

## Winter 2019

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# WHAT EVERYONE SHOULD KNOW

## From the Chair

### **“Pain Treatment and Opioid Misuse Treatment – Two Sides of the Same Coin”**

Louisa Barnhart, MD, MPH  
Chair of BOLIM

In the Board’s summer newsletter, Dr. Peter Sacchetti, M.D. wrote an article regarding the need for a balanced approach to opioid prescribing ([http://www.maine.gov/md/sites/maine.gov.md/files/inline-files/2019summer\\_0.pdf](http://www.maine.gov/md/sites/maine.gov.md/files/inline-files/2019summer_0.pdf)). I echo that sentiment and urge physicians and physician assistants who treat chronic pain with opiates to consider treating patients suffering from opiate misuse disorder with buprenorphine.

While new laws and rules have been enacted to address the issue of overprescribing of opiates, and it seems we are getting a handle on that, there are sequelae of these measures that significantly impact patients who have been on chronic opiate medications for many years. One of these sequelae is the loss of a clinician willing to provide continuing care with even modest amounts of opiates. For example, recently a group of chronic pain clinicians abruptly closed their practice, leaving numerous patients scrambling for alternative care and treatment.

The Board regularly reviews complaints against clinicians regarding prescribing practices. These complaints come from a variety of sources, including patients. The Board’s review of these complaints is consistently based on the medical records (including documentation of medical decision-making) and the use (or not) of universal precautions. Clinicians who employ universal precautions and whose prescribing practices are supported by the medical record have nothing to fear from the Board. Unfortunately, the application of these precautions by some clinicians has involved a steep learning curve, and requires a balance of compassion and verification of appropriate use of prescriptions. Well-meaning clinicians who prescribe opiates without this balance risk harming patients.

Fortunately, in Maine there are groups of clinicians who have expertise in this area and are willing to help. If you or a colleague are considering treating patients with opiates or if you are already prescribing opiates and are struggling with the implementation of

these universal precautions, contact the Maine Independent Clinical Information Service (“MICIS”), which provides academic detailing and peer-to-peer educational outreach designed to improve prescribing practices. To schedule a session, go to: <https://micismaine.org/contact/>.

Finally, treating pain with opiates and treating opiate misuse with buprenorphine are two sides of the same coin. I urge clinicians who prescribe opiates for pain to become educated about buprenorphine treatment for opioid misuse and to provide opioid misuse treatment. Clinicians who already prescribe opiates have the monitoring mechanisms in place to prescribe buprenorphine. In addition, this further education, and subsequent treatment of patients with buprenorphine will help inform and enlighten clinicians to the signs of opiate dependence in patients they are treating for pain. Treating opiate dependence is very rewarding and can change – or even save – a patient’s life. Give it a try!

## **Governor Mills’ Response to the Opioid Crisis**

By Gordon Smith, Director of Opioid Response, State of Maine

I appreciate the opportunity to keep physicians informed of the actions the Mills administration is taking to address the opioid/addiction crisis in our state. You are already familiar with the actions announced in February including the purchase and distribution of naloxone, the recruitment, training and coordination of 250 recovery coaches, the initiation of low-barrier access buprenorphine in all 33 emergency departments in the state and the expansion of medication assisted treatment to all inmates (in prison or jail) with a diagnosis of substance use disorder. Since February, the following additional actions have been announced or brought forward by the 129th Legislature.

1. Enhance the services at the 7 existing syringe exchange sites and expand to an additional 5 sites.
2. Incentive existing recovery residences to become nationally certified and to not discriminate against residents on Medication Assisted Treatment (MAT).
3. Work with Maine State Housing Authority to renovate or construct up to four new recovery residences.
4. Sponsor the second annual Governor’s Opioid Response Summit scheduled for July 23, 2010 at the Cross Insurance Center in Bangor.
5. Initiate two projects (one urban, one rural) providing housing and treatment to up to fifty chronically homeless individuals with opioid use disorders.
6. Establish additional recovery centers in Millinocket and Lincoln.
7. Establish a recovery friendly job program in the state, in cooperation with the federal and state Department of Labor.
8. Hold 10 to 12 screening of recovery appropriate movies followed by panel discussions and community forums in northern and eastern Maine (in November, 2019)

