

**ALERT:** Stay up to date on Maine's COVID-19 Response

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## Summer 2020 Newsletter

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## Letter from the Chair

Louisa Barnhart, MD, MPH  
Chair of BOLIM

One of the greatest gifts of my career was to be trained by the late Dr. Stanley Evans, MD, Maine's alcoholism and drug addiction treatment pioneer.

Addiction medicine had not been on my radar in Family Practice training. When I read that 50 percent of visits to the outpatient clinic were directly or indirectly related to alcohol use in the patient or family, I realized I had not diagnosed a single alcoholic. So I sought out training with the program Dr. Evans had founded at Eastern Maine Medical Center, the first one in Maine. There was a great deal I did not know. When I found this whole field helping so many people, I was outraged at my lack of exposure to it in medical school. Dr. Evans was a remarkable clinician. His compassion was legendary. Dr. Evans moved on to start a similar program at Mercy Hospital in Portland while I settled in at MidMaine Medical Center.

As alcohol issues shifted to opiates, my interests shifted to two issues that especially trip up people struggling with recovery: chronic pain and psychiatric issues, especially psychological trauma. With addiction genetics and a history of psychological trauma, the prescription of opiates becomes a perfect storm. After 3 months of opioids with this background, 95 percent of patients are still on opioids a year later. With the opioid epidemic the whole field of treatment has shifted to opioids. This group is quickly stabilized by maintenance therapy and seem to go back to work and parenting. Then alcohol comes back to raise its ugly head. All the classic alcoholic issues of learning to communicate, dealing with feelings, and sorting through trauma still have to be addressed. So this field is coming full circle.

In the early years of the addiction field, it was said people had to be sober six months before you treated their psychiatric needs. It quickly became clear to me that many couldn't get sober unless both addiction and mental health were addressed. Fortunately this unfounded idea about waiting has passed the way of many traditions that were not formally studied. Confrontation has given way to motivational interviewing. Multifamily treatment has been lost, which is unfortunate. Dr. Evans was the master of assembling 10 families and when he interviewed the patient on the "hot spot," the entire room would be crying, including staff. I think this work healed family shame. It seems our entire culture has made strides in encouraging early intervention, and so there is less shame. End stage alcoholism is rare in Maine now. When I trained, the whole ward was filled with jaundiced men and a rare woman.

As a field we still need research and development of interventions for trauma. Symptoms of anxiety, hyper-arousal, longstanding low-grade depression, and poor sleep are set ups for overuse of medications and substances. In many patients these symptoms lead to benzodiazepine use long term. Are we really fully aware of the long-term consequences of this medication versus lifelong hyper-arousal? Activation of the HPA axis by hyper-arousal can lead to many serious consequences for the person. Fortunately, our VA system is very interested in these problems and may find answers we can generalize to the whole population.

So, in COVID-19 times, how can we treat ourselves and advise our patients? Classic addiction teachings fit well here. Stay in touch with friends via phone or social media; exercise daily. Mindfulness practice is helpful. It is cheap, simple, and does quiet the system. There are many examples on YouTube. It's a good time to start a hobby. Eat well. Look around and be grateful. Extend a hand when you can. It's what AA's have known for a long time; you can get through anything together.

## WHAT EVERYONE SHOULD KNOW

### PMP System Transition Alert

To Maine PMP Data Submitters (Pharmacies and Dispensers):

As you may be aware, the State of Maine is in the process of transitioning from its current PMP vendor to the RxGov platform in order to provide an improved user experience, enhanced reporting, and greater integration capabilities across disparate EMR platforms. As we move to the new system and implement the various changes that will be necessary to ensure a smooth transition for PMP users, our goal is transparent and effective communication.

#### PMP System Transition Timeline for Pharmacies and Dispensers

- **PMP users who enter data on behalf of pharmacies and dispensers may begin registering with RxGov on June 30, 2020.** These users will be able to continue entering data into the existing PMP system **until midnight on July 14, 2020.**

- Our PMP team will ensure that any data you enter into RxGov will populate back into the existing PMP system, so that prescribers will be able to view all data entered into either system regardless of which system they use to access PMP data during the transition. **You will not need to enter data into both systems.**
- **All PMP data submitted by users on behalf of pharmacies or dispensers must be submitted to RxGov beginning July 15, 2020.** Access to the existing PMP system for these users will no longer be available as of this date.

