

**Maine Board of Licensure in Medicine
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April 14, 2026**

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**Maine Board of Licensure in Medicine
Minutes of April 14, 2026**

Board Members Present: Chair Renée Fay-LeBlanc, MD; Secretary Christopher Ross, PA; David Flaherty, PA; Public Member Gregory Jamison, RPh; Noah Nesin, MD; Anthony Ng, MD (excused 1:10 p.m.–1:15 p.m. and 2:26 p.m.– 2:27 p.m.); Brad Waddell, MD and Public Member Lynne Weinstein

Board Members Absent: Holly Fanjoy, MD; Maroulla Gleaton, MD and Public Member Jonathan Sahrbeck

Board Staff Present: Executive Director Timothy E. Terranova; Assistant Executive Director Valerie Hunt; Medical Director Paul Smith, MD; Complaint Coordinator Kelly McLaughlin; Consumer Assistance Specialist Faith McLaughlin; Investigative Secretary Danielle Magioncalda; Administrative Assistant Maureen Lathrop; Licensing Supervisor Tracy Morrison; Licensing Specialist Savannah Okoronkwo and Licensing Specialist Sarah Gagne

Attorney General’s Office Staff Present: Assistant Attorney General Jennifer Willis

The meeting was held at the Board’s Offices in Augusta, Maine with Board members participating in person. The Board met in public session except during the times listed below which were held in executive session. Executive sessions are held to consider matters which, under statute, are confidential. During the public session of the meeting, actions were taken on all matters discussed during executive session. A link for the public to access the Board meeting virtually was included on the Board’s agenda and posted on its website.

EXECUTIVE SESSIONS

9:17 a.m. – 9:40 a.m.

PURPOSE

Pursuant to 1 M.R.S. § 405(6)(F) and 22 M.R.S. § 1711-C to protect the confidentiality of the licensee’s identity and healthcare information

1:16 p.m. – 1:23 p.m.

Pursuant to 1 M.R.S. § 405(6)(F) and 22 M.R.S. § 1711-C to protect the confidentiality of a patient’s identity and healthcare information

RECESSES

9:42 a.m. – 9:54 a.m.

Recess

11:36 a.m. – 11:46 a.m.

Recess

12:13 p.m. – 1:03 p.m.

Lunch

I. Call to Order

Dr. Fay-LeBlanc called the meeting to order at 8:00 a.m.

A. Amendments to Agenda

Mr. Ross moved to amend a consent agreement in the matter of CR25-260 and a discussion regarding tuition reimbursement onto the agenda, and amend the license application of Alison C. Schmeck, MD off the agenda. Mr. Flaherty seconded the motion, which passed unanimously.

B. Scheduled Agenda Items (none)

II. Licensing

A. Applications for Individual Consideration

1. Initial Applications

a. Daniel Nam, MD

Dr. Nesin moved to grant the license and issue a letter of guidance. Mr. Ross seconded the motion, which passed unanimously.

b. Alison Christina Schmeck, MD (amended off agenda)

c. Scott D. Lippe, MD

Mr. Ross moved to grant the license. Ms. Weinstein seconded the motion, which passed unanimously.

d. Abhishek R. Khatri, MD

Dr. Nesin moved to grant the license. Mr. Flaherty seconded the motion, which passed unanimously.

2. Reinstatement Applications (none)

3. Renewal Applications

a. Courtney Dugan, MD

Mr. Ross moved to preliminarily deny the renewal application and to reconsider the preliminary denial if Dr. Dugan submits CME within thirty days. Mr. Flaherty seconded the motion, which passed unanimously.

b. Albert W. Adams, MD

This matter was tabled to be discussed in conjunction with another matter on the agenda.

4. Requests to Convert to Active Status (none)

5. Requests to Withdraw License/License Application

a. John Kulits, MD

Mr. Ross moved to grant the license withdrawal. Mr. Jamison seconded the motion, which passed unanimously.

6. Requests for Collaborative Agreements (none)

B. Other Items for Discussion

1. Nicholas J. Tannous, MD

Mr. Ross moved to deny the request for reconsideration of citations issued. Dr. Nesin seconded the motion, which passed unanimously.

2. Stephen A. Huffman, MD

Dr. Nesin moved to approve the letter of guidance. Mr. Flaherty seconded the motion, which passed unanimously.

C. Citations and Administrative Fines (none)

D. Licensing Status Report

This material was presented for informational purposes. No Board action was required.

E. Licensing Feedback

This material was presented for informational purposes. No Board action was required.