9. Continue to expand treatment options including review of reimbursement options and develop strategies to expand the number of prescribers with their x waiver (currently just over 900).
10. Support at least two state chapters of Young Persons in Recovery (YPR).
11. Review the provision of services to mothers with SUD of childbearing age. A robust Substance Exposed Infants (SEI) Working Group continues to meet every month to evaluate present efforts and explore additional ones. We are presently working on the problem of the variability of the reports being made to Child and Family Services. The federal government now requires the state to make a distinction between substance affected infants and substance exposed infants.

Additional projects and strategies are being worked on. In September, senior members of our team held a day long retreat to prioritize future spending and then had the opportunity at the MMA meeting in Bar Harbor to present these recommendations to Governor Mills. At the retreat, the highest priority was determined to be Treatment, followed by Recovery Support, Prevention and Overdose Response.

Our Prevention Task Force is chaired by Educational Commissioner Pender Makin and has held three meetings and several subcommittees continue to meet between meetings of the Task Force. In addition to looking at curriculums featuring the topic of social emotional learning, our Task Force members are also reviewing out of school activities. A number of strategies are being developed to help get at-risk youth outdoors and engaged in positive, healthy activities. I appreciate being aided in this particular work by former first lady Mary Herman who is working for Commissioner Makin.

It is a singular honor and pleasure to deliver the Governor's message of hope and recovery across the state. Thank you for all you do as physicians to assist those in recovery. I look forward to reporting to you again in 2020 and reviewing the progress made in the first year of our work. If you have a question about this work or wonder what you can do to help, don't hesitate to communicate with me at [Gordon.Smith@maine.gov](mailto:Gordon.Smith@maine.gov) or call me on my cell phone at (207) 592-0859.

## **Death with Dignity Law: An Intersection of Law and Ethics**

On September 19, 2019, "An Act To Enact the Maine Death with Dignity Act" became effective law in the State of Maine. <http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP0948&item=3&num=129> The Death with Dignity Act ("law") provides qualified patients (as defined in the law) who possess the requisite capacity to make informed decisions regarding their care at the end of life. More specifically, the law allows qualified patients to request and obtain prescriptions for medications from an allopathic or osteopathic physician licensed to practice medicine in Maine for self-administration in order to end their life in a humane and dignified manner. In addition, the law explicitly prohibits "a physician or any other person to end a patient's life by lethal injection."

Here are some highlights of the law:

1. The law includes safeguards for patients, including:
  - Defining a “qualified patient” to be a competent adult (18 years or older) who is a resident of this State who has been determined by an attending physician and consulting physician to be suffering from a terminal illness and voluntarily expressed the wish to end their life in a humane and dignified manner.
  - Outlining the multi-step process by which a patient may make requests for medications for self-administration.
  - Outlining attending physician responsibilities.
  - Specific waiting periods.
  - Medical record documentation requirements.
2. Physician participation in Death with Dignity is purely voluntary, and the decision to participate or not is left to the individual physician’s exercise of conscience. However, physicians who are unable or unwilling to carry out requests from qualified patients for medications to end their lives “shall transfer any relevant medical records for the patient[s] to a new health care provider upon request by the patient[s].” In addition, the law allows health care facilities and licensed professionals to prohibit its employees and contractors from participating in any activities authorized by the law while on the premises of the facilities or while in the course of employment or contract with those facilities.
3. The law provides some protection for physicians who choose to participate in Death with Dignity. Specifically, the law states that the “fact that a health care provider participates in activities under this Act may not be the sole basis for a complaint or report by another health care provider to the appropriate licensing board...” However, the law also explicitly states that it does not “lower the applicable standard of care” for any services provided pursuant to the law. Thus, physicians who deviate from the processes established by the law or who violate a standard of care may face investigation by the Board.