### Special Instructions for PMP Data Submitters

PMP users who enter data on behalf of pharmacies and dispensers (“Data Submitters”) will need to create a Submitter account in RxGov (see instructions in next section). If you are also a clinician, you will need to register for two separate user accounts in RxGov: a Prescriber account and a Submitter account. These two accounts will be maintained separately.

**System testing:** Data submitters who wish to do data entry testing can register starting **June 30, 2020** in the RxGov User Acceptance Test (UAT) system. This is a training system identical to RxGov that allows users to practice/test data entries outside of the live (“production”) system. The RxGov support team will work with you to test your entries in this training environment. Please be aware that you should not use real data for your testing. Once you have completed any testing that you wish to do, please follow the instructions below to register for your Submitter account in the live RxGov system.

- Once you have registered for your Submitter account in the live RxGov system, we ask that you transition to using this system exclusively. **You may begin registering and entering data into RxGov as of June 30, 2020, and you must register and transition to using RxGov by no later than midnight July 14, 2020.**
- Our team will ensure that any data you enter into RxGov during the transition window is populated back into the existing PMP system so that prescribers will be able to view all data entered into either system regardless of which system they use. You will not need to enter data into both systems.
- **Beginning July 15, 2020, RxGov will be the sole PMP system available for data submission.** Any attempted data submissions into the existing PMP system on July 15 or any date thereafter will be rejected.

### How to Register for an Account with RxGov

1. Go to <https://mepmp.rxgov.com>
2. Select Register
3. Under Account Type, select Submitter. RxGov classifies those PMP users who submit data on behalf of a pharmacy or other dispensing organization as “Submitters.” The “Dispenser” account type refers to the clinician who would view PMP data during the clinical dispensing process (e.g. pharmacists).
4. The file format for data submission should be submitted in the same format as before (ASAP v4.2A).

### Need technical assistance? Help is available!

For help with the RxGov system, please call RxGov technical support staff at (844) 454-2266 or email: [rxgovmesupport@egov.com](mailto:rxgovmesupport@egov.com) For help with the current PMP system or any questions regarding the system transition, please contact Maine PMP support via email at [PMP@maine.gov](mailto:PMP@maine.gov) or by phone: (207)-287-2595, option 2.

## Use of Chaperones

### Use of Chaperones for Physical Examinations

Recently, the Board has received complaints from female patients against male physicians alleging that the physicians performed inappropriate breast and/or anogenital examinations. In none of these instances was there any evidence that a chaperone was offered, or present; nor was there any documentation in the patients’ medical records that a chaperone was offered or present. In addition, in each of these complaints the physician was a specialist and previously unknown to the patient (and vice versa) on the date of the intimate physical examination. This is not the way to begin a physician-patient relationship! The Board encourages clinicians to follow the guidelines for the use of “Chaperone for Physical Exams” that were adopted in 2016. Those guidelines, reprinted below, can also be found at <https://www.maine.gov/md/sites/maine.gov/md/files/inline-files/CHAPERONE.pdf>.

#### Chaperones for Physical Exams

The Board receives complaints alleging inappropriate behavior by clinicians during physical exams on a regular basis. The use of a chaperone can help avoid these complaints by providing reassurance to patients about the professional/medical character of the exam, and helping to support the clinician should a patient perceive part of the exam as unnecessarily intimate or inappropriate.

Clinicians should have a policy notifying patients of the right to have a chaperone present during any exam, but most certainly for any exam of the breast, genitalia or rectum. This is especially prudent if the patient is of the opposite sex of the clinician; however, patients of all demographic categories should feel comfortable requesting a chaperone. The offer of a chaperone should be posted.

Clinicians should respect patient dignity and comfort by providing privacy to undress, providing dressing gowns or drapes,

and explaining the components of the exam both before and during the exam.

