Board of Licensure in Medicine
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August 11, 2026

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Maine Board of Licensure in Medicine
Minutes of August 11, 2026
8:42 a.m. – 2:17 p.m.

Board Members Present: Chair Renée Fay-LeBlanc, MD; Secretary Christopher Ross, PA; Holly Fanjoy, MD; Public Member Gregory Jamison, RPh; Noah Nesin, MD and Public Member Lynne Weinstein

Board Members Present Remotely: David H. Flaherty, PA (8:42 a.m. to 9:51 a.m.)

Board Members Absent: Maroulla Gleaton, MD; Anthony Ng, MD and Public Member Jonathan Sahrbeck

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

Attorney General's Office Staff Present: Assistant Attorney General Lisa Wilson and Assistant Attorney General Timothy Steigelman

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The meeting was held at the Board's Offices in Augusta, Maine with Board members participating in person, an individual board member participated remotely. 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 *(e.g.*, 1 M.R.S. § 405; 10 M.R.S. § 8003-B; 22 M.R.S. § 1711-C; 24 M.R.S. § 2510; 32 M.R.S. § 3282-A). During the public session of the meeting, actions were taken on all matters discussed during executive session. During portions of the meeting with a Board member participating remotely, votes were conducted by roll call with members voting "for" "against" or "abstain." The meeting was made virtually available to the public using the platform Zoom. 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	**PURPOSE**
9:14 a.m. – 9:40 a.m.	Pursuant to 1 M.R.S. § 405(6)(F) to discuss confidential health information
1:00 p.m. – 1:08 p.m.	Pursuant to 1 M.R.S. § 405(6)(E) to receive legal advice relating to contemplated enforcement action.

RECESSES

9:51 a.m. – 10:02 a.m.	Recess
12:06 p.m. – 12:33 p.m.	Lunch

I. Call to Order

Dr. Fay-LeBlanc called the meeting to order at 8:42 a.m. The start of the meeting was delayed due to technical difficulties with the audio-visual equipment.

A. Amendments to Agenda (none)

B. Scheduled Agenda Items (none)

II. Licensing

A. Applications for Individual Consideration

1. Initial Applications

a. Hassan Naser Mashbari, MD

Dr. Fanjoy moved to grant Dr. Mashbari's license. Mr. Ross seconded the motion, which passed unanimously.

b. Scott Richard Sanderson, MD

Dr. Fanjoy moved to request that Dr. Sanderson provide written attestation that he will practice at medical spas only and if he plans to practice emergency medicine, he will need to demonstrate current competency. Authority to approve the license upon receipt of the attestation was delegated to the Board Secretary. Ms. Weinstein seconded the motion, which passed unanimously.

c. Dagan Schwartz, MD

Dr. Fanjoy moved to grant Dr. Schwartz's license. Mr. Ross seconded the motion, which passed unanimously.

2. Reinstatement Applications

a. Andrea Luiza Vianna, MD

Dr. Nesin moved to table the application and request two letters of support, one being from Dr. Vianna's supervisor. Mr. Ross seconded the motion, which passed unanimously.

3. **Renewal Applications**

   a. **Thomas J. Kysor, PA**
   Mr. Ross moved to grant PA Kysor's license renewal. Mr. Jamison seconded the motion, which passed unanimously.

   b. **Rupinder Gill, PA**
   Mr. Ross moved to grant PA Gill's license renewal. Dr. Fanjoy seconded the motion, which passed unanimously.

4. **Requests to Convert to Active Status**

   a. **Karren S. Seely, MD**
   Mr. Ross moved to offer Dr. Seely a reentry license and request that she submit a reentry plan. Ms. Weinstein seconded the motion, which passed unanimously.

   b. **Cheryl R. Deane, PA**
   Dr. Fanjoy moved to approve the reentry to practice plan and grant an active license upon receipt of PA Deane's written attestation that she will comply with the reentry plan. Mr. Ross seconded the motion.

   A roll call vote was taken, and the motion passed 6 in favor, 1 recused. Dr. Nesin was recused from the matter and left the room.

