

**STATE OF VERMONT
BOARD OF MEDICAL PRACTICE**

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In re: William F. Long, MD)	Docket No. MPC 039-0522,
)	MPC 043-0522, and MPC 045-0522

STIPULATION AND CONSENT ORDER

NOW COME William F. Long, MD and the Vermont Board of Medical Practice and agree and stipulate as follows:

1. William F. Long, MD, (“Respondent”) of St. Johnsbury, Vermont holds Vermont medical license number 042.0009733 first issued by the Vermont Board of Medical Practice on August 10, 1998. Respondent is a physician who describes his current medical practice as devoted to providing therapeutic mental health services to patients.

2. Jurisdiction in this matter vests with the Vermont Board of Medical Practice (“the Board”) pursuant to 26 V.S.A. §§ 1353-1354, 1370-74 and 3 V.S.A. §§ 809-814, and the Rules of the Board of Medical Practice, Section 40.1.2.

FINDINGS OF FACT

3. Respondent is a solo practitioner in St. Johnsbury, Vermont, providing mental health services. He was originally trained as a physician specializing in obstetrics and gynecology, although he no longer practices or retains board certification in that field.

4. Respondent entered into a prior Stipulation and Consent Order that was approved by the Board on June 2, 2021. The Stipulation addressed Respondent’s prescribing practices

related to the care he provided to seven patients who all had active substance use disorders. As a result of the above-referenced Stipulation, Respondent was reprimanded by the Board and permanently prohibited from prescribing opioids. Respondent was also required to take two CME courses on (1) professional boundaries and enabling, and (2) responsible prescribing to prevent diversion or misuse of controlled substances; have a professional mentorship for a period of three years; a practice monitor for five years; and pay an administrative penalty of \$5,000. The Stipulation and Consent Order was later amended on August 4, 2021 to allow the same individual to be Respondent's mentor and practice monitor at the discretion of the Board.

5. One of the patients for whom the Board found Respondent grossly violated the standard of care was referred to in the June 2021 stipulation as "Patient 1." The stipulation included further findings that Respondent committed unprofessional conduct during the course of Patient 1's treatment by failing to follow numerous provisions of the Vermont Department of Health's Rule Governing the Prescribing of Opioids for Pain when prescribing opioids to Patient 1, and failing on multiple occasions to query the Vermont Prescription Monitoring System as required during the course of her treatment in violation of the Vermont Prescription Monitoring System Rule.

6. In May of 2022, the Board received information from Patient 1 and her partner, also a patient of Respondent's and herein referred to as "Patient 2," that Respondent had not been forthright with the Board during the prior investigation about the circumstances of the medical care he provided to them. Patient 1 also alleged that since the last Board investigation Respondent had failed to produce her medical records when she requested them through her attorney. The matter was assigned to the Central Investigative Committee of the Board ("the Committee") for further investigation. The parties entered into a Cessation of Practice

Agreement that was approved by the Board on June 1, 2022, while this matter was under investigation.

7. The Committee reviewed medical records of the medical care Respondent provided to Patient 1, Patient 2, and their adult son (hereafter “Patient 3”) as well as financial records of Respondent’s pertaining to these patients. That investigation identified multiple forms of unprofessional conduct including the following practice deficiencies, as well as instances in which Respondent withheld relevant information from the Board during the course of the prior investigation.

8. Respondent failed to produce a copy of Patient 1’s medical record upon her request. Patient 1 made the request in a letter from her attorney dated February 16, 2022 with an attached signed medical authorization form from Patient 1. Respondent did not produce Patient 1’s records to her until May 27, 2022, over three months after her initial request. In an interview with the Board’s investigator, Respondent stated that his reason for not producing the records upon request was that it would require producing approximately a hundred and fifty pages and he “just hoped it would go away.”

9. Respondent rented a property he owned to Patient 1 and Patient 2 in 2017, making him their landlord in addition to being their treating mental health provider. He performed physical examinations of Patient 1 and Patient 2 based on their complaints of various physical ailments while acting as their landlord. Patient 3 also lived at that residence.

10. Respondent did not disclose that he was renting property to Patient 1 and Patient 2 during the course of the prior Board investigation in 2019. Respondent’s rental arrangement with Patient 1 and Patient 2 was pertinent to issues under investigation. The medical records that

Respondent provided to the Board for Patient 1 and Patient 2 frequently reference housing in a manner that obscures the fact that he was their landlord from 2017 onward. The Committee finds this conduct by Respondent constituted dishonesty during its prior investigation.

11. Respondent filed eviction paperwork on November 16, 2021 to evict Patient 1 and Patient 2 from the rental residence and to seek monetary damages from Patient 1 and Patient 2 in the form of unpaid rent with interest and compensation for any damage to the premises. Respondent also took this action with knowledge that if successful this eviction would result in a loss of housing for Patient 3, who resided with Patient 1 and Patient 2.