The Board recognizes the intersection between this new law and existing medical ethics, including The Code of Medical Ethics of the American Medical Association. The new law permits but does not require participation by physicians and provides protection from discipline solely for providing services under the law. The Board recognizes that physicians will follow their individual consciences in choosing whether or not to participate in any activities authorized by the law, and that any such decision, by itself, cannot and will not form a basis for either investigation or discipline by the Board.

## **Alzheimer’s Disease - Early Detection Is Vital**

Alzheimer’s Disease affects an estimated 5.8 million Americans. Early detection of Alzheimer’s Disease is critical to:

- Initiating beneficial treatments
- Allowing patient and family time for future planning

- Establishing medical and personal care services coordination

The American Academy of Neurology (AAN) now recommends that all adults aged 65 and older receive annual cognitive health assessments. This is one of six new quality measures for improving health care for cognitive concerns. (1)

The Alzheimer's Association convened a group of practicing expert clinicians to make consensus recommendations for an effective, practical, and easy process for detecting cognitive impairment in the primary care setting. Follow this link to learn more about the benefits of early-detection, recommended cognitive assessment tools, who should be evaluated, and more: <https://www.alz.org/professionals/health-systems-clinicians/cognitive-assessment>

The Alzheimer's Association and the National Institute on Aging (NIA) jointly issued four criteria and guidelines to diagnose Alzheimer's disease, including recommendations for clinical office settings. These four recommendations are:

- Diagnostic criteria – Introduction
- Diagnostic criteria for Alzheimer's disease
- Diagnostic criteria for Mild Cognitive Impairment
- Recommendations for defining preclinical Alzheimer's disease

Visit this link to explore more on each topic: <https://www.alz.org/professionals/health-systems-clinicians/dementia-diagnosis>

(1) Neurology® 2019;93:705-713. doi:10.1212/WNL.00000000000008259

## **Board Rules Update**

### **Chapter 21 - Proposed Amendments to Use of Controlled Substances for Treatment of Pain**

Board Rule Chapter 21 *Use of Controlled Substances for Treatment of Pain* is a joint rule with the Maine State Board of Nursing, the Maine Board of Osteopathic Licensure, and the Board of Licensure of Podiatric Medicine. The Boards are proposing to amend Chapter 21 in response to concerns regarding its potential impact upon: in-patients, patients in any custodial care facilities (including nursing homes, rehabilitation facilities, and assisted living facilities) where the patients do not have possession or control of their medications and where the medications are dispensed or administered by a licensed, certified or registered health care provider, cancer patients, and terminally ill patients receiving hospice care.

The proposed amendments to Chapter 21 would:

- Exempt from the rule the treatment of patients who are in-patients of any medical facility, or the treatment of patients in any custodial care facilities (including

nursing homes, rehabilitation facilities, and assisted living facilities) where the patients do not have possession or control of their medications and where the medications are dispensed or administered by a licensed, certified or registered health care provider.

- Exempt cancer patients from the dosage and days' supply prescribing limits.
- Exempt from the rule the treatment of terminally ill patients receiving hospice care.
- Clarify the use of the CDC Guidelines for prescribing opioids for chronic pain.

Once the proposed rule amendment is available for public comment, it will appear on the front page of our website: <https://www.maine.gov/md>. The Boards welcome comments regarding the proposed amendments to the rule, which can be provided to:

Kimberly S. Esquibel, PhD, MSN, RN, Executive Director, Maine State Board of Nursing  
[Kim.Esquibel@maine.gov](mailto:Kim.Esquibel@maine.gov)

Susan Strout, Executive Secretary, Maine Board of Osteopathic Licensure  
[Susan.E.Strout@maine.gov](mailto:Susan.E.Strout@maine.gov)

Dennis E. Smith, Esq., Executive Director, Maine Board of Licensure in Medicine  
[dennis.smith@maine.gov](mailto:dennis.smith@maine.gov)

Kristina M. Halvorsen, Regulatory Board Administrator, Board of Licensure of Podiatric Medicine, 35 State House Station, Augusta, ME 04333-0035, tel. (207) 624-8420, fax (207) 624-8637, [kristina.m.halvorsen@maine.gov](mailto:kristina.m.halvorsen@maine.gov).