Dr. Fanjoy:	For	Dr. Nesin:	Recused
Dr. Fay-LeBlanc:	For	Mr. Ross:	For
Mr. Flaherty:	For	Ms. Weinstein:	For
Mr. Jamison:	For		

5. **Requests to Withdraw License/License Application (none)**

6. **Requests for Collaborative Agreements (none)**

B. Other Items for Discussion

1. **Courtney Dugan, MD (FYI)**
   The Board reviewed Dr. Dugan's renewal application at its April 14, 2026, meeting due to failure to provide the requested CME as they were selected for a CME audit. The Board voted to offer the physician 30 days to provide the required CME or the Board would preliminarily deny the physician's license. A response was never received and ultimately on July 6, 2026, the final denial letter was sent, and the action was considered final. The physician contacted the Board to discuss the denial of

licensure on August 1, 2026. The requested CME was provided with an explanation for not responding to Board communications.

C. Citations and Administrative Fines
This material was presented for informational purposes. No Board action was required.

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. Christopher R. Delp, MD – Consent Agreement
Mr. Ross moved to approve the consent agreement. Dr. Nesin seconded the motion, which passed unanimously.

IV. Complaints

1. CR25-16 Hang Thanh Vu, MD
Dr. Nesin moved to dismiss the complaint with a letter of guidance. Mr. Ross seconded the motion, which passed unanimously.

MOTION: The Board-initiated complaint was opened after the Board received a report from the physician's employer alleging that her communications with another employee were unprofessional conduct and that she had included an unnecessary personal opinion in a patient's chart. The Board requested that the physician take a CME course on professional provider-to-provider communications. The physician completed the course and reported on the course subject matter.

The guidance is as follows: It is important for clinicians to maintain a high standard of professionalism when communicating with patients, colleagues, and supervisors, as well as when documenting in the medical record.

2. CR25-106 Justin L. Salerno, MD
Dr. Fanjoy moved to dismiss the complaint with a letter of guidance. Mr. Ross seconded the motion, which passed unanimously.

MOTION: The patient complained that she was incompletely informed about her initial surgical procedure, including that she had not been informed about bleeding or injury to the vaginal cuff that occurred during the procedures. She then had to have subsequent surgery during which sutures were discovered in an area where the physician had not documented any repair. The physician responded and indicated that he would not typically have communicated the information regarding the bleeding and vaginal cuff repair to the patient. An expert review was obtained and the reviewer noted that documentation of the initial surgery the physician performed did not mention injury to the bladder. The expert reviewer also noted that the documentation did not indicate what post-surgical information was shared with the patient. The physician responded to this letter by indicating that no bladder injury or complication was evidence at the time of surgery or discharge.

The guidance is as follows: The Board relies on the AMA Code of Medical Ethics as evidence of standards of professional conduct. Pursuant to that Code of Medical Ethics, a physician's ethical duties include that the physician-patient relationship involves a "covenant of trust" in which physicians and patients collaborate in decision making regarding the patient's care. In order to maintain that covenant and allow patients to participate in this shared decision making, physicians should endeavor to engage in transparent and open communication about the patient's surgical procedures, any issues that arose, and any subsequent risks that might arise related to the procedure.

3. **CR25-112**
   Dr. Fanjoy moved to investigate further and issue a letter of guidance. Ms. Weinstein seconded the motion, which passed unanimously.

4. **CR25-238**
   Dr. Fanjoy moved to investigate further and request that the physician complete a minimum of three (3) hours of Board-approved CME regarding interpreting trauma imaging and report to the Board what he learned from the course and how it may impact his future practice and review the expert review of this case and provide a written reflection on the findings and how they may impact his future practice. Ms. Weinstein seconded the motion, which passed unanimously.

5. **CR25-239**
   Dr. Fanjoy moved to investigate further and request that the physician respond to questions from the board and review the expert review of this case and provide a written reflection on the findings and how they may impact his future practice. Mr. Ross seconded the motion, which passed unanimously.

6. **CR25-231 Andrew J. Rawlinson, MD**
   Dr. Nesin moved to dismiss the complaint with a letter of guidance. Mr. Jamison seconded the motion, which passed unanimously.