An authorized health professional should serve as a chaperone whenever possible, rather than office clerks or family members. Health professionals are held to standards for safeguarding patient privacy, confidentiality and safety. The patient should approve of the gender of the chaperone. Clinicians should be careful not to reveal confidential patient information in the presence of the chaperone. The name and gender of the chaperone should be recorded in the patient's medical record.

If a suitable chaperone is not available, the clinician should offer to postpone the examination until one is available, if this does not impact the patient's healthcare. A clinician should ensure the patient does not feel pressured into proceeding with the exam if a chaperone is not available.

If the clinician would like a chaperone to be present as a general policy or because of particular concerns about a patient, but the patient does not consent to having a chaperone present, the clinician does not have to perform the examination and should consider deferring the exam to another clinician.

## Suicide Prevention Training

The stresses of daily living and working have been exponentially increased by the COVID-19 Pandemic. The Board urges clinicians to be aware of and avail themselves of training opportunities to prevent suicide in Maine.

The following information appeared in the July 8, 2020 weekly edition of the Maine Medical Association's *Maine Medicine*:

### Maine Suicide Prevention Program Training Opportunities

#### Suicide Prevention and Management Training for Healthcare Professionals

Available through a collaboration with the Maine Suicide Prevention Program, NAMI Maine and the Maine Medical Association. Topics include:

- Suicide Prevention and Management Lunch & Learn for Healthcare
- Clinical Assessment Trainings
- Use of Collaborative Safety Planning in Healthcare Settings
- Ethical Considerations in Managing Suicide Risk: From Death With Dignity to Involuntary Hospitalization

For more information, contact Suicide Prevention Coordinator Gretchen Swain at [mspp@namimaine.org](mailto:mspp@namimaine.org) or (800) 464-5767 x2318.

**The Maine Suicide Prevention Program**, administered by NAMI-Maine, offers the following suicide prevention, assessment and management trainings. MMA works closely with NAMI-Maine to provide educational opportunities for Maine physicians and other clinical providers.

- Suicide Prevention Gatekeeper Training
- Suicide Prevention Training of the Trainers
- Suicide Assessment for Clinicians Training
- Non-Suicidal Self Injury Training
- Suicide Prevention Protocol Development Training
- Suicide Prevention Curriculum Training

Information on this training can be found at <https://www.namimaine.org/page/TrainingCalendar>. If you have needs not identified in the above list, please contact [Gretchen](#), NAMI Maine Suicide Prevention Coordinator, to discuss a customized training program.

#### The Maine CDC and Sweetser are offering free online Suicide Prevention Training Modules!

Enrolling is easy. There are 12+ courses available at no charge. [Download the flyer with enrollment info here.](#)

Sample modules:

- Columbia Suicide Severity Rating Scale (C-SSRS)
- Depressive Disorders in Children and Adolescents
- Counseling on Access to Lethal Means (CALM)
- Collaborative Assessment & Management of Suicidality (CAMS)
- Safety Planning Intervention for Suicide Prevention
- Suicide Risk Factors, Screening and Assessment

## ADVERSE ACTIONS

## 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.

### **Harry Elbaum, M.D. License #MD10337 (Date of Action 07/02/2020)**

On January 14, 2020, the Board preliminarily denied Dr. Elbaum's application to renew his Maine medical license which denial became final on July 2, 2020. The basis for the denial of Dr. Elbaum's license was failure to submit documentation of Continuing Medical Education (CME) required for renewal of license after representing on his application that he had obtained the required CME and would produce the requested records, and failure to produce records related to a medical malpractice settlement requested by the Board for investigation and review.

### **James Grossman, P.A. License #PA44 (Date of Action 06/22/2020)**

On June 22, 2020, the Board issued an Order of Immediate Suspension on Mr. Grossman's continued ability to render medical service as a physician assistant in the State of Maine based on preliminary findings of fact for violations of the following provisions: a) misuse of alcohol, drugs or other substances; b) a professional diagnosis of a mental or physical condition that has resulted or may result in the licensee performing services in a manner that endangers the health or safety of patients; c) 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; d) engaging in unprofessional conduct by violating a standard of professional behavior, including engaging in disruptive behavior. In addition, the Board accepted Mr. Grossman's voluntary permanent surrender of his Maine physician assistant license to the Maine Board of Licensure in Medicine while under investigation for allegations of unprofessional conduct and fitness to practice.

