Contact Us | Sitemap

Search Licensure in Medic

SEARCH

Home

About Us Licensure

Complaint & Investigation

Laws & Rule Updates

Resources

Spring 2022 Newsletter

Downloadable PDF Version

In this issue:

FROM THE CHAIR

• Implicit Bias in Healthcare

WHAT EVERYONE SHOULD KNOW

- Veterans Health Care Administration Free Community Training
- Deadline Nears for Public Comment on CDC's Draft: "Clinical Practice Guideline for Prescribing Opioids"
- Rural Medical Access Program Opportunity

ADVERSE ACTIONS

Adverse Actions

LICENSING ISSUES

- Ensure Your Contact Information With the Board Is Current
- Ensure to Select the Correct Status When Renewing Your License Online

BOARD NEWS

- 2021 Annual Licensing Report
- Board Staff Member Receives National Award of Merit
- Retiring Public Member Susan Dench

BOARD OPPORTUNITIES

• Board Opportunities

FROM THE EDITOR

Recommended Reading

FROM THE CHAIR

Implicit Bias in Health Care

Maroulla S. Gleaton, M.D., Chair

According to the Perception Institute:

Thoughts and feelings are "implicit" if we are unaware of them or mistaken about their nature. We have a bias when, rather than being neutral, we have a preference for (or aversion to) a person or group of people. Thus, we use the term "implicit bias" to describe when we have attitudes towards people or associate stereotypes with them without our conscious knowledge.

The mind sciences have found that most of our actions occur without our conscious thoughts, allowing us to function in our extraordinarily complex world. This means, however, that our implicit biases often predict how we'll behave more accurately than our conscious values.

Implicit bias is a universal phenomenon, not limited by race, gender, or even country of origin. Take this test to see how it works for you: Implicit Bias Test

-000-

As we in Maine enter the transition month of March, when winter's waning grip surges but is slowly yet steadily melted away by the warming sun in the lengthening days, it seems appropriate to reflect upon previous years while looking hopefully towards the future. The long winter of Covid-19 has significantly impacted health care and the people who deliver it, and has re-exposed some endemic deficiencies in patient care, especially those brought about by implicit bias.

Disparity in health care has been studied for many years and much remediation has been accomplished; however, the Covid-19 pandemic has high-lighted its pernicious existence once again. We have clearly seen the stark reality of inequalities in our healthcare system during the pandemic. For example, where vaccination rates were very different (lower) in marginalized communities, morbidity and mortality was higher as a result. Other areas of concern are infant mortality and maternal pregnancy-related mortality, as well as heart disease rates, which are much higher when correlated with race, ethnic background, or poverty. The American Medical Association's website includes information regarding this subject, including studies and recommendations for reducing disparities in health care. See https://www.ama-assn.org/delivering-care/patient-support-advocacy/reducing-disparities-health-care.

The bottom line is that disparities in health care exist and are associated with worse health outcomes for certain predictable patient populations. One of the major factors contributing to this disparity is bias and stereotyping, primarily but not exclusively implicit, that is, without conscious knowledge or intent.

Maine's population demographic for 2022 shows that it is predominantly White (94.31%), but with multiple other ethnic minorities: Two or more races (2.23%); Black or African American (1.38%); Asian (1.13%); Native American (.65%); Other (.27%); Native Hawaiian or Pacific Islander (.03%). https://worldpopulationreview.com/states/maine-population.

In this context, Maine physicians, physician assistants, other health care providers, and health care systems generally have an obligation to be aware of and attuned to the potential of implicit bias and stereotyping of patients. Implicit bias and stereotyping can be based upon <u>race</u>, <u>ancestry</u>, <u>gender</u>, <u>age</u>, <u>weight</u>, and <u>financial status</u>. The Board urges you to educate yourselves about this issue, and to reflect upon its impact in the clinician-patient relationship and health care outcomes.

On the other side of the same coin, while Maine's general population is fairly homogenous, it's physician population is much more diverse. In 2019 approximately 21% of physicians licensed in Maine were foreign-educated, coming from over 65 countries from all over the world – including but not limited to Argentina, Brazil, Chile, China, Columbia, Ghana, Haiti, Iraq, Israel, Japan, Kenya, Mexico, Nigeria, South Africa, South Korea, Spain, Syria, Taiwan, Thailand, and Zimbabwe.

While the Board does not track the ethnic or racial demographics of its licensees, it is certain that the body of licensees is significantly more diverse than the general Maine population, which may pose an issue of implicit bias and stereotyping for patients regarding their providers. One example is a complaint reviewed and dismissed by the Board filed by a patient against a physician that included pejorative statements about the physician's race.