## **Chapter 12 - Proposed Rule on Office Based Opioid Treatment**

Opioid use disorder (OUD) is a proliferating chronic medical condition. Office based opioid treatment (OBOT) is one way clinicians can treat OUD. OBOT integrates the treatment of OUD into the general medical and behavioral care of the patient by allowing qualified clinicians to prescribe an opioid agonist such as buprenorphine in the primary care setting. Clinicians interested in providing OBOT must have completed requisite training and obtained a DATA 2000 waiver. Information regarding the training and waiver can be found at: <https://www.samhsa.gov/medication-assisted-treatment/training-materials-resources/apply-for-practitioner-waiver>.

The Maine State Board of Nursing, the Maine Board of Osteopathic Licensure, and the Maine Board of Licensure in Medicine previously proposed a joint OBOT rule for public comment. Following the receipt and review of public comments, the Boards made changes to the proposed rule, which will be published for additional public comment. When the rule is open for public comment it will appear on the front page of our website [www.maine.gov/md](http://www.maine.gov/md).

The Boards welcome comments regarding the proposed amendments to the rule, which can be provided to:

Kimberly S. Esquibel, PhD, MSN, RN, Executive Director, Maine State Board of Nursing  
[Kim.Esquibel@maine.gov](mailto:Kim.Esquibel@maine.gov)

Susan Strout, Executive Secretary, Maine Board of Osteopathic Licensure  
[Susan.E.Strout@maine.gov](mailto:Susan.E.Strout@maine.gov)

Dennis E. Smith, Esq., Executive Director, Maine Board of Licensure in Medicine  
[dennis.smith@maine.gov](mailto:dennis.smith@maine.gov)

## ADVERSE ACTIONS

The following adverse actions are being reported for the purpose of educating licensees regarding ethical and/or legal issues that can lead to discipline, and to inform licensees of any limitations or restrictions imposed upon scope of practice.

### **Baharak Bagheri, M.D. License #MDE18430 (Date of Action 10/23/2019)**

On October 23, 2019, the Board and Dr. Bagheri entered into a Consent Agreement pursuant to which the Board issued a warning to Dr. Bagheri for engaging in unprofessional conduct.

### **Charles M. Stewart, M.D. License #MD12483 (Date of Action 10/4/19)**

On September 10, 2019, the Board authorized the entry of an Interim Consent Agreement to continue the Partial Suspension of Dr. Stewart's medical license based on preliminary findings of fact for violations of the following provisions: a) violating Board rules relating to sexual misconduct, including sexual violation(s) and sexual impropriety; b) engaging in conduct that evidences a lack of ability or fitness to discharge the duty owed by the licensee to a client or patient or the general public; and c) engaging in unprofessional conduct by violating a standard of professional behavior established for the practice of medicine. Dr. Stewart's ability to practice medicine is restricted to male patients and he may not practice medicine on female patients.

### **Michael E. Corea, M.D. License #MD18156 (Date of Action 9/10/19)**

On September 10, 2019, Dr. Corea entered into a Consent Agreement with the Board for unprofessional conduct. The Board imposed a Warning for violation of a standard of care, required that he pay actual costs for investigation and enforcement, and placed his license on probation for a period of at least (6) months with observation by a Board approved surgical mentor mandated for a specified number of nephrectomies.

### **Calvin P. Fuhrmann, M.D. License #MD14675 (Date of Action 9/10/2019)**

On September 10, 2019, Dr. Fuhrmann entered into a Consent Agreement with the Board for engaging in unprofessional conduct and incompetence. The Board imposed a license probation for a period of time to be determined by the Board. Dr. Fuhrmann shall obtain a clinical competence assessment through the Center for Personalized Education for Professionals ("CPEP"). Following the receipt of the CPEP Assessment report, the Board in its sole discretion shall determine the manner and time which Dr.



