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THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE
(718) 246-3060,3061

195 Montague Street – Fourth Floor
Brooklyn, New York 11201

July 2, 2008

William Wright, Jr., Physician

Redacted Address

Re: Application for Restoration

Dear Dr. Wright:

Enclosed please find the Commissioner's Order regarding Case No. CP-08-02 which is in reference to Calendar No. 22754. This order and any decision contained therein goes into effect five (5) days after the date of this letter.

Very truly yours,

Daniel J. Kelleher
Director of Investigations

DJK

Redacted Signature
Ariana Miller
Supervisor

DJK/AM/er



The
University of the
Education  State of New York
Department

IN THE MATTER

of the

Application of WILLIAM WRIGHT,
JR., for restoration of his license to
practice as a physician in the State of
New York.

Case No. CP-08-02

It appearing that the license of WILLIAM WRIGHT, JR., 828 Glenview Street, Philadelphia, Pennsylvania 19111 to practice as a physician in the State of New York, was revoked by Order of the State Board for Professional Medical Conduct, dated December 22, 1994, and he having petitioned the Board of Regents for restoration of said license, and the Regents having given consideration to said petition and having agreed with and adopted the recommendations of the Peer Committee and the Committee on the Professions, now, pursuant to action taken by the Board of Regents on March 18, 2008, it is hereby

ORDERED that the petition for restoration of License No. 152265, authorizing WILLIAM WRIGHT, JR. to practice as a physician in the State of New York, is granted, and his license to practice as a physician in the State of New York shall be fully restored.



IN WITNESS WHEREOF, I, Richard P. Mills,
Commissioner of Education of the State of New York for
and on behalf of the State Education Department, do
hereunto set my hand and affix the seal of the State
Education Department, at the City of Albany, this 27th
day of June, 2008.

Redacted Signature
Commissioner of Education

Case No. CP-08-02

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VOTED that the petition for restoration of License No. 152265, authorizing WILLIAM
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practice as a physician in the State of New York shall be fully restored.

THE UNIVERSITY OF THE STATE OF NEW YORK
The State Education Department

Report of the Committee on the Professions
Application for Restoration of Physician License

Re: **William Wright, Jr.**

William Wright, Jr., Redacted Address
petitioned for restoration of his physician license. The chronology of events is as follows:

- 10/29/82 Issued license number 152265 to practice as a physician in New York State.
- 06/30/93 Convicted in United States District Court for the Eastern District of Virginia of charges relating to distribution of prescription drugs.
- 07/08/93 Order issued suspending applicant's license to practice as a physician in Virginia.
- 09/28/94 Charged with two specifications of professional misconduct by the New York State Office of Professional Medical Conduct (OPMC).
- 12/22/94 Order issued revoking applicant's license to practice as a physician in the State of New York.
- 12/22/97 Order issued reinstating applicant's license to practice in Virginia and placing him on indefinite probation.
- 06/12/00 Order issued terminating the terms and conditions imposed on applicant's license to practice in Virginia and reinstating him to full and unrestricted status.
- 11/17/03 Submitted application for restoration of physician license.
- 04/27/06 Peer Committee restoration review.
- 06/24/06 Report and Recommendation of the Peer Committee. (See "Report of the Peer Committee")
- 08/08/07 Committee on the Professions meeting with applicant.

Disciplinary History. In an order dated December 22, 1994, the OPMC found Dr. Wright guilty of two specifications of professional misconduct, one charging him with having been convicted of a crime under federal law, and the second charging him with having had his medical license suspended by another state. On June 30, 1993, in the United States District Court for the Eastern District of Virginia, the applicant had pled guilty to eight counts of distributing a Schedule III controlled substance, eight counts of furnishing false information in drug prescriptions, six counts of distributing a Schedule II controlled substance, and one count of forfeiture. On July 8, 1993, the State of Virginia suspended his license to practice medicine.

Recommendation of Peer Committee. (See attached Report of the Peer Committee.) The Peer Committee (Alfred, Herrman, Holtzapple) convened on April 27, 2006 to consider Dr. Wright's application for restoration of his physician license. In its report dated June 24, 2006, the Committee unanimously recommended that the petitioner's license to practice medicine be restored without restriction.