Recognizing the importance and negative impact of this issue of patients' implicit bias and stereotyping against Maine physicians and physician assistants, the Board recently voted to collaborate with the Maine Medical Association to develop a free educational module concerning implicit bias towards clinicians and how to support colleagues when they are abused or discriminated against by patients and their families/caregivers. Once the free educational module has been developed, the Board will post a link to it on its website. https://www.maine.gov/md/.

In April 2021, the Board and its staff had a joint training session that included the issue of implicit bias. The Board welcomes physicians and physician assistants of all races, genders, and ancestries, and will continue to be sensitive to the issue of implicit bias and its negative impact on both patients and clinicians. As we look forward to spring in Maine with its resurgence of dormant life, warming sunshine, and the emergence of new life, we are hopeful for the end of the pandemic and the elimination of implicit bias in health care, and we are committed to addressing this issue, which will support both patients and licensees and result in the overall betterment of healthcare for all.

WHAT EVERYONE SHOULD KNOW

Veterans Health Administration Free Community Training

The Veterans Health Administration is continuing its free online training series for community providers caring for veterans. The most recent offering is **Caring for the Women Veterans in the Community**.

This web-based course is designed to provide community providers an overview of the unique characteristics of women Veterans that may require different assessments, care and resources compared to non-Veteran patients. Community providers need knowledge about mental and physical health diagnoses common in women Veterans.

Community providers will gain a basic understanding of mental and physical health diagnoses common in Veterans, military culture, trauma-sensitive care principles, suicide awareness and prevention, as well as resources that are available.

The training is eligible for 1 credit hour and is accredited by ACCME, ANCC, ASWB, AAPA, NYSED, ACCME-NP, JA IPCE.

Interested clinicians can register at https://www.train.org/vha/course/1096557

Deadline nears for public comment on CDC's draft: "Clinical Practice Guideline for Prescribing Opioids"

For more information see:

https://www.federalregister.gov/documents/2022/02/10/2022-02802/proposed-2022-cdc-clinical-practice-guideline-for-prescribing-opioids

Rural Medical Access Program Opportunity

I, Erica Dyer, am writing to you from the State Office of Rural Health regarding the Rural Medical Access Program (RMAP). The program promotes obstetrical and prenatal care in federally designated Medically Underserved Areas/Populations and Primary Care Health Professional Shortage Areas of Maine through assistance with insurance premiums for eligible obstetricians and family or general practice physicians.

To be considered, physicians must be practicing in Maine, have performed deliveries and/or provided prenatal care and have malpractice insurance for prenatal care and/or obstetrical services, all for at least the period of July 1, 2021, through December 31, 2021.

Attached you will find the <u>application</u> and the <u>application cover letter</u> for the 2022 RMAP applications. Please spread the word however and to whomever you see fit. The applications are due back by 5/3/2022.

Please feel free to reach out to us if you have any questions or concerns.

Erica Dyer (She/Her)
Office Associate II
Department of Health and Human Services
Maine Center for Disease Control and Prevention
Preserve ~ Promote ~ Protect
Division of Public Health Systems
Rural Health & Primary Care Program
286 Water Street, 5th Floor
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Augusta, ME 04333-0011
Tel: (207) 287-5562

Tel: (207) 287-5562 Fax: (207) 287-5431

TTY: Call 711 (Maine Relay)

www,mainepublichealth.gov/ruralhealth

ADVERSE ACTIONS

Adverse Actions

In 2021 the Board reviewed 305 complaints and investigative reports – an average of 25 per meeting. While the number of complaints received by the Board remains consistently large, the number of complaints that result in adverse action is quite small. In most cases, the conduct resulting in adverse action is egregious or repeated or both.

The Board's complaint process is relatively straight-forward. FAQs about the complaint process are available on the Board's website: https://www.maine.gov/md/complaint/discipline-faq. Brochures regarding the complaint process are also available on the Board's website: https://www.maine.gov/md/resources/forms.

Upon receipt of a complaint, it is forwarded to the licensee for a written response and a copy of the medical records. In general, the licensee's response is shared with the complainant, who may submit a reply. The Board reviews the complaint file once completed, and may take any of the following actions:

- Dismiss
- · Dismiss and issue a letter of guidance
- · Further investigate
- · Invite the licensee to an informal conference
- Schedule an adjudicatory hearing

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.