### **Bruce G. Manley, P.A. License #PAN599 (Date of Action 06/11/2020)**

On June 11, 2020, the parties entered into a Second Amendment to the Consent Agreement effective November 12, 2015, inserting a new paragraph 8(c)(7) for Mr. Manley's re-entry to clinical practice. Mr. Manley's physician assistant license shall be an active clinical license subject to: 1) registering within 15 days to take the Physician Assistant National Recertifying Examination with the National Commission of Physician Assistants (PANRE) and successfully completing and passing the PANRE within seven (7) months; 2) engaging the physician mentor identified in the May 3, 2020 Re-Entry to Practice Plan who will submit reports to the Board [Mr. Manley may not render medical services without a Board-approved physician mentor available]; and 3) Mr. Manley shall complete all Continuing Medical Education as represented in the May 3, 2020 Re-Entry to Practice Plan.

### **John J. Maskell, MD License #MD22032 (Date of Action 06/09/2020)**

On June 9, 2020, the Board accepted Dr. Maskell's request to voluntarily surrender his Maine medical license to the Maine Board of Licensure in Medicine while under investigation for allegations of unprofessional conduct, substance misuse, and failure to comply with Board statutes.

### **Charles D. Hanson, MD License #MD14584 (Date of Action 05/12/2020)**

On May 12, 2020, the Board accepted Dr. Hanson's request to voluntarily surrender his Maine medical license to the Maine Board of Licensure in Medicine while under investigation for allegations of unprofessional conduct related to prescribing practices.

### **G. Paul Savidge, M.D. License #MD8503 (Date of Action 04/24/2020)**

On April 24, 2020, Dr. Savidge entered into a Consent Agreement with the Board that imposed a \$2,000 civil penalty for engaging in unprofessional conduct, incompetence, and noncompliance with a Consent Agreement with the Board.

### **Charles M. Stewart, M.D. License #MD12483 (Date of Action 04/14/2020)**

On April 14, 2020, the Board voted to report to the NPDB and FSMB the non-renewal of Dr. Stewart's Maine physician license while under investigation for allegations of unprofessional conduct and sexual misconduct.

### **John A. Dreslin, M.D. License #MD23584 (Date of Action 03/26/20)**

On March 26, 2020, Dr. Dreslin entered into a Consent Agreement for Licensure with the Board based upon disciplinary action taken by the Vermont Board of Medical Practice. Prior to engaging in the practice of medicine in Maine, Dr. Dreslin must: 1) for a period of five (5) years have written approval of his practice location which must be in a structured group setting; and 2) for a period of at least two (2) years engage an approved Physician Practice Monitor who will submit periodic reports to the Board.

## LICENSING ISSUES

### Chapter 2 Notice

## Seeking Comments on Proposed Amendments to Board Rule Chapter 2 Physician Assistants

The Board of Licensure in Medicine and the Board of Osteopathic Licensure propose amendments to a joint rule pertaining to the licensure and practice of physician assistants. The proposed amendments would:

- Amend the definition of certain terms to eliminate registration and supervision;
- Add definitions for certain terms, including "Health Care Facility," "Health Care Team," "Inactive Status License," and "Physician Group Practice";
- Eliminate registration and supervision requirements;
- Establish criteria for "Inactive Status Licenses";
- Establish uniform continuing clinical competency requirements;
- Amend the uniform fees;
- Establish criteria for collaborative agreements and practice agreements;
- Amend the uniform notification requirements to include legal change of name; and
- Amend the continuing medical education (CME) requirements, including 3 hours of CME every 2 years regarding opioid prescribing.