Recommendation of the Committee on the Professions. On August 8, 2007, the Committee on the Professions (COP) (Ahearn, Earle, Hansen) met with Dr. Wright to consider his application for restoration. Dr. Wright appeared without an attorney.

The COP asked Dr. Wright to begin with an explanation of what led to the revocation of his license and of why he believes that his application for restoration should be granted. The applicant described his practice in Norfolk, Virginia, where he was a sole practitioner in a low income community. He told the Committee that he was an attending physician in five hospitals and was trying to be all things to all people. He reported that he suffered from stress and began to drink. He stated that his ability to say "no" to patients began to diminish, and he prescribed narcotics in large amounts. He rationalized this activity by thinking that if it was done in a medical office, it must be within the scope of practice. He explained that he is now the clinical director of a drug and alcohol rehabilitation facility. His goals are not firm, but he hopes to pursue occupational medicine.

Dr. Wright was asked about his immediate plans, and whether he will return to New York to practice. He stated that he would be getting married in November and then living in the Philadelphia area. He indicated his intention to look in that region for a position involving safety and environmental issues. He expressed a reluctance to return to a private practice or hospital-based practice. When asked why he is pursuing his New York license if he plans to practice in Pennsylvania, he referenced an interest in being board certified in family practice and his belief that an outstanding revocation in New York would preclude such certification; he further indicated that the public record of the revocation of his license in New York affects both his employability and his insurability.

The COP asked the applicant whether his actions led to patient harm or had any other negative impact. Dr. Wright referred to his loss of moral compass, and he admitted that he gave narcotics to patients who should have received more appropriate medical treatment. When asked what triggered the loss of his moral compass, the

applicant described his arrogance and a feeling that the laws did not apply to him. He also made reference to stress resulting from his attempts to practice as a sole practitioner and from his bad marital relationship. Dr. Wright thereafter described the clever nature of the individuals who sought drugs from him, explaining that he has gained insight into the ability of addicts to do whatever it takes for them to obtain drugs.

The Committee asked the applicant to describe his strategy for maintaining sobriety, and the applicant cited attendance at Caduceus meetings, his association with several professional colleagues who are also in recovery from substance abuse, and the support he receives from his sponsor and other friends. He also discussed the many instances he has seen of relapse after years of sobriety and depicted alcoholism as a powerful disease. He told the Committee that he knows that drinking would make life a lot worse for him and that he stays out of environments in which drugs and alcohol are consumed. He explained that his current employment as the clinical director of a drug and alcohol clinic keeps addiction issues in the forefront of his mind.

In closing remarks, Dr. Wright pointed to Step Eight in the Twelve Step Program that speaks to making amends to those you have harmed. He stated that he wanted to seek atonement and to help others, especially those whose health care needs are not being well served.

The overarching concern in all restoration cases is the protection of the public. Education Law §6511 gives the Board of Regents discretionary authority to make the final decision regarding applications for the restoration of a professional license. Section 24.7 of the Rules of the Board of Regents charges the COP with submitting a recommendation to the Board of Regents on restoration applications. Although not mandated by law or regulation, the Board of Regents has instituted a process whereby a Peer Committee first meets with an applicant for restoration and provides a recommendation to the COP. A former licensee applying for restoration has the significant burden of satisfying the Board of Regents that there is a compelling reason that licensure should be granted in the face of misconduct that resulted in the loss of licensure. There must be clear and convincing evidence that the applicant is fit to practice safely, that the misconduct will not recur, and that the root causes of the misconduct have been addressed and satisfactorily dealt with by the applicant. It is not the role of the COP to merely accept, without question, the arguments presented by the applicant but to weigh and evaluate all of the evidence submitted and to render a determination based upon the entire record.