F. Complaint Status Report

This material was presented for informational purposes. No Board action was required.

III. Board Orders/Consent Agreements/Resolution Documents for Review

A. Farhaad R. Riyaz, MD

Dr. Ng moved to approve and issue the Disciplinary Order for Substantial and Material Noncompliance with Board Consent Agreement. Mr. Ross seconded the motion, which passed unanimously.

B. Rupinder S. Gill, PA

Ms. Weinstein moved to approve the consent agreement. Mr. Ross seconded the motion, which passed unanimously.

Dr. Ng moved to approve the proposed psychotherapy provider. Dr. Nesin seconded the motion, which passed unanimously.

Mr. Ross moved to approve the proposed physician to conduct a medical evaluation. Ms. Weinstein seconded the motion, which passed unanimously.

C. Edwin L. Peak, MD

Mr. Ross moved to approve the consent agreement for licensure. Dr. Ng seconded the motion, which passed unanimously.

Dr. Waddell moved to approve the FPPE so long as the following changes are made: clarification that the indirect peer reviewer will be a qualified orthopedic surgeon privileged to perform the procedure, and a target end date of three to six months is included. Approval of the FPPE is delegated to the Board Chair. Dr. Ng seconded the motion, which passed unanimously.

D. Courtney C. Macleod, PA

Mr. Ross moved to approve the consent agreement. Dr. Ng seconded the motion, which passed unanimously.

IV. Complaints

1. CR25-296

Dr. Waddell moved to dismiss the complaint. Mr. Flaherty seconded the motion, which passed unanimously.

MOTION: After a single visit with the licensee, the patient complains that his concerns were not addressed to his satisfaction. Review of the complaint, licensee and Program Director responses, complainant rebuttal and medical records shows that the patient has multiple vague symptoms without clear cause. He has been receiving fractured care from multiple providers in several states which greatly complicates his workup. Review indicates that this licensee provided thoughtful and clinically appropriate care during a non-urgent encounter which was intended as an initial visit for this patient to establish an ongoing, working relationship with a single primary care provider.

2. CR25-282

Dr. Waddell moved to dismiss the complaint. Dr. Ng seconded the motion, which passed unanimously.

MOTION: A patient presented to a dermatologist complaining of skin thickening and other skin complaints possibly affected by her home water supply. She was seen on one visit. The medical record indicates a thorough examination as well as a skin biopsy. Medical records were reviewed and indicate that appropriate care was provided.

3. CR25-283

Dr. Waddell moved to dismiss the complaint. Mr. Flaherty seconded the motion, which passed unanimously.

MOTION: This patient complaint was filed against the board-certified dermatologist and dermatopathologist who reviewed a biopsied skin sample. The complainant expresses frustration that the biopsy report does not provide answers. The complaint, response, and medical records, including three pathology reports, do not clearly establish any violation of the Board's laws or rules in the licensee's review of the skin sample or the licensee's pathology report.

4. CR25-284

Dr. Waddell moved to dismiss the complaint. Mr. Flaherty seconded the motion, which passed unanimously.

MOTION: The patient complains that the licensee did not help her and did not perform a skin biopsy which the patient felt was needed. The licensee responds that they are sorry the patient was not satisfied with their visit, but that they provided good care. Review of the records shows that the licensee did listen to the patient's concerns, did a physical exam and did not know if a biopsy was needed. The licensee referred the patient to a specialist for further evaluation. Appropriate care was provided by the licensee.

5. CR25-292

Dr. Waddell moved to dismiss the complaint. Dr. Ng seconded the motion, which passed unanimously.

MOTION: A patient complained that the licensee did not appropriately complete a medical examination and was not helpful with the diagnosis. The patient saw the licensee on three occasions. The licensee felt she provided reassurance and recommendations for the patient's dermatologic questions and needs. Appropriate examinations and documentation have been provided.

6. CR25-293

Dr. Waddell moved to dismiss the complaint. Ms. Weinstein seconded the motion, which passed unanimously.

MOTION: A patient presented to a dermatologist complaining of rough skin areas and other skin complaints. She was seen on four visits over nine months. Medical records were reviewed and indicate that appropriate care was provided.

7. CR23-67

Dr. Fay-LeBlanc moved to accept the licensee's attestation, administratively close the complaint and direct staff to flag the licensee and maintain the full complaint file. Mr. Ross seconded the motion, which passed unanimously.