**Legal Requirement for Adopting:** 32 M.R.S. §§ 2562 and 2594-E(5); §§ 32 M.R.S. 3269(7) and 3270-E(5); 10 M.R.S. § 8003(5)(C) (4).

Please see the attached document for full details. <http://www.maine.gov/tools/whatsnew/attach.php?id=2850341&an=1>.

**Comments are due by Friday, August 7, 2020 at 4:30 p.m.**

## HEALTH & WELLNESS

### Clinician Health & Wellness: Now More Than Ever

Many studies have shown that stress adversely impacts the mental and physical health of clinicians. These stresses have been increased by the COVID-19 Pandemic. The Board urges clinicians to be aware of and avail themselves of assistance through the Maine Medical Professionals Health Program (<https://www.mainemph.org/>) or their facilities' employee assistance programs. In addition, clinicians should be aware that the Maine Association of Psychiatric Physicians has teamed with the Maine Department of Health and Human Services to create "Frontline WarmLine," a new volunteer phone support service for clinicians to manage the stress of serving on the front lines of the fight against COVID-19.

The FrontLine Warmline serves health care professionals, such as physicians, nurses and counselors, as well as emergency medical services personnel, law enforcement, and others who are directly responding to the pandemic in Maine. The line is staffed by volunteer professionals activated through Maine Responds, including licensed psychiatrists, psychologists, therapists, social workers, and nurse practitioners, who can help callers deal with anxiety, irritability, stress, poor sleep, grief or worry and, if needed, connect them with additional supports.

The FrontLine WarmLine is available to clinicians and first responders from 8 am to 8 pm, 7 days a week by calling **(207) 221-8196 or 866-367-4440**. Text capability will be added soon.

For more information about the "Frontline WarmLine" program visit:

[https://www.maine.gov/tools/whatsnew/index.php?topic=DHS%20Press%20Releases&id=2417012&v=dhhs\\_article\\_2020](https://www.maine.gov/tools/whatsnew/index.php?topic=DHS%20Press%20Releases&id=2417012&v=dhhs_article_2020).

### Physician Mental Health

Below is a link to an article found in the *Journal of Medical Regulation* titled "Physician Mental Health: An Evidence-Based Approach to Change." The article, by Christine Moutier, MD, discusses the awareness of high rates of physician burnout, depression and suicide that are leading to changes within the medical profession at all levels.

<https://meridian.allenpress.com/jmr/article/104/2/7/177857/Physician-Mental-Health-An-Evidence-Based-Approach>

## SPECIAL TOPIC: MEDICAL AID IN DYING

### What Is MAID?

Marcia Angell, a corresponding member of Harvard Medical School's Faculty of Global Health and Social Medicine and former editor in chief of the *New England Journal of Medicine*, poses a question worth pondering:

"Medical aid in dying (MAID) puts the decision right where it belongs, with the patient. Why should anyone — state, the medical profession, any church, anyone else — presume to tell someone else how much and what kind of suffering they must endure as their life is ending?"

## MAID Editorial: American Journal of Bioethics

On September 26, 2019 the *American Journal of Bioethics* published a guest editorial from Dan Diaz, "Medical Aid-in-Dying is an Ethical and Important End-of-Life Care Option." [Click here to read the article.](#)

## Authorizing Death

On February 22, 2019 *Cultural Anthropology* published an article written by Anita Hannig, "AUTHOR(IZ)ING DEATH: Medical Aid-in-Dying and the Morality of Suicide." [Click here to read the article.](#)

## Never Say "Die"

On June 12, 2019 *Kasier Health News* published an article written by JoNel Aleccia, "Never Say 'Die': Why So Many Doctors Won't Break Bad News." [Click here to read the article.](#)

## FROM THE EDITOR

### Review: Physician-Assisted Death

L. W. Sumner. *Physician-Assisted Death: What Everyone Needs to Know*. N.Y.: Oxford University Press, 2017.

The author equips readers with everything they need to know to take a reasoned and informed position on the main dividing lines and principal ethical questions involved in controversies over end-of-life care. Sumner provides an overview of the main ethical and legal arguments on both sides of core end-of-life dilemmas.

