NO. 96740-7

SUPREME COURT OF THE STATE OF WASHINGTON

DARLENE A. TOWNSEND, Ph.D.,

Petitioner,

v.

STATE OF WASHINGTON DEPARTMENT OF HEALTH,

Respondent.

ANSWER TO PETITION FOR REVIEW

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I. INTRODUCTION

After a 2-day administrative hearing, a judicial officer of the Washington Department of Health (Department) concluded that Darlene Townsend Ph.D.'s (Dr. Townsend) treatment of three clients fell below the standard of care for marriage and family therapists by: (1) treating multiple family members individually and concurrently when their individual treatment needs were incongruous and conflicting, causing role confusion and undermining objectivity; (2) suggesting medication and dosages to a client's primary care physician; (3) discussing a client's confidential masturbation behavior at a school meeting without any prior permission to do so; (4) providing gifts and loaning clothing to a client; and (5) failing to clearly identify, define, and update a client's treatment plan over the 47 months Dr. Townsend treated the client.

In her petition for review, Dr. Townsend does not contest any of the facts underlying these findings, but rather argues that the prehearing and hearing procedures were unfair and failed to accommodate her disabilities. But the record belies Dr. Townsend's claims. First, aside from a request for a one minute extension on an afternoon break, the judge properly considered and granted all of Dr. Townsend's requests for accommodations, including requests for extension, change of venue, and adjourning proceedings for the day. Second, the Department's expert witness was qualified to testify

regarding the standard of care for marriage and family therapists and properly reviewed the record in advance of providing her testimony. Therefore, admission of the expert's testimony did not prejudice Dr. Townsend; nor was it error. And third, the record amply demonstrates that Dr. Townsend was afforded the opportunity to present evidence and witnesses but failed to do so in a timely manner. Therefore, it was not error to deny Dr. Townsend's untimely request to present an expert witness.

Review of the Court of Appeals decision by this Court is unwarranted as Dr. Townsend does not establish that her case meets any of the considerations in RAP 13.4(b). Instead, she repeats the same arguments that have previously failed. This Court should deny Dr. Townsend's petition for review.

II. COUNTERSTATEMENT OF THE ISSUES

1. Did the Presiding Officer reasonably accommodate any potential disability by considering all information provided by Dr. Townsend and granting nearly every one of her requests for accommodation?

2. Did the Presiding Officer properly consider the testimony of an expert witness where there was ample evidence that the expert was qualified, relied on generally accepted scientific theories, and offered testimony that was credible and helpful to the trier of fact?

3. Did the Presiding Officer properly deny Dr. Townsend's untimely request to add a witness to her witness list?

III. COUNTERSTATEMENT OF THE CASE

A. Dr. Townsend's Treatment of Client A and Her Family

As noted in the Court of Appeals' unpublished opinion, Dr. Townsend did not assign any errors to any finding of fact from her administrative hearing. *Townsend v. Dep't of Health*, No. 34754-1-III, 2018 WL 6584582, at *1, n.1 (Wash. Ct. App. Dec. 13, 2018) (unpublished). Those findings are verities on appeal. *Haley v. Med. Disciplinary Bd.*, 117 Wn.2d 720, 818 P.2d 1062 (1991).

From April 2008 to 2012, Dr. Townsend conducted around 170 therapy sessions with Client A. Agency Record (AR) 386 (Findings of Fact [FF] 2.5). During this four-year period, Dr. Townsend failed to clearly identify or define therapeutic treatment goals or develop a proper treatment plan for Client A. AR 386–8 (FF 2.8). Nevertheless, Client A felt Dr. Townsend really cared for her because Dr. Townsend gave Client A small gifts and loaned her special garments. AR 387 (FF 2.12).

In November 2009, Dr. Townsend also began treating Client A's six-year-old son (Client B). While Dr. Townsend was treating Client A and Client B, she began also providing marriage and family therapy to Client B's father (Client C). AR 386–87 (FF 2.5, 2.9–11). At the time, Client A and C were married. AR 387 (FF 2.11).

