STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Olympia, Washington 98504

RE: Mark E. Mulholland, MD
Master Case No.: M2024-199
Document: Second Amended Statement of Charges

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's 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:

> Investigative, law enforcement, and crime victim information is exempt from public inspection and copying pursuant to RCW 42.56.240(1).

If you have any questions or need additional information regarding the information that was withheld, please contact:

> Public Disclosure Office
> PO Box 47808
> Tumwater, WA 98504
> Phone: (360)-236-4836

You may appeal the decision to withhold any information by writing to the Public Records Officer, Department of Health, P.O. Box 47808, Tumwater, WA 98504.

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **MARK E. MULHOLLAND, MD** License No. MD.MD.00038090 Respondent.	**No. M2024-199** **SECOND AMENDED STATEMENT OF CHARGES**

The Executive Director of the Washington Medical Commission (Commission) is authorized to make the allegations below, which are supported by the evidence contained in Commission file numbers 2023-13674, 2023-16150, 2024-12627, 2024-13715, 2025-10061, 2025-10121, 2025-10650, 2025-11148, 2025-11563, 2025-11572, 2025-13417, and 2025-17129. The patients referred to in this Second Amended Statement of Charges are identified in the attached Confidential Schedule.

1. ALLEGED FACTS

1.1 On November 12, 1999, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active with restrictions. Respondent is board certified in obstetrics and gynecology.

1.2 Respondent has exhibited a pattern of conduct and lack of appropriate boundaries toward patients while employed at a women's medical clinic that falls below the standard of care. Respondent has made inappropriate comments about patients' physical appearances, including body shaming patients who were overweight and making implied sexual comments about patients' vaginas. During a bedside ultrasound, Respondent pulled a patient's pants down himself without asking for permission and did not drape the patient.

1.3 Respondent has also made inappropriate comments toward female staff, such as commenting on their weight, asking them to show him their breasts or inquiring about whether they planned to cheat on their husband.

1.4 Respondent's behaviors toward patients and staff have often been rationalized, normalized, and minimized, resulting in patient and staff complaints being dismissed and not taken seriously.

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Patient A

1.5 On December 5, 2022, Patient A appointed with Respondent for a hysterectomy consultation. Patient A previously underwent sterilization surgery in February 2022 and developed post-endometrial ablation syndrome characterized by pain, cramping, and bleeding with menstruation.

1.6 During this appointment, Respondent questioned Patient A about pain with intercourse, which Patient A denied, and posed specific questions about pain with vaginal penetration in a manner which made Patient A uncomfortable. Respondent then performed a pelvic examination on Patient A. Respondent moved his fingers in and out of Patient A's vagina repeatedly causing her pain and again posed questions about pain with penetration during the pelvic examination despite Patient A's report that the pain was associated only with menstruation. Respondent further made comments about Patient A's body unrelated to a medical purpose, including comments about the appearance and characteristics of the patient's vagina.

Patient B

1.7 On November 27, 2023, Patient B appointed with Respondent for a hysterectomy consultation due to bleeding and abdominal pain. During the pelvic examination, Respondent used his hands to position Patient B on the examination table rather than instructing the patient to reposition herself. This included Respondent placing his hands near the patient's buttocks to move Patient B's body and touching Patient B's leg after the examination. During the bimanual portion of the examination, Respondent moved his fingers in and out of Patient B's vagina repeatedly causing her pain.

1.8 After the examination was complete, Respondent discussed scheduling for a hysterectomy and made comments about Patient B's body unrelated to a legitimate medical purpose, including that he was eager to see the patient's vagina and was looking forward to being reunited with her womb.

Patient C

1.9 On or about August 7, 2024, Patient C appointed with Respondent for contraceptive implant removal and complaints of abnormal vaginal odor, abdominal pain, and pain with sexual intercourse. Upon entering the room, Respondent embarrassed Patient C by loudly stating he heard her vagina had an unpleasant odor.

1.10 During the pelvic examination, Respondent told Patient C that her vagina did not smell bad and obtained a sample. Respondent then commented about Patient C's husband's performance during sexual intercourse unrelated to a legitimate medical purpose when noting that Patient C's vagina was very dry. During the bimanual portion of the examination, Respondent moved his fingers in and out of Patient C's vagina repeatedly causing her discomfort until she asked him to stop. Respondent also asked about Patient C's masturbation practices in a way that made Patient C uncomfortable and unrelated to a legitimate medical purpose.

