of the Order's affective date, Licensee shall return any unused New York State afficial prescription forms to the Bureau of Narcotic Enforcement of the New York State Department of Health. If no other. licensee is providing services at Licensee's practice locảtion, Licensee shall properly dispose of all medications.
7. Within 15 days of the Order's effective date, Licensee shall remove from the public domain any representation that Licensee is eligible to practice medicine, including all related signs, advertisements, professional listings (whether in telephone directories, internet op otherwisa), professional stationery or billings. Licensee shall not share, occupy, or use office space in which another licensee provides health care services.
8. Licensee shall not charge; recsive or share any fee or distribution of dividends for professional services rendered by Licensee or others while Licensee is barred from engaging in the practice of medicine. Licensee may be compensated for the reasonable value of services lawfully rendered, and disbursements incurred on a patient's behalf, prior to the Order's effective date.
9. If Licensee is a shareholder in any professional service corporation organized to engage in the practice of medicine, Licensee shall divest all financial interest in the professional services corporation, in accordance with New York Business Corporation Law. Such divestiture shall occur within 90 days. If Licensee is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within 90 days of the Order's effective date.
10. Failure to comply with the above directives may result in a civil penalty or criminal penalties as may be authorized by governing law. Under N.Y. Educ. Law $\$ 6512$, it is a Class E Felony, punishable by imprisonment for up to 4 years, to practice the profession of medicine when a professional license has been suspended, revoked or annulled. Such punishment is in addition to the penalties for professional misconduct set forth in N. Y. Pub. Heaith Law § 230-a, which include fines of up to $\$ 10,000$ for each specification of charges