In 2011, Dr. Townsend sent a letter to Client B's primary care physician recommending medication and supplements for attention deficit hyperactivity disorder (ADHD). AR 388–89 (FF 2.14). The physician called Dr. Townsend concerned because "he had never received a letter from a [psychotherapist] that provided specific classes of medication, complete with brand names and dosages." AR 388–89 (FF 2.14). The physician was also concerned that Dr. Townsend's suggested dosage was four times the recommended amount, and he also cautioned that any supplements or medications could have negative interactions with Client B's other medications. *Id*. When the physician raised issues about one particular supplement, Dr. Townsend said that the supplement was Client A's idea and began to describe in detail her difficulties with Client A. *Id*. The physician reminded Dr. Townsend of her privacy obligations and redirected the conservation back to Client B. *Id*.

In December 2011, Dr. Townsend attended a meeting at Client B's school to discuss his educational needs. Unprompted, Dr. Townsend raised masturbation as a behavior associated with Client B. AR 389 (FF 2.15). This shocked, embarrassed, and confused Client A and Client C, as well as the principal and school staff, as masturbation had never been an issue at school. *Id*.

Near the end of 2011, Client A learned of a civil lawsuit against Dr. Townsend. AR 390 (FF 2.17). When Client A asked Dr. Townsend about it, Dr. Townsend became suspicious that Client A would initiate her own lawsuit, and the relationship deteriorated. AR 390–91 (FF 2.18). By January 2012, Client A discontinued treatment with Dr. Townsend. AR 391 (FF 2.19). The following month, Dr. Townsend sent Client A a treatment termination letter suggesting that Dr. Townsend had terminated therapy. *Id*. This letter included a discharge diagnosis of "histrionic personality disorder." *Id*. This diagnosis was contrary to what Dr. Townsend indicated in therapy and, coupled with the sudden loss of treatment, had a profound effect on Client A's mental state. AR 391 (FF 2.20). Dr. Townsend also sent a letter to Client B's physician, accusing him of threatening her professional license, while also describing more of the issues she experienced during Client A's treatment. AR 391–92 (FF 2.21).

B. Dr. Townsend's Disciplinary Proceeding

After receiving a complaint from Client A regarding Dr. Townsend's treatment, the Department investigated the allegations and issued a Statement of Charges against Dr. Townsend in December 2014. AR 1–6. The Department sought sanctions against Dr. Townsend's license for unprofessional conduct in violation of RCW 18.130.180(4). *Id*.

In a prehearing order, the Department's presiding officer (Health Law Judge or HLJ) set forth various deadlines for identifying witnesses and exhibits. AR 384 (Findings of Fact, Conclusion of Law, and Final Order [Final Order] 12). Because Dr. Townsend failed to timely submit proposed exhibits or witnesses, none of Dr. Townsend's proposed exhibits or witnesses were admitted with the exception of Tony Pizzillo, the Department of Health Investigator who conducted the investigation into Dr. Townsend's treatment of Patients A, B, and C and who had likewise been identified by the Department as a witness. AR 384 (Final Order 12). Her untimely request to add Don Brockett as an expert witness was denied. *Id*.

Ultimately, Dr. Townsend, Client A, Client C, Client B's school principal, a Department Investigator, and an expert witness for the Department (Harriet Cannon) testified at the 2-day adjudicative hearing. AR 383 (Final Order 11). Ms. Cannon testified regarding the standard of care for marriage and family therapists in Washington and offered expert testimony on whether or not Dr. Townsend's treatment of the family met that standard. AR 392–93 (FF 2.24). Ms. Cannon has a master's degree and certificate in addiction treatment from Seattle University, 30 years of experience and continuing education, 22 years of experience in private practice, and is a member of two clinical professional organizations. AR 375 (Final Order 3).

The HLJ found the testimony from Client A, Client C, the principal, and Ms. Cannon to be persuasive and credible, and concluded that Dr. Townsend committed unprofessional conduct as defined in RCW 18.130.180(4). AR 375–76, 392–93, 395–98 (Final Order 3–4, FF 2.22–24, Final Order 23–26). Specifically, the HLJ found that Dr. Townsend practiced below the standard of care by: (1) treating multiple family members individually, causing role confusion and undermining objectivity; (2) suggesting medication and dosages to Client B's physician; (3) discussing masturbation at the 2011 school meeting; (4) providing gifts and loaning clothing to Client A; and (5) failing to clearly identify, define, and update a treatment plan for Client A. AR 392–93, 396–96 (Final Order 20–21, 24–25). As a result, the HLJ suspended Dr. Townsend's license to practice as a marriage and family therapist for four years. AR 217 (Findings of Fact, Conclusions of Law, and Initial Order [Initial Order] 15).