MOTION: The board initially reviewed this case in 2023 and offered the licensee a consent agreement. The licensee declined the consent agreement, and the case was placed on the adjudicatory hearing list. In 2025 the licensee requested an informal conference which was denied. The licensee is now coming back to the board with additional information. The licensee reports that they are no longer in the state of Maine and do not intend to practice in Maine before 2028. They report they have taken CME that was included in the board's drafted consent agreement.

8. CR24-157

Dr. Fay-LeBlanc moved to dismiss the complaint. Dr. Waddell seconded the motion, which passed unanimously.

MOTION: The case was reviewed in October 2024. The mother of a minor child is unhappy with the treatment and outcome her son received after breaking his pinky finger. The licensee responds that appropriate care was provided and that some of the poor outcomes were related to poor compliance on the patient's part. He also asserted that the tendon injury causing some of the deformity was not related to the initial surgery. The expert review did not have any concerns with how the case was handled.

9. CR25-80

Mr. Flaherty moved to dismiss the complaint. Mr. Ross seconded the motion, which passed unanimously.

MOTION: This complaint arises from the tragic death of an 8-month-old infant. In September 2024, the complainant brought the infant to the emergency department with reports of increased sleepiness over the prior three days. The licensee evaluated the infant, documented that the infant appeared well, had stable vital signs, was active and playful when not napping, was eating and drinking normally, and had no rashes, bruises, petechiae, or other concerning findings. A small swelling on the back of the head (present for five months and previously diagnosed as a cyst) was noted but did not alter the clinical

picture. The licensee diagnosed a viral illness, performed a COVID test as clinically indicated, and discharged the infant home.

Two weeks later, the infant was brought to another emergency department unresponsive. Despite prolonged resuscitation efforts, the infant was pronounced dead. The complainant subsequently filed this complaint, stating that the licensee failed to provide adequate care by not ordering blood work, which the complainant believes would have diagnosed Acute Lymphocytic Leukemia (ALL) and potentially prevented the infant's death. The complainant expressed deep frustration that her concerns were not taken seriously and that the infant's death could have been avoided.

The board obtained an independent expert peer review that found that the licensee's assessment, clinical judgment, and decision not to pursue laboratory studies were entirely consistent with the standard of care. The infant presented with a benign-appearing history and physical examination that did not trigger the need for blood work under established pediatric emergency guidelines. The subsequent autopsy findings, as interpreted by the expert, did not corroborate the complainant's belief that undiagnosed leukemia was present at the time of the initial visit.

10. CR25-119

Dr. Waddell moved to dismiss the complaint. Mr. Flaherty seconded the motion, which passed unanimously.

MOTION: The patient sustained a complex ankle fracture after a fall and underwent surgery by the licensee. She alleges that her surgery was not properly performed and that she was not provided with appropriate postoperative care. She alleges that the licensee and his office were not responsive to her concerns during her recovery, and she eventually required additional surgery out of state. Review of the available materials does not support these allegations. Postoperative care of the patient by the licensee was complicated by her self-initiated transfer of care to providers closer to her home. Records indicate that the licensee and his office remained responsive to the patient's needs. Finally, after complex trauma surgery, a need for additional, "revisional" surgery does not necessarily indicate that the original surgery was improperly performed.

11. CR25-290

Dr. Waddell moved to dismiss the complaint. Dr. Ng seconded the motion, which passed unanimously.

MOTION: The patient sustained multiple traumatic injuries including a complex pelvic fracture that was repaired out of state. She transferred her orthopedic follow-up care to the licensee several months later. The patient has ongoing physical and emotional complaints related to her traumatic injuries and does not believe that the licensee's recommendations have been appropriate. Review of the complaint, licensee response, and extensive medical records – which includes relevant records from the original operative surgeon and providers from multiple other relevant disciplines – does not support the patient's concerns with this licensee.

12. CR25-122 Talha Riaz, MD

Dr. Fay-LeBlanc moved to dismiss the complaint with a letter of guidance. Mr. Ross seconded the motion, which passed unanimously.

MOTION: On August 9, 2023, the Board issued the physician a telemedicine consultative registration, pursuant to 32 M.R.S. § 3300-D. This registration does not authorize registrants to engage in the clinical practice of medicine. *Id.* At the time of issuance of that limited registration, the physician was required to and did confirm that he understood the very limited scope of this registration meant that he could only consult with Maine-licensed health care practitioners and could not directly treat Maine patients. In March 2025, when the physician attempted to renew this registration, he disclosed to the Board that he had treated seven Maine patients in excess of the authority he held under his registration. The medical records for these patients raised concerns regarding the physical examinations, medical histories, differential diagnoses, diagnostic laboratory testing, and patient follow-up or treatment planning, as well as lack of sufficient information to support diagnoses, and inadequacies of medical documentation.