MOTION: The Board initiated a complaint after the physician indicated that despite only holding a consultative telemedicine registration, pursuant to 32 M.R.S. § 3300-D(2), he nonetheless treated six Maine patients by telehealth. The physician provided the relevant patient medical records. An outside expert reviewer identified the opportunity for improved documentation related to prescription drug dosages and administration schedule in two patients' charts.

The guidance is as follows: Pursuant to 32 M.R.S. § 3282-A(2)(N), physicians holding licenses or registrations in Maine may be subject to license denial, non-renewal, or other discipline for "[e]ngaging in any activity requiring a license under the governing law of the board that is beyond the scope of the acts authorized by the license held." In addition, Board Rule Chapter 11: Regarding Telehealth Standards requires telehealth practitioners to meet the same standards of care for treatment and adequate documentation as physicians treating patients in person.

7. CR25-233

Dr. Nesin moved to offer a consent agreement to include a minimum of five (5) years participation in the MPHP, a minimum of two (2) years treatment with the current addiction psychiatrist with quarterly reports to the Board and discharge as recommended by the psychiatrist, a minimum of two (2) years psychotherapy with quarterly reports to the Board, and a civil penalty for failure to report suspension of privileges. An active license may be granted upon execution of the consent agreement and payment of the civil penalty. Mr. Ross seconded the motion, which passed unanimously.

8. CR25-236 Lillian W. Cavin, MD

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

MOTION: The Board initiated this complaint upon report of a large settlement for a malpractice claim. That case involved the physician's interpretation, on February 10, 2020, of a brain CT without contrast for a 29-year-old emergency room patient who presented to the ED with altered mental state. The physician reported the CT as negative for acute intracranial abnormalities. On February 12, 2020, a follow-up brain CT showed concerning changes, and subsequent magnetic resonance studies demonstrated narrowing or a possible blockage of the basilar artery. On March 20, 2026, following an investigation of this matter, the North Carolina Medical Board issued the physician a Letter of Concern based on an independent medical expert's review, which indicated that her care of the patient may have failed to conform to the standard of care in North Carolina. When this Board considered the case, the Board requested that the physician undertake a minimum 3 hours of CME on the subject of recognition of stroke. In response, the physician provided documentation of 14.5 hours of neuroradiology CME between November 2025 and January 2026. She also submitted an explanation regarding what she learned during those courses and how she has altered her practice.

The guidance is as follows: The Board relies on the AMA Code of Medical Ethics as evidence of professional standards. Professionalism includes maintaining appropriate communication and professionalism related to the performance of one's professional duties.

9. CR25-277

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

MOTION: The complainant is a patient who alleges that the licensee provided inappropriate treatment and failed to remove a corneal suture which was impacting his vision and postoperative recovery. The patient did not feel comfortable with the licensee's assessment and felt that his care was delayed. He followed up with the surgeon in Boston who performed the original surgery for suture removal and indicates that he was told the suture should have been removed much earlier. The patient feels that the licensee lacked the knowledge to treat his condition and that she misled him to believe he would need corrective lenses for his double vision, which resolved after the suture was removed. He also indicates that the licensee failed to send records or communicate with the surgeon in Boston to discuss and coordinate his care. The licensee responds that her office attempted to obtain records and communicate with the office but did not receive any postoperative instructions regarding removal of the corneal suture. The licensee indicates that she has had other patients with similar procedures where the suture was not removed at all or was only removed once it became loose. She also feels that his visual disturbance was due to myopia based on several refractions checked in the office and therefore does not feel that she inappropriately recommended corrective lenses. The medical records do not identify any specific instructions for suture removal following the patient's surgery nor any communication between the licensee and the Boston specialist. An expert review was obtained and determined that the treatment rendered by the licensee was appropriate. The timing of suture removal appears to represent a difference in clinical judgement as opposed to a departure from the accepted standard of care. The expert review also highlighted the licensee's responsiveness and commitment to ensuring the patient's continuity of care.

10. CR26-10

Mr. Flaherty moved to investigate further and issue a letter of guidance. Dr. Nesin seconded the motion.

A roll call vote was taken, and the motion passed unanimously.