Fuhrmann shall implement and comply with any CPEP recommendations, and may impose other conditions of probation, including monitoring.

**Arvind Patel, M.D. License #MDE13964 (Date of Action 9/10/19)**

On September 10, 2019, the Board accepted Dr. Patel's request to convert his Maine medical license to an Emeritus status while under investigation.

**Jenie M. Smith, M.D. License #MD15392 (Date of Action 9/10/2019)**

On September 10, 2019, Dr. Smith entered into a Consent Agreement for the immediate surrender of her license based upon unprofessional conduct, violation of Board rules, and misuse of alcohol that may result in performing services in a manner that endangers the health or safety of patients.

**Charles M. Stewart, M.D. License #MD12483 (Date of Action 9/10/19)**

Based on preliminary findings of fact, the Board issued an immediate partial suspension of Dr. Stewart's medical license for violations of the following provisions: a) violating Board rules relating to sexual misconduct, including sexual violation(s) and sexual impropriety; b) engaging in conduct that evidences a lack of ability or fitness to discharge the duty owed by the licensee to a client or patient or the general public; and c) engaging in unprofessional conduct by violating a standard of professional behavior established for the practice of medicine. Dr. Stewart's ability to practice medicine is restricted to male patients and he may not practice medicine on female patients during the suspension period of thirty (30) days.

**Sally R. Weiss, M.D. License #MD10694 (Date of Action 08/13/19)**

On August 13, 2019, Dr. Weiss entered into a Consent Agreement with the Board. The Board imposed a license probation for a period of at least (1) year during which Dr. Weiss must have a Board approved Physician Practice Monitor who monitors her compliance with controlled substance prescribing and medical recordkeeping standards and submits monthly reports to the Board.

**Anthony Perrone, M.D. License #MD19910 (Date of Action 7/9/2019)**

On July 9, 2019, Dr. Perrone entered into a Consent Agreement with the Board for engaging in unprofessional conduct. The Board imposed a warning for unprofessional conduct, required that he complete an in-person continuing medical education course on Professional Boundary Training for Medical Professionals, and required that he engage in mental health therapy with a Board approved psychiatrist or psychologist for a period of at least one year. Pursuant to the Consent Agreement, Dr. Perrone agreed not to commit boundary violations with co-workers, employees, patients or key third parties of patients.

**Malathy Sundaram, M.D. License #MD16273 (Date of Action 7/8/2019)**

On July 8, 2019, pursuant to paragraph 21(a)(4) of Dr. Sundaram's August 8, 2017 Consent Agreement, the Board determined that Dr. Sundaram was in material noncompliance of the consent agreement requirements and suspended her license to practice until she is deemed to be in compliance.

# LICENSING ISSUES

## Licensing Reminders

**Attention Physicians and Physician Assistants!** Updating your contact information with the Board can save you time and money. Important Board documents (license renewal notifications, complaint notifications, electronic newsletters, licenses) are sent to the last address (mailing/email) you provide to the Board. Failure to update your contact information can result in your not receiving these important notifications, which may have an impact upon your license including possible disciplinary action and sanction by the Board. You can review and update your contact information online anytime by visiting the Board's website: <http://www.maine.gov/md/resources/online-services>.

**Attention Physician Assistants!** It is your responsibility to ensure that your license application and registration are properly filed with the Board and that you have both a license and registration prior to rendering any medical services in the State of Maine. Physician assistants who do not ensure that they have both a license and registration face possible disciplinary action and sanction by the Board. For information regarding physician assistant licensure and registration, visit the Board's website: <http://www.maine.gov/md/licensure/pa-license>.

**Attention Physicians!** Physicians who do not ensure that their physician assistants have both a license and registration also face possible disciplinary action and sanction by the Board.