All of Dr. Townsend's appeals have been denied. Following the entry of the order suspending Dr. Townsend's license, Dr. Townsend appealed to an administrative review officer alleging that numerous errors occurred during the hearing. AR 373 (Final Order 1). The review officer considered and rejected those arguments and then issued nearly identical findings of fact and conclusions of law as the HLJ, with the addition of a further instance of conduct by Dr. Townsend that fell below the standard of

care. AR 385–98 (Final Order 13–26). The review officer concurred with the HLJ's credibility findings and affirmed the 4-year license suspension. AR 398–400 (Final Order 26–28).

On further appeal, the Spokane County Superior Court affirmed the Department's final order. Clerks Papers (CP) 123. And finally, in an unpublished opinion, the Court of Appeals affirmed the suspension of Dr. Townsend's marriage and family therapist license for unprofessional conduct. *Townsend*, 2018 WL 6584582, at *1.

IV. REASONS WHY THIS COURT SHOULD DENY REVIEW

Dr. Townsend provides no analysis of how the issues raised in her Petition satisfy any of the requirements of RAP 13.4(b); therefore it is difficult to know which criteria, if any, she is relying upon. Pet. 4–10. Notwithstanding, Dr. Townsend offers no persuasive argument or legal authority justifying this Court's review under any of the criteria of RAP 13.4(b), and therefore it must be denied.

A. Dr. Townsend's Unfairness Arguments Are Meritless

Dr. Townsend's petition suggests that procedural unfairness manifested at her hearing in three ways: (1) the HLJ failed to accommodate her disability, resulting in prejudice that the Court of Appeals did not consider; (2) the Court of Appeals gave too much weight to the Department's expert, resulting in prejudice; and (3) the HLJ failed to allow

Dr. Townsend to call an expert witness. Pet. 4. To the extent any of these issues could form a basis for review under RAP 13.4(b)—and it is not clear that they could—the petition fails because Dr. Townsend's arguments are meritless.

1. There Is No Evidence That the Department Failed to Accommodate Dr. Townsend's Disability

Dr. Townsend does not cite any specific provisions of the American with Disabilities Act (ADA) or state law that have allegedly been violated, and in any case there is no evidence that the HLJ failed to accommodate Dr. Townsend's disability (*See* Pet. 7–8).

Dr. Townsend claims she "climbed up and down the stairs on her crutches trying to find the hearing, the location of which nobody seemed to know." *Id*. at 7. The Department provided the address and location of the hearing to Dr. Townsend in July. AR 110. In addition, the hearing was held at the Department of Health's office located at 16201 E. Indiana Avenue, Suite 1500, Room 118, Spokane, Washington, 99216. *Id*. This building has an elevator. Likewise, Dr. Townsend claims she was unable to submit copies of relevant medical records to the investigator. *See* Pet. 7. However, she provides no citation to the record to support this assertion.

Furthermore, despite Dr. Townsend's unsupported allegations, the record in fact "shows numerous instances during the prehearing process and

the hearing where [Dr. Townsend's] physical needs were accommodated." AR 377–80 (Final Order 5–8). For example, her request for an extension of time to file a response to the Statement of Charges due to her medical condition and recent loss of a family member was granted. AR 377 (Final Order 5). Further, although the hearing was originally scheduled to take place near Olympia, Washington, it was moved to Spokane, Washington after Dr. Townsend sent a letter indicating she was physically disabled and unable to travel to Olympia. AR 378 (Final Order 6). At this time, Dr. Townsend did not provide details regarding the nature of her disability and no other accommodations were requested. *Id*. In fact, when the presiding officer specifically asked Dr. Townsend what accommodations she was requesting, she indicated only that she wanted the hearing to be held in Spokane. *Id*.

Prior to the hearing, Dr. Townsend sent a letter to the presiding officer regarding her proposed witness list and attached medical records related to a wrist injury. AR 378–79 (Final Order 6–7). The letter did not request any specific accommodations related to this injury. AR 379 (Final Order 7).

At the hearing in Spokane, Dr. Townsend arrived using crutches, but did not indicate the need for specific accommodations. *Id*. On the first day of the hearing, Dr. Townsend did not object to the hearing schedule or ask

for additional breaks. *Id*. Near the end of the day, when the presiding officer asked how Dr. Townsend how was feeling, she stated that her energy level was "pretty low" due to her health. AR 379 (Final Order 7). Accordingly, the presiding officer immediately adjourned the proceeding until 8:30 a.m. the following day. *Id*. Dr. Townsend did not otherwise request any other accommodations.