Dr. Fanjoy:	For	Dr. Nesin:	For
Dr. Fay-LeBlanc:	For	Mr. Ross:	For
Mr. Flaherty:	For	Ms. Weinstein:	For
Mr. Jamison:	For		

11. CR26-32

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

12. CR26-37

Dr. Nesin moved to dismiss the complaint. Mr. Ross seconded the motion.

A roll call vote was taken, and the motion passed 6 in favor, 1 recused. Dr. Fanjoy was recused from the matter and left the room.

Dr. Fanjoy:	Recused	Mr. Ross:	For
Dr. Fay-LeBlanc:	For	Ms. Weinstein:	For
Mr. Flaherty:	For		
Mr. Jamison:	For		
Dr. Nesin:	For		

MOTION: The licensee provided care to a patient who was diagnosed with a benign condition but subsequently was diagnosed with stroke and suffered sequalae. Outside expert review raised concerns about the care provided. The licensee undertook CME requested by the Board and in her summary showed a high level of professionalism and insight and expressed an intent to institute changes in practice in response to what was learned.

13. CR26-44

Dr. Nesin moved to investigate further and request that the physician respond to questions from the Board. Ms. Weinstein seconded the motion, which passed unanimously.

14. CR26-45

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

MOTION: The complainant underwent an outpatient procedure and, in her complaint and rebuttal asserts that:

- Anesthesia was unnecessarily deep sedation
- She suffered “severe” pre and post-operative hypertension that was unaddressed
- The post-operative assessment was inadequate
- She had persistent tachycardia, elevated BP and dark urine and psychological distress post-operatively
- Records provided to her were incomplete

- The consent for anesthesia was not properly obtained due to cross-talking and a confusing environment
- Requests for a pre-operative consultation were not honored

The licensee responds by detailing the consent and anesthesia process, describing an uncomplicated course of anesthesia, the assessment of and response to the elevated blood pressure, and unsuccessful attempts to contact the complainant in the week following the procedure.

15. CR26-90

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

MOTION: The complainant underwent an excisional surgery for cancer for which the licensee was a surgical assistant. The complainant includes a number of concerns that are the subject of two other complaints and would not be the responsibility of this licensee. Specific to this licensee the complainant asserts that the PA was improperly involved in wound closure and may have performed closure improperly. In her rebuttal the complainant asserts that the PA has independent responsibility for all aspects of her care but also excludes staging of the complainant's cancer from those responsibilities. The licensee responds by describing her role in the procedure and points out the inclusion of a surgical assistant in the informed consent.

16. CR26-51 Douglas M. Pavlak, MD

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

MOTION: The patient complained that she overheard the physician's comments to his medical assistant regarding her request to have the physician evaluate symptoms in her arm during her appointment with him for bilateral lower extremity EMG. The patient perceived the comments to be dismissive and undermined the care she received. In his response to the complaint, the physician apologized for the comments and how they made the patient feel. The physician explained that was not his intent, and that when raised by the patient he attempted to explain that his comments were directed toward the referring physician's request that he perform an additional EMG in the narrowly scheduled window of the patients existing EMG referral. The physician explained that he apologized to the patient and told her he would not make such comments in the future.

The guidance is as follows: The Board relies on the AMA Code of Medical Ethics as evidence of standards of professional conduct. Pursuant to that Code of Medical Ethics, a physician's ethical duties include that the physician-patient relationship involves a "covenant of trust" in which physicians and patients collaborate in decision making regarding the patient's care. In order to maintain that necessary trust, physicians should

be mindful that their communications regarding patients may be overheard and may be interpreted in a manner that undermines patient trust.

17. **CR26-53**

Mr. Jamison moved to allow the physician seven (7) days to withdraw his license while under investigation and if he chooses not to withdraw, to offer a consent agreement to include a reprimand, revocation of license and civil penalty for failure to report his arrest. Dr. Nesin seconded the motion, which passed unanimously.