**Attention Physicians and Physician Assistants!** All licensees with an active license, except for Emeritus status, must complete 3 hours of opioid CME reach renewal cycle. The Board has partnered with Quality Counts to provide free CME on their website <https://qclearninglab.org/course-cat/caring-for-me/> In total:

- Physicians must complete a total of 40 hours of AMA Category 1 CME hours each renewal cycle.
- Physician Assistants must complete a total of 40 hours of AMA Category 1 CME hours and 60 Category 2 hours each renewal cycle. Physician Assistants may substitute current NCCPA certification for the 100 hours but must still complete the required opioid CME.

# HEALTH AND WELLNESS

## Wellness for Physicians & Physician Assistants

By Guy R. Cousins, Director, Medical Professionals Health Program

*Located in Manchester, Maine, the Medical Professionals Health Program (“MPHP”) is a program of the Maine Medical Association, which receives financial support from a number of professional licensing boards. Overseen by a peer review committee, the MPHP assists healthcare professionals challenged with substance use, mental health, and behavioral issues, as well as stress and burnout by providing confidential and compassionate monitoring, support, treatment resources, advocacy, education and outreach. For more information regarding the MPHP visit: <https://www.mainemphp.org/>.*

There is a significant volume of literature about stress and burnout in the medical field. It routinely identifies the professional and personal demands that drive burnout. Those demands include:

#### Professional Stressors:

- expectations of unrealistic endurance
- time pressures
- excessive work hours
- threat of malpractice suits
- difficult patients
- coping with death, loss, & grief
- sleep deprivation
- unsupportive work environments

#### Personal stressors:

- financial worries
- limited free time
- isolation
- uncertainty
- a culture of silence
- a lack of effective stress management skills

Wellness is truly the antithesis of burnout. Interestingly enough it is foundational in the Hippocratic Oath. The Oath states that: “*I (Physician) will prevent disease whenever I can, for prevention is preferable to cure.*”(1)

Focusing on Wellness is only a paradigm shift when believing that physicians are already included in the promotion of health and wellness. Wellness is an active process of being aware and making choices toward a healthy & happy life.

The Substance Abuse and Mental Health Services Administration (SAMHSA) identifies eight dimensions of wellness. (2) They are:

1. Emotional- coping with life and creating satisfying relationships
2. Environmental –being in stimulating environments that support well-being.

3. Intellectual – recognizing creative abilities/finding ways to expand knowledge and skills
4. Physical – recognizing the need for physical activity, diet, sleep, & nutrition
5. Occupational – personal satisfaction and enrichment derived from one's work
6. Financial – satisfaction with current and future financial situations
7. Spiritual – expanding our sense of purpose and meaning in life
8. Social – developing a sense of connection, belonging, and a well-developed support system.

These dimensions are inter-connected and when life challenges us in any one of these domains, we can easily lose our balance. The habits we develop and use (especially the healthy habits) are critical to how we actively meet these challenges and work toward our overall wellness.

It is important to recognize that these domains of wellness occur both on an individual level and an organizational level. Health and medical organizations must recognize the importance of these domains and how they can promote a healthier work environment. This slight shift in promoting wellness to include physicians and physician assistants is essential as our workforce continues to struggle with stress and burnout.

Focusing on the health and wellness of our practitioners together can be a game changer for all.

## References

(1) Hippocratic Oath (1964) version written by Louis Lasagna, Dean of the School of Medicine at Tufts University.

(2) SAMHSA (2006) The Eight Dimensions of Wellness:  
<https://store.samhsa.gov/system/files/sma16-4955.pdf>

# FROM THE EDITOR

## Book Notes

**Arthur Kleinman. *The Soul of Care: The Moral Education of a Husband and a Doctor*. N.Y.: Viking, 2019**

After his beloved wife was diagnosed with Alzheimer's, her husband the doctor, discovered that what he didn't know was a lot. The book is part memoir, part examination of love and marriage, and an intimate look at how 40 years in the medical profession left him entirely unprepared to care for a loved one.

**Arthur Kleinman, MD**, is one of the most renowned and influential scholars and writers on psychiatry, anthropology, global health, and cultural issues in medicine. He is currently professor of psychiatry and of medical anthropology at Harvard Medical

School. He is also the author of *The Illness Narratives: Suffering, Healing, and the Human Condition*, now widely taught in medical schools.