Sumner's deeply informed expertise is made accessible to all in lucid, jargon-free prose.

### Review: The Price We Pay

Marty Makary, MD. *The Price We Pay: What Broke American Health Care – and How to Fix It*. NY: Bloomsbury Publishing, 2019.

Dr. Makary is a surgeon and professor of health policy at Johns Hopkins University. He writes that "to understand what was really happening in health care, I shed my white coat and embarked on listening rounds across the country . . . listening to each of health care's stakeholders: hospital and insurance company leaders, policy makers, doctors and nurses and others. I've also sat with scores of patients . . . and they've shared with me, sometimes through tears, how the business of medicine ruined their lives. I spoke with numerous insiders who went into health care for noble reasons but found themselves caught up in a system they despise. I was also inspired by innovators who refused to accept the status quo, redesigning medical care and launching businesses aimed at disrupting health care by cutting through all its shenanigans."

The book is an incisive analysis of the two root issues driving health care's cost crisis – appropriateness of care and pricing failures, which are revealed in vivid detail (e.g., the way hospitals use "chargemaster" software that automatically inflates prices to achieve a desired margin; and the inflation and discount game hospitals play with insurance companies).

It is also full of optimistic proposals for improving the business of medicine.

## BOARD NEWS

### Retiring Board Member: Peter Sacchetti, MD





Some reflections on his service by Dennis E. Smith, Esq., Executive Director

After nearly 7 years of dedicated service to the Maine Board of Licensure in Medicine ("Board"), Dr. Peter J. Sacchetti, M.D., retired from his membership on the Board effective June 9, 2020. He will be greatly missed. Dr. Sacchetti 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 working 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 first appointed to the Board in 2013, at which time he took an oath to "faithfully discharge to the best of [his] abilities, the duties incumbent on [him] as a member of the Board of Licensure in Medicine." During his tenure on the Board, Dr. Sacchetti participated in the investigation and resolution of hundreds of complaints, and helped update the Board's policies, rules, and processes. Dr. Sacchetti also served for approximately a year following his election as the Board's Secretary, performing additional duties such as the review of licensing applications and medical malpractice issues and serving as Acting Chair when needed. Dr. Sacchetti will be remembered for his professionalism, thorough and conscientious preparation, calm demeanor, and the depth of his knowledge of internal medicine. Thank you for your service Dr. Sacchetti.



## New Board Secretary: Christopher Ross, PA

Christopher Ross was born and raised in Bethlehem Pennsylvania. He graduated from the St. Francis University Physician Assistant Science program in 1999 and worked in emergency medicine at Waterbury Hospital, Waterbury, Connecticut for several years prior to moving to Maine in 2004 to work at Maine-Dartmouth's Family Medicine Residency in Augusta, Maine. Mr. Ross also has a master's degree in health administration from Quinnipiac University. He was first appointed to the Maine Board of Licensure in Medicine (Board) in 2014, and recently was reappointed to the Board. In June 2020 his fellow members of the Board elected Mr. Ross to be the Board Secretary, a position with additional responsibilities including the review of applications and medical malpractice matters as well as serving at times as acting chair. Mr. Ross is the first physician assistant member of the Board to be elected to serve as Board Secretary.

Outside of his duties with the Board, Mr. Ross continues to work at Maine-Dartmouth's Family Medicine Residency Program where he sees and treats patients and teaches medical residents about family medicine. In addition, Mr. Ross serves his community as a volunteer firefighter. Mr. Ross lives in Winthrop with his wife and two children.

## New Board Members



### Noah Nesin, MD

Dr. Noah Nesin has been a family doctor in Maine since 1986, first in a private, solo practice and then in FQHCs (Health Access Network in Lincoln and Penobscot Community Health Care, based in Bangor). Dr. Nesin was raised in Howland, Maine, where his father was a family doctor for 39 years. He attended Tufts University School of Medicine and completed his Family Medicine residency in Duluth, Minnesota. Throughout his career Dr. Nesin has led efforts in evidence based prescribing and in practice transformation to improve efficiency and to use health care resources judiciously. Dr. Nesin has mentored PA, nurse practitioner and medical students, and Family Practice residents throughout his career.