On the second day, the presiding officer similarly offered well-spaced breaks and over an hour for lunch. AR 379–380 (Final Order 7–8). The presiding officer noted when Dr. Townsend returned late from lunch, but there is no evidence that this tardiness, nor the presiding officer's notation of it affected the proceedings. For the afternoon break, Dr. Townsend's request for an additional minute was denied—the break was 19 minutes instead of 20 minutes. AR 380 (Final Order 8). There were no other requests for accommodations.

Thus, the Presiding Officer made reasonable accommodations for Dr. Townsend both prior to, and during, the hearing, including moving the hearing to Spokane, allowing breaks throughout the proceeding, and adjourning the proceedings when requested by Dr. Townsend. AR 95, 1301, 1356, 1439–41, 1509, 1580, 1638, 1681. The record supports the Reviewing Officer's finding that Dr. Townsend was sufficiently accommodated based on her requests to the HLJ. AR 20, 23, 36–37, 93, 95, 110, 120, 377–80,

1301, 1356, 1439–41, 1509, 1580, 1638, 1681. Likewise, while Dr. Townsend also appears to argue that she should be exempt from procedural rules due to the fact that she represented herself. *See* Pet. 4, 5, 10. But pro se litigants are not exempt from procedural rules. *See In re Marriage of Olson*, 69 Wn. App. 621, 626, 850 P.2d 527 (1993) (pro se litigants are subject to the same substantive and procedural laws); *Kelsey v. Kelsey*, 179 Wn. App. 360, 368, 317 F.3d 1096 (2014) ("a pro se litigant is held to same standard as an attorney"). Requiring a litigant to follow basic procedural rules is not evidence of bias or discrimination.

Finally, the Court of Appeals was well within its authority to decline to address Dr. Townsend's unfairness arguments because Dr. Townsend cited to no legal authority and provided almost no citations to the record in support of these arguments. *Townsend*, 2018 WL 6584582, at *15–16 (citing RAP 10.3(a)(6)). Similarly, this Court could simply decline to consider conclusory arguments that are unsupported by citation to authority. *Brownfield v. City of Yakima*, 178 Wn. App. 850, 875–76, 316 P.3d 520 (2014) (holding that an appellant's passing treatment of an issue or lack of reasoned argument is insufficient to merit judicial consideration). Dr. Townsend's general citations to the ADA and Washington State Court General Rule 33 (Pet. 6–8) do not establish disability discrimination or failure to accommodate or provide any basis for this Court's review. Thus,

Dr. Townsend's claimed violation of the ADA or similar state laws is without merit and does not warrant review.

2. The Court of Appeals Gave the Proper Weight to the Department's Expert Witness Testimony and Correctly Deferred to the HLJ's Credibility Findings

At the outset, Dr. Townsend did not object to Ms. Cannon's expert testimony at the hearing, nor did she object to Ms. Cannon appearing telephonically. Thus, Dr. Townsend has not preserved this claim for review. *Panorama Village Homeowners Ass'n v. Golden Rule Roofing, Inc.*, 102 Wn. App. 422, 426, 10 P.3d 417 (2000). Further, there is ample record in the evidence that Ms. Cannon's testimony was admissible and credible. "[E]xpert testimony is admissible if (1) the expert is qualified, (2) the expert relies on generally accepted theories in the scientific community, and (3) the testimony would be helpful to the trier of fact." *Taylor v. Bell*, 185 Wn. App. 270, 285, 340 P.3d 951 (2014) (citation omitted).

Dr. Townsend argues that Ms. Cannon's familiarity with a "code of ethics" and several other references does not mean she is qualified to testify regarding the "standard of care" for marriage and family therapists. Pet. 8. However, these were not the sole bases for Ms. Cannon's qualification. The Court of Appeals properly concluded that Ms. Cannon was qualified to testify as to the standard of care for marriage and family therapists in Washington and whether or not Dr. Townsend's treatment of the family met

that standard, noting that Ms. Cannon has "a master's degree and certificate in addiction treatment from Seattle University, membership in two clinical professional organizations, 30 years of experience and continuing education, and 22 years of experience in private practice." *Townsend*, 2018 WL 6584582, at *10, AR 375 (Final Order 3). Dr. Townsend does not contest these qualifications or explain why they are insufficient.