1.11 After the examination was complete, Respondent rubbed Patient C's shoulder and further commented on Patient C's sexual activity unrelated to a legitimate medical purpose.

Patient D

1.12 On or about June 12, 2023, Patient D appointed with Respondent for the first time on an urgent basis following a dilation and curettage (D&C) performed by another physician. Patient D reported pelvic pain, vaginal bleeding, and feeling a stitch on her cervix. Patient D was accompanied by her husband.

1.13 Respondent told Patient D's husband how good Patient D's fingers were if she could feel the stitch, which made her uncomfortable. During the pelvic examination, Respondent first used a speculum to view the stitch. Respondent then asked if he could do a bimanual exam and Patient D agreed. During the bimanual portion of the examination, Respondent moved his fingers back and forth repeatedly in a sweeping motion that made Patient D uncomfortable. When Patient D asked Respondent what he was doing, Respondent told Patient D he was trying to remove the stitch. Patient D told Respondent that removal was unnecessary and asked him to stop several times before he did.

Patient E

1.14 On or about May 14, 2024, Patient E appointed with Respondent for a surgical consult due to chronic pelvic pain. Patient E reported pain with vaginal intercourse and urination. Patient E's medical history included endometriosis, two D&Cs, a hysterectomy, and a vaginal prolapse repair.

1.15 During the pelvic examination, Respondent grabbed Patient E's leg above the knee, squeezing it. Respondent then moved his fingers in and out of Patient E's

vagina repeatedly causing her pain. After the examination, Respondent told Patient E that, without telling her partner, she should use some "sex toys" to stretch the tender area and he showed her on his phone where to buy them.

Patient F

1.16 On or about May 8, 2020, Patient F appointed with Respondent for evaluation regarding pain with vaginal intercourse following an anterior and posterior colporrhaphy and perineoplasty performed by Respondent.

1.17 During the pelvic examination, Respondent placed his hand on Patient F's leg. Respondent commented on the characteristics of Patient F's vagina unrelated to a legitimate medical purpose and that Patient F's husband should be pleased with Patient F's vagina following the surgery. When Patient F expressed concern about her pain, Respondent recommended sexual intercourse. Respondent asked Patient F about her husband's penis size and told her to call him on his personal cell phone and provide measurements to ensure he got the correction right during the next surgery.

Patient G

1.18 On or about April 22, 2024, Patient G appointed with Respondent for evaluation of ovarian cysts. Patient G reported experiencing pelvic pain, pain with vaginal intercourse, and difficulty becoming pregnant.

1.19 During the clothed physical examination, Respondent body shamed Patient G by grabbing her stomach, asking her if it hurt, and telling Patient G it hurt because it was fat. Respondent posed specific questions about vaginal penetration by Patient G's partner unrelated to a legitimate medical purpose and in a manner which made Patient G uncomfortable.

1.20 During the pelvic examination, Respondent moved his fingers up and down and at different depths of Patient G's vagina repeatedly causing her discomfort.

Patient H

1.21 On or about September 5, 2017, Patient H appointed with Respondent regarding irregular menstrual bleeding following intrauterine device (IUD) removal. When Respondent entered the examination room, he commented on her weight gain and eating habits in an embarrassing manner.

1.22 During the pelvic examination, Respondent touched Patient H's labia and inserted his fingers into her vagina without wearing gloves, causing Patient H to tense up.

Respondent then said “oops” and put on gloves before continuing with the examination. At one point, Respondent grabbed Patient H’s inner thigh and told her to relax.

Patient I

1.23 On or about January 10, 2023, Patient I appointed with Respondent for IUD insertion. Patient I was accompanied by her husband.

1.24 Prior to IUD insertion, while Patient I was lying on the examination table with her feet in the stirrups, Respondent commented on the depth of her vagina and that her husband must like it. While inserting the IUD, Respondent asked Patient I’s husband if he wanted to hear a joke and if he knew how you know if someone has a deep vagina. Respondent then shouted into Patient I’s vagina and acted like there was an echo while laughing. Patient I was mortified.