12. Respondent continued to provide mental health treatment to Patient 1, Patient 2, and Patient 3 after filing the complaint for eviction and monetary damages. This included an appointment with Patient 3 on November 16, 2021 the day that he filed the eviction paperwork. Respondent failed to record that he was pursuing this civil action against Patient 1 or Patient 2 in the medical records of these three patients or to document any potential mental health treatment implications of his court filing upon Patient 1, Patient 2, and Patient 3.

13. Respondent also wrote checks for large sums of money to Patient 1 and Patient 2 that started on or about the inception of his treatment relationship with these patients. These checks were issued on a regular basis and lasted until November 2021, eventually totaling approximately \$489,000.00.¹

14. The medical records that Respondent provided to the Board for Patient 1 and Patient 2 during the 2019 investigation frequently reference their financial situation in a manner that obscures the fact that he was writing large checks to both of them on a regular basis. He

¹ Included in this total are also checks written by Respondent's wife to Patient 1 and 2 from their joint account during the period of time he was providing treatment to these individuals.

failed to share this information with the Committee during the 2019 investigation knowing that it would be relevant to the Committee's inquiry. The Committee finds that this conduct by Respondent constituted dishonesty during its prior investigation.

15. The reason that Respondent wrote checks for large sums of money to Patient 1 and Patient 2 is never documented in their record. Respondent has offered a different explanation than that offered by Patient 1 and Patient 2 when they were interviewed during the course of the Committee's investigation. The Committee finds Respondent's explanation for these checks to be inadequate.

16. In the event that Respondent ever seeks modification of the stipulation term that his license will be permanently revoked, the Board retains the right to revisit all facts and circumstances pertaining to this investigation.

CONCLUSIONS OF LAW

17. The Board may find that "failure to make available promptly to a person using professional health care services, that person's representative, succeeding health care professionals, or institutions, when given proper written request and direction of the person using professional health care services, copies of that person's records in the possession or under the control of the licensed practitioner" constitutes unprofessional conduct. 26 V.S.A. § 1354(a)(10).

18. Respondent failed to promptly provide Patient 1 with a copy of her medical record upon her request when he took over three months to provide her records to her attorney. Failing to provide a patient with their records upon request can impact their ability to get proper

care from other professionals. Respondent knew Patient 1 was in danger of losing her housing due to the eviction proceeding he initiated, which created a need for continuity of her mental health services. Respondent's failure to promptly provide Patient 1 with a copy of her medical records constitutes unprofessional conduct pursuant to 26 V.S.A. § 1354(a)(10).

19. The Board may also find "that failure to practice competently by reason of any cause on a single occasion or on multiple occasions constitutes unprofessional conduct." 26 V.S.A. § 1354(b). "Failure to practice competently includes, as determined by the board... (1) performance of unsafe or unacceptable patient care; or (2) failure to conform to the essential standards of acceptable and prevailing practice." 26 V.S.A. § 1354(b)(1) and (2).

20. Respondent failed to conform to the essential standards of acceptable and prevailing practice in his care of Patient 1, Patient 2, and Patient 3 when he chose to rent to Patient 1 and Patient 2 thereby becoming their landlord and the housing provider for Patient 3, while still acting as their mental health provider. He additionally failed to conform to the essential standards of acceptable and prevailing practice when he wrote checks to Patient 1 and Patient 2 for large sums of money during the course of their treatment. Respondent's actions showed a lack of respect for professional boundaries and created a power imbalance in the physician-patient relationship with these three patients. Respondent's actions were a violation of 26 V.S.A. § 1354(b)(2).

21. The Board may further find that conduct that evidences an unfitness to practice medicine constitutes unprofessional conduct. 26 V.S.A. § 1354(a)(7).

22. Respondent made a material omission to the Board when he failed to disclose that he was the landlord for Patient 1 and Patient 2 during the Board's 2019 investigation into the

medical treatment he was providing to these patients. The Board finds that although his medical records for Patient 1 and Patient 2 included references to their housing issues, he obscured the fact that he was their landlord. Respondent's lack of candor during the investigation by the Vermont Board of Medical Practice constitutes conduct evidencing an unfitness to practice medicine pursuant to 26 V.S.A. § 1354(a)(7).

23. Respondent made a material omission to the Board when he failed to disclose that he was writing checks for substantial sums of money to Patient 1 and Patient 2 during the Board's 2019 investigation. The Board finds that although his medical records for Patient 1 and Patient 2 included references to these patients' financial issues he obscured the fact that over a four-year period he wrote them checks totaling nearly a half-million dollars. Respondent's lack of candor during the investigation by the Vermont Board of Medical Practice constitutes conduct evidencing an unfitness to practice medicine pursuant to 26 V.S.A. § 1354(a)(7).