The record shows that Dr. Wright served 30 months in prison following his plea of guilty in federal court to unlawful distribution of controlled substances. This prison term was followed by three years of supervised release, successfully completed in January 2000. The record supports Dr. Wright's assertion that his alcoholism was a significant factor in what he described as the "loss of moral compass" that caused him to distribute prescription drugs in violation of law. He has spent considerable time addressing his disease, starting with programs during his prison stay. He continued with formal participation in Caduceus groups following his release. He currently serves as clinical director of a drug and alcohol rehabilitation facility. Acknowledging that there is no guarantee that relapse will not occur, the evidence shows that Dr. Wright has undertaken significant efforts to deal with his condition and is aware of the implications

that it has on his ability to practice. Under these circumstances, we believe that the chances of relapse have been minimized and that the applicant is unlikely to experience practice issues related to his alcohol use. We also believe that, based upon the activities described above, he has engaged in sufficient rehabilitation to support his application.

Turning to re-education, Dr. Wright had completed approximately 324 continuing education credits at the time of his Peer Committee review, and submitted additional documentation of continuing course work in 2006 at our meeting with him. We also note that the petitioner applied for re-licensure in the Commonwealth of Virginia, and, by order dated December 22, 1997, Virginia required him to achieve a passing score on the Special Purpose Examination (SPEX) of the Federation of State Medical Boards of the United States. He passed this examination in November 1998, and Virginia granted the petitioner a conditional license to practice medicine. His full license to practice was reinstated in that state by order dated June 12, 2000. Among the conditions that the petitioner fulfilled for Virginia before full reinstatement were one month of supervised practice, fifty hours of continuing education, and participation in monitored rehabilitation activities. While the petitioner has not regularly practiced medicine since his license was revoked, his pursuit of continuing education has been diligent, and he has been involved professionally in health care issues in recent years. We also note that Dr. Wright's license to practice medicine in Pennsylvania was reinstated to unrestricted non-probationary status by order dated July 9, 2003.

Dr. Wright's presentation before us was sincere and forthright, and his remorse for his misconduct was evident. He demonstrated self-awareness of his own substance abuse issues as well as of the difficulties he faced in the private practice of medicine. He appeared to be dedicated to his sobriety and the maintenance of his rehabilitation efforts. He was also realistic in terms of his re-entry into the medical profession. He discussed several possibilities, but understood the need to practice within the limits of his experience and ability. He grounded most of his choices in the areas of occupational safety, where he has significant experience and education.

Based on all of the foregoing, a complete review of the record, and its meeting with him, the Committee on the Professions voted unanimously to concur with the recommendation of the Peer Committee that the application herein be granted and that Dr. Wright's license to practice as a physician in New York State be restored.

Kathy A. Ahearn, Chair
Steven Earle
Stanley Hansen



The University of the State of New York

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL RESPONSIBILITY
STATE BOARD FOR MEDICINE

-----X
In the Matter of the Application of

William Wright, Jr., M.D.

REPORT OF
THE PEER
COMMITTEE
CAL. NO. 22754

for the restoration of his license to practice
as a physician in the State of New York.

-----X

William Wright, Jr., hereinafter known as the applicant, was previously licensed to practice as a physician in the State of New York by the New York State Board of Regents. The applicant's license was revoked as a result of a professional misconduct proceeding, and he has applied for restoration of his license.

On April 27, 2006, this Peer Committee convened to review this matter and makes the following recommendation to the Committee on the Professions and the Board of Regents.

BACKGROUND INFORMATION

The written application, supporting papers provided by the applicant, and papers resulting from the investigation conducted by the Office of Professional Discipline (OPD), were compiled by the prosecutor from OPD into a packet that was distributed to this Peer Committee in advance of its meeting and also provided to the applicant.

Listed below is the background information from that packet and the information contained in the applicant's submissions on the day of the meeting. Further details pertaining to these documents may be found therein.

PRIOR DISCIPLINE PROCEEDING

Action by State Board for Professional Medical Conduct

Case No. BPMC 94-273

On September 28, 1994, the applicant was charged by the New York State Department of Health, Office of Professional Medical Conduct (OPMC) with two specifications of misconduct.

On December 22, 1994, an order from OPMC was issued, revoking the applicant's license to practice medicine.