18. **CR26-68**

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

19. **CR26-69**

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

MOTION: The complainant is the parent of a minor child with a complicated and prolonged history of chronic recurrent abdominal pain with associated weight loss, malnutrition and additional related diagnoses, who has required repeated hospitalizations, enteral nutrition, and multiple evaluations by teams at multiple facilities. The complainant asserts that, as the lead floor doctor for his child the licensee failed to properly diagnose, declined repeated requests for specific testing for a specific diagnosis and, as a result, delayed that diagnosis unnecessarily, resulting in avoidable suffering with pain, weight loss, malnutrition, emotional impacts of chronic, severe symptoms and misdiagnoses. The complainant points out that an imaging study raised that specific diagnosis as a possibility, and that despite the parents advocating for pursuing it further, no additional testing was ordered. The complainant further outlines the frustrations experienced by the parents in this circumstance and their dissatisfaction and concern with the care for their child.

The licensee describes in detail their team's care for the patient, their differential diagnosis, their consideration of the specific diagnosis and reasoning for decision making related to that, their response to the parents' concerns and their coordination of care with specialty providers at other in-state and out-of-state facilities. The licensee asserts that her role in the patient's care was relatively limited and describes that care, as well as her interactions and meetings with the complainant, and expresses empathy for the patient and the complainant.

Rebuttal reasserts the parents' frustration with the care team and worry about their child, describes the parents' complaints about the care that they felt went unaddressed and describes a report that was made to Child Protective Services by a member of the hospital staff related to the care provided to the patient.

Review of records and documentation indicates appropriate care and communication in working to navigate a very complex and challenging circumstance.

20. CR26-74

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

MOTION: The complainant is the wife of a patient who alleges that the licensee provided inappropriate treatment for the patient's Parkinson's disease. The wife alleges that the licensee took the patient off all of his medications which she felt had been effective. She indicates this resulted in a rapidly progressive decline in function and his untimely death. The wife also indicates the licensee refused to see the patient and that she had to call the VA to get help at which point he was started on hospice. The licensee responds that the patient had advanced dementia and end-stage Parkinson's disease that progressed in the setting of other medical issues including COVID, other infections and fall injuries. He provides a timeline that indicates close communication with the wife and medication adjustments to help maintain function at home and mitigate side effects as well as account for significant medication costs. The patient had a complex disease, and the licensee was responsive to the wife's concerns and evolving needs of the patient over a year and a half. The licensee's response is insightful and empathetic to the patient's condition and the wife's loss. The medical record supports the thoroughness of his treatment, consideration of multiple issues, and the overall responsiveness of care.

21. CR26-84

Mr. Ross moved to issue a citation for failure to report termination of a health plan provider agreement and dismiss the complaint upon payment of the fine. Dr. Nesin seconded the motion, which passed unanimously.

MOTION: The board initiated the complaint because the physician did not report termination, and it was discovered on the NPDB report. The NPDB report confirmed that the termination was related to two audits of his care plans and inadequate charting. The physician responded that the termination was based solely on the audit corporation's documentation policies and did not reflect the care that was provided. The physician stated that he has taken great steps to improve documentation since the incident. He did not believe that he had to report because it was a health plan in another state that contracted his services. A review of charts reveals appropriate care was provided.

22. CR26-87

Dr. Nesin moved to investigate further and request that the physician respond to questions from the Board and provide documentation of his most recently completed required CME related to opioid prescribing. Mr. Ross seconded the motion, which passed unanimously.

Dr. Nesin moved to open an investigation regarding the licensee prescribing controlled substances to this physician. Mr. Ross seconded the motion, which passed unanimously.

23. CR26-88

Dr. Nesin moved to investigate further and request that the physician respond to questions from the Board and review Board Rule Chapter 21, Use of Controlled Substances for Treatment of Pain, and provide a written reflection of his prescribing practices. Mr. Jamison seconded the motion, which passed unanimously.

24. CR26-89

Mr. Jamison moved to investigate further, issue a citation for failure to report disciplinary action, and issue a letter of guidance. Dr. Fanjoy seconded the motion, which passed unanimously.

25. CR26-101

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

MOTION: The licensee presents a very thorough explanation including a medical record of the course of treatment and the office visit/appointment schedule with this patient. Initially the patient was compliant with the communicated visit expectation of the treatment plan. Medications prescribed included an appropriate number of refills to carry the patient until and sometimes beyond the next scheduled appointment. The patient cancelled one appointment and was not seen for 11 months. The medications did run out. When the patient was eventually seen again, they were not happy that refills were denied until an office visit could occur. The patient is alleged to have made exceedingly crude remarks to office staff when they abruptly left the scheduled appointment. The licensee did however refill the medication in question regardless.