Dr. Nesin serves as the chair of Maine's Academic Detailing Advisory Committee, the body which oversees the Maine Independent Clinical Information Service, sits on the Advisory Committee for the Lunder Dineen Health Education Alliance of Maine, and on the Community Advisory Committee for Maine Health Access Foundation. He was a co-founder of Maine Quality Counts' Maine Chronic Pain Collaborative, is a member of the editorial board for the Journal of Ambulatory Care Management, and is a member of AHRQ's National Integration Advisory Council, which is currently focused on treatment of substance use disorders across the country. Dr. Nesin is also a member of Maine's Opioid Clinical Advisory Group and Maine's Governor has appointed him chair of the newly formed Maine Prescription Drug Affordability Board. He lives in with his wife, Tammy Nesin, and their dog, Raya. Noah and Tammy have 4 children and 2 granddaughters!



### Renee Fay-LeBlanc, MD

Dr. Renee Fay-LeBlanc has been practicing in Maine since 2006 and specializes in Internal Medicine. Dr. Fay-LeBlanc was born in Portland, Maine. She attended the University of Vermont College of Medicine and completed her residency in Internal Medicine at New York University – Longone Medical Center in 2006. Dr. Fay-LeBlanc is Board Certified in Internal Medicine and has been working in the Portland area for the last 14 years, and as the Chief



Medical Officer at Greater Portland Health since 2014. She loves providing vital primary care services to the community in Portland, where she was born and raised.



**Noel Genova, PA**

Ms. Noel Genova is originally from the Boston area, attended Harvard College and completed her Physician Assistant training at Northeastern University. Later, she received a master's degree in Public Policy at the Muskie School at the University of Southern Maine. Ms. Genova was first licensed in Maine in 1982, where she has practiced as a physician assistant in primary care for nearly 40 years. In addition to providing care in Maine, Ms. Genova worked for a year in the National Health Service in England where she learned about that country's health care system. During her long career in Maine taking care of a multitude of patients, she has also raised 3 children, whose company she currently enjoys along with that of her baby granddaughter. A lifelong musician, Ms. Genova's current musical outlet is teaching guitar at the Maine Correctional Center in Windham.

## COVID-19 Update

Throughout the COVID-19 Emergency the Board and the Board staff have been hard at work continuing to serve and protect the public and applicants/licensees by licensing, complaint investigations, and rulemaking. In addition to their processing of regular license applications, the Board staff has issued over 600 Emergency COVID-19 licenses. During the COVID-19 Emergency, the majority of Board staff have been working remotely while using technology to communicate with each other and the public. The Board has conducted four monthly meetings and one emergency meeting via Zoom. The minutes from those meetings are available at:

<https://www.maine.gov/md/about/board-meetings-minutes>.

In addition, work groups of Board members have also met via Zoom to review the draft update to the joint Chapter 2 Physician Assistant Rule. The Board has also issued a number of email blasts to licensees regarding important information from the Maine CDC related to the COVID-19 Emergency.

### Reporting on Suspected Non-Compliance Related to COVID-19 Pandemic

The Maine Department of Economic and Community Development, in coordination with other state agencies, has developed a system for the public to report a potential situation of non-compliance with the guidance relating to COVID-19. The public may report those details using an online form: [www.maine.gov/online/noncompliance-reporting](http://www.maine.gov/online/noncompliance-reporting). The information is forwarded to the appropriate state agency for action. As adherence to the Governor's Executive Orders is a civic duty and the responsibility of each citizen and business of the State of Maine, enforcement of the Governor's Stay Healthier at Home Order will be handled mainly through education and voluntary compliance.

Upon receipt of such a report regarding a licensee, the Board will send the report to the licensee and request a response from the licensee regarding the report together with confirmation that the licensee and the licensee's employees/staff are following the recommended guidelines. Repeated reports regarding the same licensee may result in further action by the Board.

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

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## Commemorating 200 Years of Statehood