Next, Dr. Townsend argues that the expert's opinion hinged on a fundamental misunderstanding that marriage and family therapy cannot occur in groups or as couples. Pet. 8–9. But that was not the expert's or the Department's position. Rather, the expert testified that the standard of care requires a thorough assessment to determine whether it is in the client's interest to treat multiple family members. AR 1552–54, 1556–57, 1559–60, 1595, 1598–99. Ms. Cannon identified Client A's vulnerability and trust issues as contraindicating concurrent treatment with her spouse and Client B. AR 1551, 1556–57, 1559–60, 1596, 1598. Further, the expert's opinion that Dr. Townsend's behavior fell below the standard of care was not so narrow. Ms. Cannon also testified that Dr. Townsend's abrupt cessation of Client A's treatment after 3 years was "very harmful." AR 1590, 1592. Ms. Canon further testified that it was "most unusual" for a marriage and family therapist to suggest a specific medication to a physician. AR 1562. Further, the standard of care is to protect client confidentiality regarding information

shared in a treatment session. AR at 1565–67, 1573–76. With children, a therapist should first consult with parents and seek their consent. AR 1568.

In an apparent attempt to attack the expert's reliance on generally accepted theories in the scientific community, Dr. Townsend argues that the white papers the expert relied on were not available to Dr. Townsend, so she could not effectively cross-examine Ms. Cannon as to those white papers. However, these white papers were publically available, were not exhibits, and were referenced by Ms. Cannon to provide a general background of well-established principles governing marriage and family therapy. AR 1602, 376 (Final Order 4). Further, the expert also relied on a "Child Psychotherapy" book and the American Association for Marriage and Family Therapy's code of ethics, and Dr. Townsend does not take issues with any of these sources. AR 376 (Final Order 4).

The remainder of Dr. Townsend's arguments regarding the Department's expert at most demonstrate that Dr. Townsend disagrees with Ms. Cannon's assessment. For example, Dr. Townsend believes it is entirely within her judgment to not review an Axis II diagnosis with her client—but that is just her opinion. Dr. Townsend also speculates that the expert failed to review the entire treatment record because the expert made a reference to a child's drawing that Dr. Townsend does not believe is part of the record, gave an incomplete summary of why Dr. Townsend did not complete a 6-

week treatment plan for a patient, and did not have access to Client B's records. Pet. 8, 9. But she provides no authority or evidence to support these claims and therefore they should not be considered. *Brownfield*, 178 Wn.App. at 875–76.

In any case, these disagreements are not a basis for reversing the Court of Appeals, or for even discrediting or excluding Ms. Cannon's testimony. *Conine v. Cty. of Snohomish*, No. 57961-4-I, 2007 WL 1398846, at *8 (Wash. Ct. App. May 14, 2007) (unpublished) (Disagreement between the plaintiff and defense experts goes to the weight, not the admissibility, of the evidence); *United Airlines, Inc. v. King* County, 194 Wn. App. 384, 392, 376 P.3d 471 (2016) (disagreement between expert witnesses does not create a material issue of fact); *In re Pers. Restraint of Keefe*, 159 Wn.2d 822, 831, 154 P.3d 213 (2007) (expert witness is only required to have a "reasonable basis" of information about a subject before offering an expert opinion). This is especially true where there was substantial evidence beyond the expert's testimony to support a finding that Dr. Townsend's treatment of Clients A, B, and C fell below the standard of care. *Townsend*, 2018 WL 6584582, at *10–15 (noting that the testimony of Client A, Client C, Client B's principal, the Department's expert witness, and the administrative record all consistently support the allegations of unprofessional conduct).

At most, these issues—to the extent they are viable—would go to credibility. However, the Court of Appeals properly applied Washington law by not second-guessing the HLJ's credibility decision where the findings of the HLJ and the review officer are not in conflict. AR 376–77, 392–93; *see Townsend*, 2018 WL 6584582, at *9 (citing *Hardee v. Dep't of Soc. Health Servs*., 172 Wn.2d 1, 19 n.11, 256 P.3d 339 (2011)). Reviewing courts in Washington generally accept the fact finder's views as to the credibility of witnesses and weight given to reasonable but competing inferences. *State ex rel. Lige & Wm. B. Dickson Co. v. County of Pierce*, 65 Wn.App. 614, 618, 829 P.2d 217 (1992).

Thus, Dr. Townsend's contentions regarding the Department's expert witness are without merit. Ms. Cannon was qualified and her testimony was helpful to the Presiding Officer as the trier of fact and necessary to establish the standard of care relevant to marriage and family therapist. AR 392 (FF.2.24), 1546–1601.