Gerald R. Keenan Jr., P.A. License #PA549 (Date of Action 3/9/22)

On March 9, 2022, Gerald R. Keenan, Jr., P.A. entered into a Consent Agreement with the Board of Licensure in Medicine for the permanent revocation of his physician assistant license effective September 1, 2016 for sexual misconduct, unprofessional conduct, incompetence, and August 2021 criminal convictions for unlawful sexual contact with a person under the age of 14 and sexual abuse of a minor based upon conduct that occurred while licensed as a physician assistant in Maine.

Jarrod R. Daniel, M.D. License #MD21511 (Date of Action 2/23/22)

On February 23, 2022, Jarrod Ryan Daniel, M.D.'s Maine medical license was immediately suspended in accordance with paragraph 10(c) of his November 16, 2021, Consent Agreement, following a confirmed positive toxicology result. Dr. Daniel's license suspension shall continue so long as determined by the Board, in its sole discretion.

David B. Robinson, M.D. License #MD18360 (Date of Action 1/24/22)

On January 24, 2022, the Maine Board of Licensure in Medicine denied David B. Robinson, M.D.'s application to reinstate his expired Maine medical license following a preliminary denial issued on November 9, 2021, based on Dr. Robinson not meeting the qualifications for license reinstatement by failing to demonstrate continuing clinical competency as required by Board rules.

Meryl J. Nass, M.D. License #MD14575 (Date of Action 1/12/22)

On January 12, 2022, the Maine Board of Licensure in Medicine issued an Immediate Suspension Order suspending Dr. Nass's license to practice medicine in Maine for a thirty day period ending on February 11, 2022 based on preliminary findings that Dr. Nass engaged in the practice of fraud, deceit or misrepresentation in connection with services rendered within the scope of the license issued, engaged in conduct that evidences a lack of ability or fitness to discharge the duty owed by the licensee to a patient or that evidences a lack of knowledge or ability to apply principles or skills to carry out the practice for which the licensee is licensed, engaged in unprofessional conduct, and violated Board rules which constituted an immediate jeopardy to the health and physical safety of the public who might receive her medical services.

Meryl J. Nass, M.D. License #MD14575 (Date of Action 1/11/22)

On January 11, 2022, the Maine Board of Licensure in Medicine issued an Order directing Meryl J. Nass, M.D. to submit to a neuropsychological evaluation by a Board-selected psychologist on February 1, 2022, pursuant to 32 M.R.S. 3286 based on preliminary findings that Dr. Nass is, or may be, unable to practice medicine with reasonable skill and safety to her patients.

Jarrod Ryan Daniel, M.D. License #MD21511 (Date of Action 11/16/2021)

On November 16, 2021, the Board and Dr. Daniel entered into a Consent Agreement for misuse of alcohol and unprofessional conduct. Dr. Daniel's license is placed on probation for a period of at least five years with requirements including maintaining enrollment and completion of an intensive outpatient treatment program, maintaining enrollment in the Medical Professional Health Program, continuing in individual therapy, engaging a Board-approved physician practice monitor who will report to the Board, a 40 hour patient contact hour limitation, and a requirement to have a physician colleague on staff within 6 months or, alternatively, a Board approved patient coverage plan within 6 months and a physician colleague on staff within 12 months.

LICENSING ISSUES

Important Notice to Licensees: Ensure Your Contact Information with the Board is Current

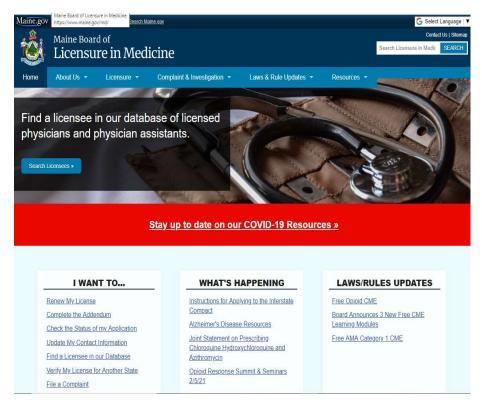
Today's health care work force is mobile, which includes physicians and physician assistants licensed with the Board. licensees should ensure that their contact information on file with the Board is current for several reasons:

- The law requires that licensees provide the Board "with a current professional address and telephone number, which will be their
 public contact address, and a personal residence address and telephone number."
 https://legislature.maine.gov/statutes/32/title32sec3300-A.html
- Board rules Chapters 1 & 2 require licensees to "notify the Board in writing within ten (10) calendar days of any change in work or home address, e-mail, phone, or other contact information." https://www.maine.gov/md/laws-rules-updates/rules
- Violating the Board's statute or rules cited above constitutes grounds for disciplinary action and/or the issuance of citations and civil penalties.