OMPC Hearing Committee

A hearing was conducted on November 22, 1994 by OPMC, concerning the charges against applicant for violations of New York State Education Law §6530. The OPMC Hearing Committee determined that the applicant was guilty of both specifications of professional misconduct for which he had been charged. They found him guilty under New York State Education Law §6530(9)(a)(ii) for having been convicted of committing an act constituting a crime under federal law, and under New York State Education Law §6530(9)(d) for having had his license suspended and disciplinary action taken against him by another state. The Committee determined that respondent had been convicted in Federal Court of the following: eight counts of unlawfully, knowingly, and intentionally distributing and dispensing a Schedule III controlled substance by prescription, in violation of §21 USC 841(a)(1); eight counts of unlawfully, knowingly and intentionally furnishing

false and fraudulent information in drug prescriptions, in violation of §21 USC 843(a)(4)(A); six counts of unlawfully, knowingly and intentionally distributing and dispensing a Schedule II controlled substance by prescription in violation of §21 USC 841(a)(1); and one count of forfeiture pursuant to §21USC 853. As a result, respondent was sentenced to thirty months incarceration to be followed by three years of supervised release.

The Committee also determined that the Director of the Virginia Department of Health Professions had suspended respondent's license to practice medicine in Virginia on July 8, 1993, based upon respondent's convictions of violations of twenty-three counts of various sections of Title 21 of the United States Code. The Committee determined that the disciplinary action taken against respondent's license to practice medicine in the state of Virginia by the Virginia Department of Health Professions, was based on conduct which, if it had been committed in New York State, would have constituted professional misconduct pursuant to New York State Education Law §6530(2) and/or (3), for practicing the profession fraudulently or with negligence on more than one occasion, with respect to his distribution and prescription of controlled substances. As a result, applicant's New York license was revoked by an order dated December 22, 1994.

PETITION FOR RESTORATION

Applicant submitted a restoration application dated November 17, 2003, with attachments as summarized below.

Submissions of Affidavits

Five affidavits in support of the application were received. Three were from physicians, one was from a speech therapist, and one was from a clergyman. A letter of recommendation was also

submitted by Roberta Walsh, manager at Livengrin Foundation Inc., and from Michael Burke, a therapist at Livengrin Foundation Inc.

Continuing Education

Also included in the packet was proof that applicant had taken approximately one-hundred-thirty-four CME credits from January to June of 1997 and had taken a mini-residency in the Proper Prescribing of Controlled and Dangerous Substances in November of 1996. Applicant also submitted proof that he has continued to take CME's from 1998 through 2006, accumulating approximately three-hundred-twenty-four additional CME's.

Additional Attachments

A copy of an order was submitted dated October 22, 1997 from the Virginia Board of Medicine which had reinstated applicant's license, placing the applicant on indefinite probation upon various terms and conditions. The probationary terms included a requirement that applicant was not to engage in the practice of medicine until he had obtained a passing score on the Special Purpose Examination of the Federation of State Medical Boards of the United States (SPEX) and had received authorization from the Board to practice medicine. After he had achieved a passing score on SPEX, applicant was to be prohibited from prescribing controlled substances. His probation terms also required that he successfully complete fifty hours of Category I CME; that he was to practice medicine only in a group setting approved by the Board; was to comply with the terms of his federal probation, and was to provide progress reports to the Board on a quarterly basis.

Applicant submitted a copy of a June 12, 2000 order by the Virginia Board of Medicine, which fully reinstated applicant's license to practice medicine in the state of Virginia to an unrestricted status with all attendant rights and privileges. Also submitted was an order from the State Board of Medicine, the Commonwealth of Pennsylvania, dated July 9, 2003, which reinstated

applicant's license to practice medicine in that state to an unrestricted, non-probationary status.

Applicant further submitted proof that he had successfully passed the SPEX examination which he had taken on November 17, 1998, as well as proof that he had successfully completed his federal probation; from which he was released as of January 30, 2000. His incarceration ran from September 23, 1993 to August 5, 1996, at Petersburg Federal Correctional Facility in Virginia.