3. The HLJ Properly Excluded Dr. Townsend's Expert Witness

Dr. Townsend also claims that the administrative proceeding was unfair because her expert witness was excluded. Dr. Townsend claims that her expert witness would have supported her allegations that she did not provide treatment below the standard of care. Pet. 9–10.

A Presiding Officer has wide discretion to regulate the course of proceedings under the APA. RCW 34.05.449(1); *King Cty. Pub. Hosp. Dist. No. 2 v. Wash. State Dep't of Health*, 178 Wn.2d 363, 373–74, 309 P.3d 416 (2013), citing *UWMC v. Wash. State Dep't of Health*, 164 Wn.2d 95, 104, 187 P.3d 243 (2008). Such discretionary decisions are not disturbed absent a showing of a manifest abuse of discretion. *State v. Brown*, 132 Wn.2d 529, 571–572, 940 P.2d 546 (1997).

Here, Dr. Townsend's proposed expert testimony was properly excluded because Dr. Townsend offered it after the deadlines set by the hearing scheduling order and prehearing conference. AR 26–27, 384 (Final Order 12).

B. There Is No Other Basis for Review Under RAP 13.4(b)

Finally, out of abundance of caution and because Dr. Townsend fails to specify a basis for review under RAP 13.4(b), the Department briefly addresses each prong. As explained above, to the extent Dr. Townsend's references to procedural due process and unfairness intend to establish that this case raises a significant constitutional question, these arguments are without merit. *See* RAP 13.4(b)(3).

Second, Dr. Townsend fails to identify any Supreme Court or published appellate cases with which the Court of Appeal's decision conflicts, and the Department is aware of none. *See* RAP 13.4(b)(1)–(2).

Where no authorities are cited in support of a proposition, the court is "not required to search out authorities, but may assume that counsel, after diligent search, has found none." *State v. Manajares*, 197 Wn. App. 798, 391 P.3d 530 (2017), citing *DeHeer v. Seattle Post-Intelligencer*, 60 Wn.2d 122, 126, 372 P.2d 193 (1962). Furthermore, the Court of Appeal's decision was unpublished, and therefore could create no precedent and no conflict with existing Washington law.

And third, the Court of Appeals decision does not involve an issue of substantial public interest as the principal issue before it was specific to the facts of this case—i.e., whether there was substantial evidence to support the suspension of Dr. Townsend's license. RAP 13.4(b)(1)–(4). The Court's affirmation of the Department's final order suspending Dr. Townsend's license merely requires Dr. Townsend to comply with the laws governing the discipline of health care professionals in Washington. While Dr. Townsend's treatment of her patients was egregious, the case itself is an unremarkable judicial review of an administrative order under the Administrative Procedure Act. Therefore, this case does not warrant review under RAP 13.4(b).

V. CONCLUSION

The disciplinary authority issued a Final Order containing detailed findings of fact fully supported by the administrative record. This order has

been affirmed by the Spokane County Superior Court and Division III of the Court of Appeals, with the Court of Appeals noting that "[t]he record contains substantial evidence to support each finding against Dr. Townsend." *Townsend*, 2018 WL 6584582, at *9.

Dr. Townsend now seeks further review of her case by this Court, but has failed to show her petition meets the requirements under RAP 13.4(b). Dr. Townsend has received all the appellate review to which she is entitled. Accordingly, the Department respectfully requests that this Court deny the petition for review.

RESPECTFULLY SUBMITTED this 29TH day of March, 2019.

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PROOF OF SERVICE

I, Khrys Z. Kayne, certify that I caused a copy of this document, **Answer to Petition for Review,** to be served on all parties or counsel of record to:

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Electronically filed with Washington Supreme Court

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

DATED this 29TH day of March, 2019, at Olympia, Washington.

/S/ Khrys Kayne
KHRYS Z. KAYNE
Legal Assistant

WASHINGTON STATE ATTORNEY GENERAL'S OFFICE AGRICULTURE & HEALTH DIVISION

March 29, 2019 - 9:21 AM

Transmittal Information

Filed with Court:	Supreme Court
Appellate Court Case Number:	96740-7
Appellate Court Case Title:	Darlene A. Townsend, Ph.D. v. State of Washington, Department of Health
Superior Court Case Number:	16-2-00443-6

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