On June 10, 2025, the Board voted to initiate a complaint against the physician's Maine telemedicine consultative registration based upon that information. The physician responded to the notice of complaint with a letter apologizing for his prior actions and advising the Board of his self-remediation plan. The physician completed continuing medical education courses covering the topics of practicing medicine via telehealth; documentation and record keeping; and professionalism and ethics. Related to the completion of those courses, the physician provided the Board with a statement regarding lessons learned and stating that the courses enhanced his understanding of telehealth compliance, ethical practice, clinical documentation, and professional standards. The physician stated that he incorporated the lessons learned by strengthening documentation workflows, clarifying processes, ensuring secure communication practices, and reinforcing compliance safeguards.

The Board understands from the physician that, following the expiration of his telemedicine consultative registration, he has no plans to practice in Maine in the future.

The guidance is as follows: Licensees must always be aware of and practice within the scope of the legal authorization to practice medicine as issued by the state in which their practice occurs. In addition, when practicing via telehealth, licensees must meet the requisite standards of care and comport their medical practice to the local laws and rules where the patient is located.

13. CR25-128

Dr. Waddell moved to dismiss the complaint. Ms. Weinstein seconded the motion, which passed unanimously.

MOTION: The patient alleges clinical incompetence resulting in disfiguring results after surgery. The licensee acknowledges the postoperative complications and unsatisfactory results for the patient but believes that appropriate clinical care was provided and that the complications experienced by the patient were not avoidable. External peer review identifies no deviation from the standard of care by the licensee.

14. CR25-207

Dr. Nesin moved to approve the physician's request for reconsideration of the board-directed § 3286 evaluation. Dr. Ng seconded the motion, which passed unanimously.

Dr. Nesin moved to offer the physician a consent agreement to include a five-year probation, participation in the MPHP, monitoring, therapy and quarterly reports to the board. Mr. Ross seconded the motion, which passed unanimously.

15. CR25-209

Dr. Nesin moved to investigate further and issue a letter of guidance. Ms. Weinstein seconded the motion, which passed unanimously.

16. CR25-218

Mr. Jamison moved to dismiss the complaint. Dr. Ng seconded the motion, which passed unanimously.

MOTION: This patient complaint against an emergency department provider alleges that the patient was not treated properly and was baselessly held against their will for twelve hours for psychological evaluation. The medical records indicate that the patient exhibited an altered mental state, paranoid delusions, and that a family member asserted over speakerphone in the patient's hearing that the patient was suicidal and homicidal. The patient also reported use of crack-cocaine the night they presented to emergency department. Based on those concerns, the licensee delayed the patient's discharge until the patient could be evaluated by a behavioral health practitioner. The patient was discharged following this evaluation. Review of the complaint, response, and medical records indicate that the patient received appropriate care for their medical complaints and was appropriately evaluated for potential psychiatric issues, including a potential for self-harm.

17. CR25-220 Michael T. Luck, PA

Mr. Flaherty moved to dismiss the complaint with a letter of guidance. Mr. Jamison seconded the motion, which passed unanimously.

MOTION: The complaint arose related to the physician associate's interactions with a transgender patient and a comment the patient reported as "egregiously disrespectful and inappropriate." The patient also indicated they felt unsafe, left the clinic, and will seek care elsewhere in the future. The physician associate responded to the complaint, explained his perspective that the comment was misinterpreted, and stated he would not intentionally disparage a transgender patient. At its January 13, 2026 meeting, following discussion, the Board requested that the physician associate voluntarily agree to attend two (2) hours of continuing medical education pre-approved by the Board on the topic of compassionate care for transgender patients. The physician associate completed multiple courses through a national LGBTQIA+ health education center and wrote a response to the board discussing how the education improved his understanding of these issues and how he will be more cognizant of his words and behavior going forward. The Board noted his response following this CME reflected improved insights regarding implicit bias, power imbalances, and the need for careful use of language and nonverbal communication.

The guidance is as follows: Physician associates owe an ethical duty to their patients, including the duty to respect and compassionately care for LGBTQIA+ patients, and to make them feel safe to receive care. When working with LGBTQIA+ patients, licensees should remain up to date on the appropriate ways to ethically and compassionately practice with this patient population. At this time, licensees, at a minimum, should consistently ask patients for their pronouns, use identity and gender-affirming language, and should avoid any comments in professional settings that could reasonably be perceived as mocking or disrespectful, particularly regarding gender identity or expression.