Applicant provided information concerning past drug screening that he had taken through his Virginia monitoring, as well as a recent drug test from April 2006, indicating that applicant was drug free. Applicant also submitted a personal statement outlining his initial involvement in prescribing illicit drugs and his alcoholism before his conviction. In the statement, applicant outlined his remorse and the actions that he has taken to assist in getting back his license.

Department Exhibits

Dennis J. Graziano, Director of the Office of Professional Medical Conduct, submitted a letter dated February 24, 2005 which opposed applicant's request for restoration of his medical license. Mr. Graziano noted in particular that the applicant had not yet provided independent evidence of current chemical/alcohol dependency testing or evidence of psychiatric treatment so that a determination could be made as to whether applicant had recovered from any dependency problems, a decision necessary in order to conclude whether applicant could be safely returned to the practice of medicine.

The department also presented copies of the underlying determination and order by the Department of Health, which was previously referenced, and a copy of a Case Summary Report which summarized applicant's drug charges. The drug charges primarily concerned the writing of prescriptions for Vicodin, Tylox and Percodan between January 14, 1992 and April 30, 1992 which were not for a legitimate medical purpose. The Case Summary Report included an interview with

applicant, in which he indicated that he had never diverted drugs for his own use and that he has remained drug and alcohol free since 1993. The report also included an outline as to the applicant's employment since he was released from prison which included employment as: a technician in an influenza production facility; a senior counselor at Bowling Green Inn in Pennsylvania and at Melvern Institute, in Melvern, Pennsylvania; a substance dependence counselor at Livengrin Foundation Inc. in Philadelphia; a worker at an influenza virus production facility; a medical review officer at Palmetto Family Care in Charleston, South Carolina; a worker doing pre-employment physicals and drug screens and other tasks at Concentra in Richmond, Virginia; a worker in industrial hygiene monitoring at Allied Signal in Petersburg, Virginia; and as a retail sales supervisor at the Diabetic Shoppe of Eastern Virginia in Norfolk, Virginia.

PEER COMMITTEE MEETING

On April 27, 2006, this Peer Committee met to consider this matter. The applicant appeared before us personally and was not represented by an attorney. Also present was Walter Ramos, Esq., an attorney from the Division of Prosecutions, of the Office of Professional Discipline (OPD). Kathleen L. Werther, Esq. served as the administrative officer.

Applicant admitted in his testimony that he had become involved with distributing controlled substances when he was a busy sole-practitioner who had over-extended himself with work. He was an attending physician at five different hospitals and drank excessively at night. He lived on the edge of a poor community in Virginia where patients frequently requested narcotics for pain. He became caught up in writing prescriptions for narcotics in exchange for cash, presumably for the office visit.

Applicant testified that his conviction and prison term had a profound effect on making him realize the enormity and effect of his impaired judgment, which he believes stemmed from his over-

work and alcoholism. He testified that he realizes his actions were wrong and that he has worked to sharpen his ethics and values and to actively check himself. We believe that the applicant sincerely expressed his remorse and regret for the choices he made that led to his arrest and incarceration, and appeared to be very aware of the potential danger to patients that could have resulted from his actions.

Applicant testified that in prison he had completed a six month Drug and Alcohol Rehabilitation Program. After prison, he participated in and passed a six day forensic mini-residency in the Proper Prescribing of Controlled Dangerous Substances in 1996. He has also taken hundreds of CME's and graduated from Old Dominion University with a master's degree in industrial hygiene. He has worked as a volunteer for the American Red Cross and Books Through Bars. He is presently working as Clinical Director at Bowling Green Brandywine Treatment Center, where he supervises fifteen counselors who deal primarily with people with drug and alcohol problems.

Applicant testified that he has been sober since 1993, and that he has never used narcotics or illicit drugs himself. He began attending AA meetings in prison and has continued to attend on a regular basis. He also attends Caduceus meetings.

The applicant testified that his license was restored in Virginia after its original suspension without restriction, after he successfully completed all probationary terms that Virginia had placed on him, which had included a requirement that he pass the SPEX exam, that he successfully complete his federal probation, and that he undergo practice monitoring.