24. Consistent with Respondent's cooperation with the Board, he agrees that if the State were to file charges against him it could satisfy its burden at a hearing and a finding adverse to him could be entered by the Board, pursuant to 26 V.S.A. §§ 1354(a)(7), (a)(10) and § 1354(b)(2).

25. Respondent agrees that the Board will adopt and incorporate as its facts and conclusions in this matter Paragraphs 1 through 32 herein, and further agrees that this is an adequate basis for the Board actions detailed in this agreement. Any representation by Respondent herein is made solely for the purposes set forth in this agreement.

26. Therefore, in the interest of Respondent's desire to fully and finally resolve the matters presently before the Board, he has determined that he shall enter into this instant

agreement with the Board. Respondent enters no further admission here, but to resolve these matters without further time, expense and uncertainty, he has concluded that this agreement is acceptable and in the best interest of the parties.

27. Respondent acknowledges that he is knowingly and voluntarily entering into this agreement with the Board. He acknowledges and agrees that at all times and in all communications and proceedings related to this matter before the Board he has had the right to be represented by counsel. Respondent has carefully reviewed and considered this Stipulation and Consent Order.

28. Respondent agrees and understands that by executing this document he is waiving any right to challenge the jurisdiction and continuing jurisdiction of the Board in this matter, to be presented with a specification of charges and evidence, to cross-examine witnesses, and to offer evidence of his own to contest any allegations by the State.

29. The parties agree that upon their execution of this Stipulation and Consent Order, and pursuant to the terms herein, the above-captioned matter shall be resolved by the Board. Thereafter, the Board will take no further action as to this matter absent non-compliance with the terms of this document by Respondent.

30. This Stipulation and Consent Order is conditioned upon its acceptance by the Vermont Board of Medical Practice. If the Board rejects any part of this document, the entire agreement shall be considered void. Respondent agrees that if the Board does not accept this agreement in its current form, he shall not assert in any subsequent proceeding any claim of prejudice from any such prior consideration. If the Board rejects any part of this agreement, none of its terms shall bind Respondent or constitute an admission of any of the facts of the

alleged misconduct, it shall not be used against Respondent in any way, it shall be kept in strict confidence, and it shall be without prejudice to any future disciplinary proceeding and the Board's final determination of any charge against Respondent.

31. Respondent acknowledges and understands that this Stipulation and Consent Order shall be a matter of public record, shall be entered in his permanent Board file, shall constitute an enforceable legal agreement, and may and shall be reported to other licensing authorities, including but not limited to, the Federation of State Medical Boards Board Action Databank and the National Practitioner Data Bank. In exchange for the actions by the Board, as set forth herein, Respondent expressly agrees to be bound by all terms of this Stipulation and Consent Order.

32. The parties therefore jointly agree that should the terms of this Stipulation and Consent Order be deemed acceptable by the Board, it may enter an order implementing the terms herein.

ORDER

WHEREFORE, based on the foregoing and the consent of Respondent, the Board enters as its facts and conclusions in this matter Paragraphs 1 through 32 above. It is hereby


ORDERED that:

1. Upon Board approval of this Stipulation, Respondent is hereby relieved from the Cessation of Practice Agreement that went into effect on June 1, 2022.


2. Respondent's Vermont medical license shall hereby be REVOKED on a PERMANENT basis.

SIGNATURES

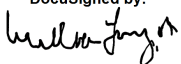
Dated at _____, Vermont, this ____ day of _____, 2022.

DocuSigned by:
 9/24/2022
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Christine Payne, MD
Chair, Central Investigative Committee
Vermont Board of Medical Practice


Dated at Montpelier, Vermont, this ____ day of _____, 2022.

DocuSigned by:
 9/23/2022
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Approval as to legal form
Megan Campbell, Esquire
Assistant Attorney General
Vermont Attorney General's Office
109 State Street
Montpelier, VT 05609-1001

Dated at _____, Vermont, this ____ day of _____, 2022.

DocuSigned by:
 9/27/2022
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William F. Long, MD

Dated at Burlington, Vermont, this ____ day of _____, 2022.

DocuSigned by:
 9/26/2022
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Nicole Andreson, Esquire
Dinse P.C.
209 Battery Street
P.O. Box 988
Burlington, VT 05402-0988
Counsel for Dr. Long

**AS TO WILLIAM F. LONG, MD
APPROVED AND ORDERED
VERMONT BOARD OF MEDICAL PRACTICE**

Signed on Behalf of the Vermont Board of Medical Practice

By:  _____

Sarah McClain
Chair
Vermont Board of Medical Practice

Vote documented in the Vermont Board of Medical Practice meeting minutes,
dated October 5, 2022.

Dated: 10/05/2022