18. CR25-229 James H. Urbina, MD

Dr. Ng moved to dismiss the complaint with a letter of guidance. Dr. Waddell seconded the motion, which passed unanimously.

MOTION: On September 8, 2025, the Maine Board of Licensure in Medicine (the “Board”) voted to initiate a complaint against the physician’s Maine license to practice medicine based upon disclosures on his renewal application regarding employer discipline and his resignation following notification that his employer intended to investigate him for violations of patient privacy laws by making a disclosure of confidential patient information within his organization, but without the patient’s authorization, and for purposes unrelated to the treatment of the patient. The physician explained that his intent was to inform the facility of information relevant to its interests.

The physician timely advised the Board of his change in address and change in employment but did not disclose that he resigned to avoid an investigation. The physician indicated that he had taken a five-hour CME on “HIPAA Privacy and Security” on this subject and provided a certificate of completion. The Board requested a written explanation of what he learned in his CME and how he would handle the same, or a similar, situation in the future. The physician provided that written explanation on February 11, 2026, which the Board noted showed steps he has taken and his new insights into his obligations to maintain patient privacy.

The guidance is as follows: State and federal laws and regulations impose strict patient privacy obligations on physicians to prevent disclosure of protected patient health information without authorization except in very limited circumstances. In addition, physicians owe an ethical duty to patients to maintain the confidentiality of protected health information with which they are entrusted. To avoid legal and licensing disciplinary consequences, physicians must be conversant with their obligations to maintain the fundamental privacy of the information they receive from their patients and must diligently maintain the fundamental privacy of patient information.

19. CR25-235

Following review of additional information, Mr. Flaherty moved to re-offer a consent agreement to include a five-year probation, inactive status license during initial four weeks of treatment with a recommendation from IOP regarding return to work and going forward and to delegate case reporter approval of return to active status and work with option to defer approval to the Board. Mr. Ross seconded the motion, which passed unanimously.

20. CR25-256

Mr. Jamison moved to dismiss the complaint. Mr. Flaherty seconded the motion, which passed unanimously.

MOTION: The patient complains that she was not informed of all the findings on a brain MRI. The licensee responds that the MRI was ordered and the neurologic conditions were being managed by neurology. Review of the records indicate appropriate care and referrals were in place.

21. CR25-257

Mr. Jamison moved to dismiss the complaint. Ms. Weinstein seconded the motion, which passed unanimously.

MOTION: A patient complained that this licensee did not provide appropriate care or give her correct information and diagnosis. The patient believes she had a stroke; however, the licensee advised the patient otherwise and substantiated this with the medical record, imaging and documentation.

22. CR25-258

Mr. Jamison moved to investigate further, issue a letter of guidance and grant withdrawal of license following dismissal of complaint with the letter of guidance. Approval of the letter of guidance is delegated to the Board Chair or Secretary. Dr. Waddell seconded the motion, which passed unanimously.

23. CR25-270

Dr. Ng moved to investigate further and obtain an outside expert review. Dr. Nesin seconded the motion, which passed unanimously.

24. CR25-272

Mr. Flaherty moved to investigate further and obtain an outside expert review. Mr. Ross seconded the motion, which passed unanimously.

25. CR25-273

Dr. Fay-LeBlanc moved to dismiss the complaint. Dr. Ng seconded the motion, which passed unanimously.

MOTION: The patient complains that the provider did not listen to or address her concerns. The provider responds that he did listen and discuss the patient's concerns with her. His clinical note was appropriate. Subsequent phone notes indicate the patient may not have heard or understood what the provider relayed, but each phone note was addressed in a timely manner. Appropriate care was provided.

26. CR25-275

Mr. Ross moved to dismiss the complaint. Ms. Weinstein seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

MOTION: A patient complains that the physician associate did not code correctly, so he now has a bill that he is being threatened with collections for. The physician associate responded that he tried to get the coding changed but could not and no longer has access.

He tried to work with the billing department to fix the issue but was unsuccessful. The patient states that the physician associate's response was very helpful and highlights the issues with the billing office.

27. CR25-286

Dr. Ng moved to dismiss the complaint. Dr. Waddell seconded the motion, which passed unanimously.