## **Uwe Reinhardt. *Priced Out*. Princeton: Princeton University Press, 2019**

*Priced Out* is a terse (137 pages), lucid, often humorous, and unsparing analysis of the United States' unfinished health policy agenda.

After reflecting on a key flaw in The Affordable Care Act — the lack of a robust individual mandate — Reinhardt offers both a solution and an object lesson.

The pivotal question in *Priced Out* is: “Should the child of a poor American family have the same chance of avoiding preventable illness or of being cured from a given illness as does the child of a rich American family?” If the preferred answer is “Yes,” the U.S. fails.

The book provides both a critique of the 2010 Affordable Care Act and the ill-fated attempt by President Trump and congressional Republicans to “repeal and replace” the Act in 2017.

The author taught 50 years at Princeton until his death in 2017 and is still by many accounts the premier economist of health care in the world.

## **BOARD NEWS**

### **Mary Louisa Barnhart, M.D., New Board Chair**



Mary Louisa Barnhart, M.D. has been elected Chair of the Maine Board of Licensure in Medicine (“Board”).

Dr. Barnhart obtained her medical degree from the University of Pittsburgh School of Medicine, and her Masters Degree in Public Health from the University of Pittsburg School of Public Health. Dr. Barnhart completed a residency in Family Practice at Eastern Maine Medical Center, in which specialty she practiced for approximately 18 years.

In 2002, Dr. Barnhart completed a second residency in Psychiatry at Maine Medical Center, in which specialty she holds national board certification and in which specialty she has practiced for the last 17 years. During her medical career in Maine, Dr. Barnhart has been recognized on multiple occasions by her peers for her excellence in providing psychiatric care and as a teacher of psychiatry within the Maine Dartmouth Family Practice Residency Program.

Dr. Barnhart was first appointed to the Board in 2011, and previously served as the Board's Secretary. Dr. Barnhart resides in China, Maine with her husband, who is also a physician, and for whose support she is very grateful.

## **Peter J. Sacchetti, M.D., New Board Secretary**



Peter J. Sacchetti, M.D. was raised in New Hampshire and attended Dartmouth College. He earned his medical degree at the University of Vermont and completed residency in internal medicine at North Shore Medical Center in Salem, Massachusetts with additional post-graduate training in anesthesiology and critical care medicine.

Dr. Sacchetti has been practicing in York County since 2007 and established the first internal medicine Direct Primary Care practice in Maine in 2015. Dr. Sacchetti is a founding member of the New England Direct Primary Care Alliance (NEDPCA) and currently serves as one of its officers.

Dr. Sacchetti was appointed to the Board of Licensure in Medicine in 2014, was recently reappointed to the Board, and elected to serve as Board Secretary.

## **New Board Member, Emory Liscord, MD**



Emory Liscord, MD is a native Mainer who moved back to Maine after graduating from Dartmouth Medical School in 2010 and completing her training in Emergency Medicine at Boston Medical Center in Boston, Massachusetts. Dr. Liscord currently practices clinically and serves as the assistant medical director at Maine General Medical Center's Department of Emergency Medicine. Dr. Liscord is also a clinical professor at the University of New England College of Osteopathic

Medicine, and serves on the faculty for Maine General Medical Center's Emergency Medicine Fellowship Program.

Outside of emergency medicine her clinical interests include the role nutrition and lifestyle play in the prevention of chronic disease. In addition to being board certified in emergency medicine she also is a certified obesity medicine specialist.

Dr. Liscord is thrilled to be back in Maine with her husband Peter Spiegel, a veteran teacher, and two small children.

## **Dr. Brenda Gowsky, Medical Director**



Dr. Brenda Gowsky graduated from the University of Sheffield Medical School in Yorkshire, England. She is a US residency trained board-certified emergency medicine physician and is passionate about patient safety and quality medical care. Dr. Gowsky has led five emergency departments over twenty-five years, always encouraging medical staff to be collaborative and cohesive. She is an experienced medical reviewer and understands the current challenges faced by medical professionals in the new era of medicine.