Patient J

1.25 On or about June 15, 2023, Patient J appointed with Respondent for a surgical consultation and evaluation of pelvic pain and irregular periods.

1.26 During this appointment, Respondent questioned Patient J about her sexual preference and asked her why she was not with a man. When Patient J asked Respondent about the cause of her pelvic pain, Respondent suggested that Patient J was not pleasuring herself enough.

1.27 While Patient J was positioning herself on the examination table for a bimanual examination, Respondent grabbed her ankle and pulled her to the end of the table instead of instructing her how to position herself. Prior to inserting his fingers into Patient J’s vagina, Respondent stroked her labia.

1.28 During the bimanual examination, Respondent roughly inserted his fingers causing Patient J pain, which was unlike her previous bimanual examinations with other practitioners. Afterward, Respondent commented on the size of his fingers. Respondent then performed a rectal exam, which Patient I felt was forceful and aggressive, and Respondent commented that Patient I took it “surprisingly well.” After her appointment, Patient J bled from her vagina and rectum for several days and called the clinic out of concern.

Patient K

1.29 On or about August 2, 2023, Patient K had a bilateral tubal ligation via cautery and transection performed by another surgeon. The surgeon’s operative note

stated that Patient K desired permanent sterilization but did not want her fallopian tubes removed.

1.30 On or about March 6, 2024, Patient K appointed with Respondent for a surgical consultation regarding pelvic pain. Patient K discussed with Respondent that she had previously chosen tubal ligation over a salpingectomy (aka fallopian tube removal) in case she ever wished to become pregnant again.

1.31 On or about June 4, 2024, Patient K consented to, and Respondent performed, a diagnostic and therapeutic laparoscopy for treatment of pelvic pain. However, Respondent also removed Patient K's fallopian tubes without her consent. In his operative note findings, Respondent wrote that he removed her fallopian tubes "as a practice of standard of care." Patient K was discharged that day without Respondent speaking to her.

1.32 On or about June 5 and 6, 2024, by phone, and at the post-operative visit on July 15, 2024, Respondent acknowledged he had mistakenly removed Patient K's fallopian tubes. In his statement to the Commission, Respondent explained that he "simply reverted to his usual standard of practice."

2. ALLEGED VIOLATIONS

2.1 Based on the Alleged Facts, Respondent has committed unprofessional conduct in violation of RCW 18.130.180(1), (4), (7), (23), WAC 246-919-630(2)(e),(f),(g), and WAC 246-919-640(1)(a), (d), which provide:

> **RCW 18.130.180 Unprofessional conduct.** Except as provided by RCW 18.130.450, the following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:
>
> (1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

…

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

…

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

…

(23) Abuse of a client or patient or sexual contact with a client or patient;

… .

WAC 246-919-630 Sexual misconduct.

…

(2) A physician shall not engage in sexual misconduct with a current patient or a key third party. A physician engages in sexual misconduct when he or she engages in any of the following behaviors with a patient or key third party:

…

(e) Touching breasts, genitals, or any sexualized body part for any purpose other than appropriate examination or treatment;

(f) Examination or touching of genitals without using gloves, except for examinations of an infant or prepubescent child when clinically appropriate;

(g) Not allowing a patient the privacy to dress or undress;

… .

WAC 246-919-640 Abuse.

(1) A physician commits unprofessional conduct if the physician abuses a patient. A physician abuses a patient when he or she:

(a) Makes statements regarding the patient's body, appearance, sexual history, or sexual orientation that have no legitimate medical or therapeutic purpose;

…

(d) Engages in any conduct, whether verbal or physical, which unreasonably demeans, humiliates, embarrasses, threatens, or harms a patient.

… .

2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.

3. NOTICE TO RESPONDENT

The charges in this document affect the public health and safety. The Executive Director of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline and the imposition of sanctions under Chapter 18.130 RCW.

DATED: March 17, 2026.

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

KYLE KARINEN
EXECUTIVE DIRECTOR

TRACY L. BAHM, WSBA # 22950
SENIOR COUNSEL

CONFIDENTIAL SCHEDULE

This information is confidential and is NOT to be released without the consent of the individual or individuals named below. RCW 42.56.240(1)

Patient A

Patient B

Patient C:

Patient D

Patient E

Patient F

Patient G

Patient H

Patient I

Patient J

Patient K