MOTION: The complainant alleges that her complaints of extreme abdominal pain were dismissed and that the licensee failed to properly read her test results and did not inform her of the abnormal lesions on her liver. The licensee is gastroenterology/internal medicine physician and was the provider for the complainant from 2016 until 2025. The licensee assumed care of the patient around 2016 where previous workup was inconclusive. The licensee's workup with the patient eventually led to diagnosis of Crohn's Disease. She indicated that the patient was doing well between 2016 and 2019. She attempted medical management first, but the patient needed surgical intervention in December 2016, after which the licensee resumed medical management of the patient's issue. In January 2021, the patient was diagnosed with cholangiocarcinoma. The licensee continued to manage the patient medically in collaboration with the patient's oncology team. Based on the licensee's response and medical records, there appears to be adequate workup as well as co-management of symptoms with other specialists. The licensee indicated that the records she had received for the patient's hospital stay in 2016 only indicated the clinical impression supportive of Crohn's disease, not highlighting the finding of heterogeneous lesion on the liver. A repeat CTE in August 2016 did not raise concern for a liver lesion. The licensee documents a clear summation of her care of the patient and expresses genuine appreciation of the patient's situation and a desire to work with the patient.

28. CR25-288

Dr. Ng moved to dismiss the complaint. Dr. Nesin seconded the motion, which passed unanimously.

MOTION: The complainant alleges that the physician provided incorrect information about her pregnancy and had poor bedside manners. The licensee is a Maternal & Fetal Medicine Ob/Gyn physician. The licensee states the patient had one appointment with him in May 2025, as she was referred to his practice for a detailed fetal ultrasound examination due to her history of congenital heart disease and increased maternal body mass index. The licensee states the ultrasound was completed, and when he reviewed the images, he noted a cystic hygroma as well as fluid within the skin of the fetal trunk, a probable atrioventricular septal defect and the right side of the heart appeared larger than the left side. The licensee states he met with the patient to inform her of the ultrasound findings and the potential meaning for the health of the fetus and her pregnancy, providing options and recommendations. The patient was also referred to genetic counseling. The licensee states the patient had two additional ultrasounds; one on May 28th and the other on June 9th; both were reviewed by different providers but noted the same diagnostic issues. The licensee states a fetal echocardiogram was performed on June 3rd, which was reviewed by a different provider but noted the same diagnostic issues. The licensee states that the patient had six additional ultrasounds at another facility and three of the

reports noted the presence of the hygroma and the other three stated the hygroma could not be assessed due to fetal position. The licensee states three of the examinations also confirmed the presence of pedal edema. The licensee indicates that he did discuss the benefits and risks of diagnostic amniocentesis which he does regardless of whether termination would even be considered. The licensee, in his response, indicated that since this encounter he and his practice have taken the opportunity to discuss ways in which they can improve to better help their patients.

29. CR25-294

Mr. Jamison moved to offer a consent agreement to include a warning, \$250 civil penalty and completion of the jurisprudence exam within thirty days and to set the matter for an adjudicatory hearing if the consent agreement is not accepted. Mr. Flaherty seconded the motion, which passed unanimously.

30. CR25-295

Dr. Ng moved to dismiss the complaint. Dr. Nesin seconded the motion, which passed unanimously.

MOTION: The complainant alleges that the licensee did not respond to any of his communications regarding his prescriptions. The Licensee indicated that the patient established care in October 2022. The patient reported history of stimulant medications that were not prescribed to him and reported better symptom control. The licensee indicated that the patient was started on Adderall XR 30 mg daily in March 2023 after a psych evaluation. The licensee noted the patient consistently attended follow-up appointments as outlined to them. The patient contacted the licensee in October 2025 to report that his medication was missing from his truck, and he was unsure if he lost it or if it was stolen. A refill was issued. Later, the licensee was made aware that the patient had obtained another refill in an emergency department in Portland. The licensee instructed the pharmacy to only dispense half of the prescription and reminded the patient of their treatment agreement. The licensee reports that PMP notified him in November that the patient had received stimulants in Iowa and Texas, but this was later cleared up by PMP. Review of the chart reflects multiple communications between the licensee, clinic and patient. The licensee expressed appreciation for the patient's frustration and the complexity of the issue and acknowledged that it could have been handled more delicately through earlier direct communication with the patient, and he sees this as an area for improvement. The licensee said after a frank discussion at an appointment in January, their interaction ended on a positive note and the patient agreed to ongoing care.

31. CR25-303

Dr. Fay-LeBlanc moved to investigate further, obtain an outside expert review and request that the physician respond to questions from the board and provide additional information. Mr. Flaherty seconded the motion, which passed unanimously.