Apart from the potential adverse consequences to licensees for failing to update their contact information, there are other reasons for licensees to ensure their contact information on file with the Board is current; namely, to ensure receipt of important information from the Board, including notification of a complaint to which licensees are required by law to respond.

The Board encourages physicians and physician assistants who relocate to new places of employment and/or new places of residence to update your contact information on file with the Board immediately.

You can update your contact information online using the Board's website: https://www.maine.gov/md/. Just go to the Board's website and click on the "Update My Contact Information" link in the "I Want To" Box.



Click on the "Update My Contact Information" and it will take you to the following link, which will allow you to select the option "Update Contact Information" and then follow the prompts. https://licensing.web.maine.gov/cgi-bin/online/licensing/begin.pl?
https://licensing.web.maine.gov/cgi-bin/online/licensing/begin.pl?



If you have any questions regarding updating your contact information, remember Board staff are available to assist you.

Thank you!

Important Notice to Licensees: Ensure to Select the Correct Status When Renewing Your License Online

Each month 93-95% of licensees renew their licenses online using the Board's website. Online renewal is intended to provide licensees with flexibility and 24/7 ability to renew their licenses. The Board notifies licensees by email 60 days prior to the expiration of their licensees that their license expiration date and renewal date are approaching. Licensees should ensure that their contact information on file with the Board, including their email, is up to date.

Occasionally when renewing their licenses online, licensees select the "renew my license in <u>inactive status</u>" option – which results in complications for them and the Board staff. Licensees who select "inactive status" when renewing their licenses no longer have a license to engage in clinical practice and cannot practice medicine or render medical services. Recently, Board staff have had to assist a number of licensees who showed up to work to see patients without the appropriate license.

There may be several reasons why licensees incorrectly select "inactive status." One of those reasons is to avoid having to take the Board's jurisprudence examination – which all licensees are required to successfully complete for initial licensure – and every four years thereafter. If you are a licensee who attempts to renew a license online and you are prompted to take the jurisprudence examination – please do so. The jurisprudence examination is available online (you will be prompted to take it during your renewal). The study guide for the jurisprudence examination is available on the Board's website as a PDF entitled "Exam Review Materials": https://www.maine.gov/md/resources/forms.

Attempting to avoid taking the jurisprudence examination by renewing your license in "inactive status" will result in the inability to practice, and delay in re-licensure – as you will have to successfully complete the examination before staff can convert your license back to "active status."

If you have any questions regarding renewing your license, Board staff are available to assist you.

Thank you!

BOARD NEWS

2021 Annual Reports

Each year Board staff prepares reports of activities that have happened during the past year. The attached Annual Report (PDF)* includes licensing trends statistics from 2021 and trends over the past five years.

2021 Annual Licensing Report

Board Staff Member Receives National Award of Merit



On February 24, 2022, the Board of Licensure in Medicine ("Board") received notification from the Federation of State Medical Boards ("FSMB") that its Board of Directors had selected a member of the Board staff, Maureen Lathrop, to receive the Award of Merit for her many years of dedicated service and contributions to the profession of medical licensure and regulation and the protection of the public.

For over 26 years Ms. Lathrop has diligently and conscientiously served the Board in a variety of positions – excelling at each – in support of its mission to protect the public. Gifted with courtesy, self-discipline, attention to detail, and commitment to teamwork, Ms. Lathrop consistently analyzed and improved the Board's processes in

each area within which she worked.

As the Secretary for Renewal Applications from 1995 to 1998 Ms. Lathrop developed ideas to improve the license renewal process. From 1998 to 2014 Ms. Lathrop served as the Board's Investigative Secretary and assisted significantly in the improvement of the Board's complaint and investigation processes, including the transition from paper to electronic complaint and investigative files. In April 2014 Ms. Lathrop became the Administrative Assistant to the Board, a position in which she continues to excel by preparing of all "public" Board meeting materials, preparing the Board meeting minutes, administering the Board's records retention policies and procedures, preparing reports to the Legislature, preparing and filing Board rulemaking documentation, and coordinating the Board's monthly meeting agendas. Ms. Lathrop's conscientious work was noticed by both BOLIM staff and BOLIM members alike. One BOLIM member commented on Ms. Lathrop's preparation of the minutes of the monthly BOLIM meetings:

This is absolutely the best set of Board minutes I have ever reviewed. The format is consistent, faultless, and clean; the often tangled language of the motions has been untangled and corrected... I have an inkling that your excellent work is going to put me out of a job. Thank you.