Dr. Gowsky served for nine years as a medical officer in the USAF, involved in Operation Just Cause, 1989, Operation Desert Shield, 1990 and Operation Desert Storm, 1991. She also received Secretary of Veterans Affairs Hero Award, 2005, for "exemplary devotion to duty and selfless personal sacrifice" during Hurricane Katrina and its aftermath.

When not working she enjoys keeping fit and encouraging others to do the same.

## **A Profile in Leadership: Timothy E. Terranova, Assistant Executive Director**

Nineteen years ago, Timothy E. Terranova, joined the professional staff of the Maine Board of Licensure in Medicine. At that time, Mr. Terranova served as the Consumer Assistant for both of Maine's medical licensing boards. In 2014, Mr. Terranova was hired by the Board to become its Assistant Executive Director. In 2016, Mr. Terranova was recognized by the Board's staff, the Commissioner of PFR, and the Governor as "Manager of the Year." Since then, Mr. Terranova has consistently sought opportunities for professional development. During the previous year, Mr. Terranova completed two programs directly related to executive leadership:

1. The Certified Medical Board Executive course sponsored by the Administrators in Medicine (AIM). This multi-day certification course covered all facets of medical board executive leadership.
2. Senior Executives in State and Local Government at the Harvard Kennedy School (HKS). This 3-week course at HKS included multiple subjects such as politics, leadership, negotiation, strategic planning, finance, and networking.

In addition to these professional development opportunities, Mr. Terranova has demonstrated leadership within the Interstate Medical Licensure Compact Commission (IMLCC). As the Board's designated commissioner, Mr. Terranova has served as Chairman of the Communications Committee. On November 19, 2019, in recognition of his talents, Mr. Terranova was elected by fellow commissioners who represent over 43 different medical and osteopathic licensing boards in 29 states, the District of Columbia, and the Territory of Guam, as Chairman of the IMLCC, which is charged with administering the Compact between the regular meetings of the IMLCC.

Mr. Terranova is also a leader outside of his work with the Board, and dedicated to his community and family by:

- Refereeing soccer
- Being a coach and a district coordinator for “Destination Imagination”
- Being the Chair of the Board of Trustees for his local library
- Teaching Sunday School

The Board, Board staff, and State of Maine are extremely fortunate to have the leadership of such a talented and dedicated public servant as Mr. Terranova.

## Current Board Members

Name	Specialty	Expiration of Term
Louisa Barnhart, M.D., Chair	Psychiatry/Family Practice	06/30/21
Peter J. Sacchetti, M.D., Secretary	Internal Medicine	06/30/25
Susan Dench	Public Member	06/30/22
Tim Fox, MD	Emergency Medicine	06/30/20
Maroulla S. Gleaton, M.D.	Ophthalmology	06/30/25
Emory E. Liscord, M.D.	Emergency Medicine/	06/30/21
Christopher R. Ross, P.A.-C	Physician Assistant/ Family Practice	06/30/25
Brad E. Waddell, M.D.	General Surgery	06/30/23
Lynne M. Weinstein	Public Member	06/30/22
Miriam Wetzel, Ph.D	Public Member	06/30/21



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## BOARD OPPORTUNITIES

### Maine Board of Licensure in Medicine Seeks Expert Reviewers

If you live and practice medicine in Maine, the Maine Board of Licensure in Medicine (Board) requests that you consider being an expert reviewer (expert) for the Board. The Board frequently seeks expert reviews of medical care and treatment regarding complaints filed with the Board. Providing expert reviews for the Board is another way that physicians can serve the citizens of Maine. If you are interested in becoming an expert for the Board, please contact Julie Best at: [Julie.A.Best@maine.gov](mailto:Julie.A.Best@maine.gov).

Editor-in-Chief David Nyberg, Ph.D. Graphic Design Ann Casady