32. CR25-304

Dr. Nesin moved to dismiss the complaint. Mr. Jamison seconded the motion, which passed unanimously.

MOTION: The complainant was a patient of the licensee and asserts that she was not properly informed of results of a mammogram and breast ultrasound and was later diagnosed with breast cancer in the same breast. She also complains that she was unable to get her records.

The licensee responds that the complainant was informed of all results and that there is no documentation of problems with obtaining records.

Review of medical records reveals appropriate care and good documentation, including informing the complainant about the results of the mammogram and ultrasound in question.

33. CR26-5

Mr. Ross moved to investigate further and issue a letter of guidance. Mr. Flaherty seconded the motion, which passed unanimously.

34. CR26-8

Dr. Ng moved to issue a citation and issue a letter of guidance upon payment of the fine. Mr. Ross seconded the motion, which passed 7-0-0-1. Dr. Nesen was recused from the matter and left the room.

35. CR26-9

Dr. Nesen moved to offer a consent agreement to include a reprimand, civil penalty, and notification prior to practice in Maine and alternatively allow the physician to withdraw her license while under investigation. Dr. Waddell seconded the motion, which passed unanimously.

36. CR26-12

Dr. Nesen moved to investigate further and request that the physician respond to questions from the board and provide additional information. Mr. Flaherty seconded the motion, which passed unanimously.

37. CR26-22

Mr. Jamison moved to offer a consent agreement to include a warning, \$250 civil penalty and completion of the jurisprudence exam within thirty days and to set the matter for an adjudicatory hearing if the consent agreement is not accepted. Ms. Weinstein seconded the motion, which passed unanimously.

38. CR25-34

Dr. Nesen moved to investigate further obtain an outside expert review and request that the physician respond to questions from the board. Mr. Ross seconded the motion, which passed unanimously.

39. CR25-35

Dr. Nesen moved to investigate further, obtain an outside expert review, and request that the physician respond to questions from the board. Ms. Weinstein seconded the motion, which passed unanimously.

40. CR26-13

Dr. Nesin moved to offer a consent agreement to include a reprimand and civil penalty and to refer information to the Board of Chiropractic Licensure. Mr. Flaherty seconded the motion, which passed unanimously.

41. Intentionally left blank

42. Intentionally left blank

V. Assessment and Direction

43. AD26-2

Mr. Ross moved to issue a complaint (**CR26-82**) and request that the physician respond to questions from the board. Dr. Ng seconded the motion, which passed unanimously.

44. AD25-254

Dr. Waddell moved to issue a complaint (**CR26-87**) and direct that the physician have a §3286 evaluation. Dr. Ng seconded the motion, which passed unanimously.

45. AD25-266

Dr. Ng moved to issue a citation and close the matter with no further action upon payment of the fine. Dr. Nesin seconded the motion, which passed unanimously.

46. AD25-278

Dr. Ng moved to issue a complaint (**CR26-83**), request that the physician respond to questions from the board and provide additional information and direct the physician to have a § 3286 evaluation. Ms. Weinstein seconded the motion, which passed unanimously.

47. AD25-280

Dr. Nesin moved to close the matter with no further action. Dr. Ng seconded the motion, which passed unanimously.

48. AD25-299

Dr. Nesin moved to issue a complaint (**CR26-86**) and direct the physician to have a § 3286 evaluation. Dr. Ng seconded the motion, which passed unanimously.

49. AD26-20

Dr. Nesin moved to issue a complaint (**CR26-89**). Ms. Weinstein seconded the motion, which passed unanimously.

50. AD26-30

Dr. Nesin moved to issue a complaint (**CR26-84**). Mr. Ross seconded the motion, which passed unanimously. Dr. Ng was out of the room and did not participate in the discussion or vote.

51. AD26-38

Dr. Waddell moved to close the matter with no further action. Mr. Ross seconded the motion, which passed unanimously. Dr. Ng was out of the room and did not participate in the discussion or vote.

52. AD26-39

Ms. Weinstein moved to close the matter with no further action. Dr. Ng seconded the motion, which passed unanimously.

53. AD26-49

Dr. Nesein moved to close the matter with no further action and provide information to the controlled substance prescribing reviewer. Mr. Ross seconded the motion, which passed unanimously.

54. AD26-55

Mr. Jamison moved to issue a complaint (**CR26-85**) and direct the physician associate to have a § 3286 evaluation. Ms. Weinstein seconded the motion, which passed unanimously.

55. Intentionally left blank

56. Intentionally left blank

57. Pending Adjudicatory Hearings and Informal Conferences report

This material was presented for informational purposes. No Board action was required.