Applicant testified that he realized that he would be better off practicing in a group setting and not as a private practitioner. He indicated that he did not plan to practice medicine in New York, as he presently resides in Delaware near the Pennsylvania border, and hopes to remain in that area. He has not practiced in New York since 1986. He would like to sit for the medical boards in occupational medicine, which he believes he is presently qualified to do, because in that field he could make use of

his work experience in occupational hygiene and management. However, he does not believe he could get board certification in any specialty unless his license is restored in New York State, even though he plans to practice in Delaware/Pennsylvania. Another possibility would be getting into family practice, where he could specialize in drug addiction.

By way of background, respondent testified that he was a 1980 graduate of Mt. Sinai School of Medicine, and then did an internship at St. Luke's Roosevelt Hospital. He did a residency in family practice in Brooklyn, New York. He then went to Pennsylvania and practiced as an emergency room physician for two and a half years. He practiced family medicine in Rochester, New York for about a year in 1986. He thereafter moved to Virginia.

Mr. Ramos called no witnesses on behalf of OPD, and indicated that he would rely on the documentation already provided to the panel. Mr. Ramos indicated in his opening statement that OPD took no position with respect to applicant's petition.

RECOMMENDATION

We have reviewed the entire record in this matter, including the written materials received during our hearing. In arriving at our recommendation, we note that, in a licensure restoration proceeding, the burden is on the applicant to demonstrate that which would compel the return of the license. Greenberg vs. Board of Regents of University of New York, 176A.D.2d, 1168. In reaching our recommendation, we consider whether the applicant demonstrates sufficient remorse, rehabilitation, and re-education. However, we also consider other factors, particularly the seriousness of the original offense and, ultimately, our judgment as to whether the health and safety of the public would be in jeopardy should the application be granted.

First, as a procedural matter, we note that the calendar number on the exhibit packets on the record was incorrectly listed as 22318. The correct number assigned to this case is Cal. No. 22754, and the packets are deemed "corrected".

The applicant made his application for restoration almost nine years after his license was revoked following applicant's federal court conviction of unlawful distribution and sale of controlled substances in Virginia, for which applicant spent almost three years in prison.

We believe that the applicant sincerely expressed his remorse and regret for the inappropriate choices he made while practicing as a sole practitioner. He appeared to be very aware of the potential danger to his patients that he could have caused by his acts of providing them with illicit controlled substances, as well as to his profession and family. He also appeared to be very aware of the potential consequences of his alcoholism on his practice of medicine.

The evidence in this case indicates that the applicant has remained free from substance abuse since 1993. His attendance in Alcoholics Anonymous and Caduceus attest to his efforts and success in overcoming his alcoholism. We believe that his continued attendance at those programs, as indicated by him, will reinforce his awareness of the potential danger of any relapse as he pursues his current career goals. We also note that respondent has gone the extra mile in dealing with past dependency problems, by reaching out to help others who suffer from such problems, as evidenced by his present work as Clinical Director at Bowling Green Brandywine Treatment Center. Applicant has also addressed the concern presented by the Office of Professional Medical Conduct, by providing recent evidence that he is drug free. We believe that applicant has taken adequate steps to re-habilitate himself following his license revocation.

We also believe that applicant has made great strides to re-educate himself. He has taken many CME's, over three hundred, some of which dealt directly with the proper prescribing of controlled substances. In addition, he has received a Master's degree in industrial hygiene.

Based on our conclusion that applicant has met his burden of demonstrating sufficient remorse, rehabilitation, and education, we recommend that applicant's license to practice as a physician in the State of New York be restored without restriction. We note that applicant's license was previously restored without restriction in the State of Virginia, following an extensive period of probation. His license has also been restored without restriction in the State of Pennsylvania. We also note, in recommending that applicant's license be reinstated without restriction, that applicant will be subject to review by the United States Drug Enforcement Agency (DEA) in order to be able to dispense drugs.

Respectfully submitted,

Richard Alfred, MD, Chairperson
John Herrman, MD
Philip Holtzapple, MD

Redacted Signature
Chairperson _____ Dated: _____