As the Covid-19 pandemic began to sweep the country in early 2020, Ms. Lathrop helped the Board develop the processes for conducting remote (virtual) monthly meetings, including the preparation of a script for Board members and staff in addition to an "expanded agenda" that identifies the subject matter being reviewed and space for recording motions and votes. Her efforts ensured the continuation of monthly meetings of the Board that are vital to its ability to protect the public.

In addition to her assigned duties, Ms. Lathrop is a team player who volunteers to assist whenever needed and is a mentor and resource for other Board staff. Indeed, there is no other Board staff member who has served in every area of the Board's operations (licensing, complaints and investigations, rulemaking), or for as long as Ms. Lathrop. Through her significant contributions to the Board's mission for over a quarter of a century, Ms. Lathrop has contributed greatly to the protection of the public.

Maureen Lathrop, Administrative Assistant, was born and raised in central Maine and resides in Sidney with her husband, Cory, and their golden retriever, Ranger. She enjoys reading, going for motorcycle rides, and spending time at camp.

The FSMB represents 70 state medical and osteopathic regulatory boards within the United States, its territories, and the District of Columbia. It provides support to medical boards as they fulfill their mandate to protect the public health, safety and welfare through the proper licensing, disciplining, and regulation of physicians and physician assistants. More information regarding the FSMB can be found at https://www.fsmb.org/about-fsmb/.

Retiring Public Board Member Susan Dench



After five and a half years of dedicated service to the Maine Board of Licensure in Medicine ("Board"), Public Board Member Susan Dench has retired from her membership on the Board. The Board and Board staff will miss her.

Ms. Dench, a corporate veteran, and owner of Success & Co., serves on the Board of the Maine Policy Institute, the President's Council of the Portland Symphony Orchestra, the New England Board of the Fellowship of Christian Athletes, as a volunteer at the Preble Street Teen Resource Center, as a mentor for the Maine Center for Entrepreneurial Development, and is a business judge for Greenlight Maine. She is also the founder and president of the non-profit Informed Women's Network.

A dual citizen (UK/US) now a resident of Portland, she is an enthusiastic gardener, Boston Bruins fan, and keen soprano. Susan and her husband Bryan share five children, three grandchildren, and two canines, who spread joy to others as therapy dogs.

During her tenure on the Board, Ms. Dench brought her unique public member perspective, educational and work experience and insight to all matters reviewed by the Board. She contributed greatly towards the Board's mission of protecting the public by preparing for and attending monthly Board meetings, which entailed the review of hundreds of complaints and many license applications, and by participating in important updates to the Board's rules, policies, and guidelines. Ms. Dench's gracious and convivial nature was always conveyed in her communications and interactions with Board members, Board staff, and licensees.

The Board and Board staff deeply thank Ms. Dench for her professionalism and service, and her significant contributions towards the Board's mission of protecting the public.

BOARD OPPORTUNITIES

Board Opportunities

The Board has an opening for a Public Member, who is a Maine resident but is not a professional health care provider.

In June the Board will have an opening for a Physician Assistant Member.

Readers of the newsletter are encouraged to pass on this information to qualified individuals who might wish to apply.

For information about the terms and conditions of these positions, please contact:

Dennis E. Smith, Esq., Executive Director Maine Board of Licensure in Medicine 137 State House Station Augusta, ME 04333-0137 (207) 287-3605 dennis.e.smith@maine.gov

Or

Timothy E. Terranova, Assistant Executive Director Maine Board of Licensure in Medicine 137 State House Station Augusta, ME 04333-0137 (207) 287-6930 tim.e.terranova@maine.gov

FROM THE EDITOR

Recommended Reading

Amy Gutmann and Jonathan D. Moreno. Everybody Wants to Go to Heaven But Nobody Wants to Die: Bioethics and the Transformation of Health Care in America, 2019.

This collaboration from two members of President Obama's bioethics commission (Amy as Chair and Jonathan as Senior Advisor) is intellectually rich bioethics content presented in conversational style. This is a book of timely, incisive, pragmatic thinking that is historically grounded and future oriented. It is a practically perfect volume for anyone interested in the core ethical issues in modern health care, and in the story of how bioethics has evolved in an era of tremendous medical progress.

(Dr. Gutmann founded Princeton's University Center for Human Values and later served as president of the University of Pennsylvania for 18 years. She is now the U. S. Ambassador to Germany. Dr. Moreno is a philosopher and historian who holds an endowed chair in the University of Pennsylvania's Department of Medical Ethics and Health Policy.)

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

Credit

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Commemorating 200 Years of Statehood