58. Consumer Assistance Specialist Feedback

This material was presented for informational purposes. No Board action was required.

VI. Informal Conference (none)

VII. Minutes for Approval

A. March 5, 2026 Emergency Meeting

Mr. Ross moved to approve the March 5th meeting minutes. Ms. Weinstein seconded the motion, which passed 6-0-2-0 with Dr. Nesein and Mr. Flaherty abstaining.

B. March 10, 2026 Meeting

Ms. Weinstein moved to approve the March 10th meeting minutes. Mr. Jamison seconded the motion, which passed 6-0-2-0 with Mr. Flaherty and Dr. Waddell abstaining.

VIII. Consent Agreement Monitoring

A. Monitoring Reports

1. Albert W. Adams, MD (CR24-34/CR24-43)

Mr. Ross moved not to approve the proposed controlled substance prescribing expert reviewer and request a current CV for the proposed reviewer; not to approve the proposed CME and request Dr. Adams submit CME for approval addressing areas

identified by the practice monitor as requiring remediation; and accepted the plan submitted to be incorporated into chart reviews by the practice monitor. Dr. Ng seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

2. Albert W. Adams, MD (CR25-84)

Mr. Ross moved to conditionally approve the proposed psychotherapist; request that Dr. Adams submit a proposed psychiatrist for approval to perform a medication review; provide proof of enrollment in CME required by his consent agreement and granted Dr. Adams' license renewal. Dr. Ng seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

3. Cameron R. Bonney, MD

The board reviewed the monitoring report and took no action.

4. Arvind C. Chakravarthy, MD

The board reviewed the monitoring report and took no action.

5. Jesus M. Gandarillas, PA

Mr. Ross moved to terminate the consent agreement based on Mr. Gandarillas' completion of the terms of probation. Dr. Ng seconded the motion, which passed unanimously.

6. Liam E. Funte, MD

The board reviewed the monitoring report and took no action.

7. Clifford R. Peck, MD

The board reviewed the monitoring report and took no action.

8. G. Paul Savidge, MD

Mr. Ross moved to provisionally accept the proposed plan with a monthly report to the board showing number of open charts. Dr. Nesin seconded the motion, which passed unanimously.

9. James R. Shaw, MD

Dr. Ng moved to terminate the consent agreement based on Dr. Shaw's completion of reentry plan requirements. Mr. Jamison seconded the motion, which passed unanimously.

10. Heather R. Teng, PA

Dr. Waddell moved to approve the proposed physician preceptor for the additional 90-day direct supervision period. Mr. Ross seconded the motion, which passed unanimously.

IX. Adjudicatory Hearing (none)

X. Remarks of Chair

Dr. Fay-LeBlanc recognized Dr. Waddell for ten years of service as a board member and expressed appreciation for his time, energy and efforts.

A. BOLIM-BOL Workgroup

Mr. Terranova reported that LD2233 passed the House and Senate and is awaiting action by the Governor.

XI. Executive Director's Monthly Report

The board reviewed Mr. Terranova's written report.

A. Legislative Report

Mr. Terranova updated the board on pending legislation.

B. FSMB State Survey

This material was presented for informational purposes. No Board action was required.

C. Discussion Regarding Tuition Reimbursement

Dr. Ng moved to give Mr. Terranova one-time approval to grant an employee's request for tuition reimbursement. Mr. Jamison seconded the motion, which passed unanimously.

XII. Assistant Executive Director's Monthly Report

Ms. Hunt informed the board that Michigan passed legislation to remain a member of the IMLC and updated the board on the website accessibility project and PA background checks.

XIII. Medical Director's Report (none)

XIV. Remarks of Assistant Attorney General

AAG Willis updated the board on the status of pending litigation and a recent decision by the US Supreme Court.

XV. Rulemaking (none)

XVI. Policy Review

A. Draft Policy: Sharing Licensee Responses with Complainants in Relation to Deceased Patients

Dr. Ng moved to approve the policy. Dr. Nesin seconded the motion, which passed unanimously.

XVII. FSMB Material (none)

XVIII. FYI

This material was presented for informational purposes. No Board action was required.

XIX. Other Business (none)

XX. Adjournment 2:51 p.m.

At 2:51 p.m. Dr. Waddell moved to adjourn the meeting. Mr. Ross seconded the motion, which passed unanimously.

*Prepared by Maureen S. Lathrop, Administrative Assistant
Board approved: May 12, 2026*