26. CR26-107

Ms. Weinstein moved to investigate further and request the physician complete the PACE Clinician-Patient Communication course and provide a written response to the Board regarding what she learned from the course and how she might approach this situation differently. Dr. Fanjoy seconded the motion, which passed unanimously.

27. CR26-110

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

MOTION: The patient complains that the licensee did not perform a thorough exam or appropriate cauterization of her nose causing her to have continued symptoms many years after the procedure. The patient also alleges that the provider was a “sexist pig”. The provider responds that he does not remember this specific visit as it occurred in 2019.

He explains his usual practice and what he documented in the record regarding the procedure and disputes the claims of unprofessional behavior. The licensee goes on to explain that he has received feedback about his communication with patients and has worked hard to improve this. He attended an intensive course on patient communication in 2024 (several years after this patient interaction occurred). After this complaint he also took additional CME on patient communication.

28. CR26-111

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

MOTION: The patient's son complains that the physician did not provide appropriate care to his father who was diagnosed with renal cancer and going through immunotherapy. After the infusion he did not tolerate the treatment and went to the hospital where the family did not see the physician check on him. The physician responded that she was treating the patient for stage 4 renal cancer and just started immunotherapy. A few days later the patient had a fall and ended up in the hospital and the physician's practice does not cover the hospital, only seeing patients in the outpatient setting.

29. CR26-137

Mr. Ross moved to dismiss the complaint. Dr. Fanjoy seconded the motion.

A roll call vote was taken, and the motion passed 6 in favor, 1 recused. Dr. Nesin was recused from the matter and left the room.

Dr. Fanjoy:	For	Dr. Nesin:	Recused
Dr. Fay-LeBlanc:	For	Mr. Ross:	For
Mr. Flaherty:	For	Ms. Weinstein:	For
Mr. Jamison:	For		

MOTION: The patient complains that the physician ended the physician-patient relationship without a formal warning and she was not transferred to another provider. The physician responded that the patient had missed multiple appointments and was changed to same day appointments and then missed additional same day appointments and was warned if she missed one more would be discharged. She missed an additional appointment, was given 60 days of medications and was sent a letter informing her of the discharge from the practice.

30. CR26-139

Ms. Weinstein moved to issue a citation for failure to timely report disciplinary action, report the physician associates' failure to renew her license while under investigation, and administratively close the complaint and hold the file should the physician associate apply for licensure in the future. Mr. Jamison seconded the motion, which passed unanimously.

31. CR26-146

Mr. Flaherty moved to dismiss the complaint. Dr. Nesin seconded the motion.

A roll call vote was taken, and the motion passed unanimously.

Dr. Fanjoy:	For	Dr. Nesin:	For
Dr. Fay-LeBlanc:	For	Mr. Ross:	For
Mr. Flaherty:	For	Ms. Weinstein:	For
Mr. Jamison:	For		

MOTION: A patient complains that a specialist physician declined her referral following a records-only triage review, asserting that the decision reflected a laboratory reporting error, bias related to her weight, and improper reliance on her mental health history. The licensee responds that he acknowledged and apologized for a clerical error in the units of a laboratory value, that the error did not affect his analysis, and that the records supplied with the referral contained no clinical findings supporting the condition in question; the declination letter expressly invited the referring clinician to call and request reconsideration, and no such call was made. Review of the file confirms that the findings the complainant relies upon were first documented after the triage decision was made, and that the licensee's conclusion was reasonable on the information available to him.

32. Intentionally left blank

33. Intentionally left blank

V. Assessment and Direction

34. AD25-263

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

35. AD25-302

Dr. Fanjoy moved to rescind the previously issued citation and to close the matter with no further action. Dr. Nesin seconded the motion, which passed unanimously.

36. AD26-95

Dr. Fanjoy moved to issue a complaint **(CR26-212)** and obtain an outside expert review. Mr. Ross seconded the motion.

A roll call vote was taken, and the motion passed 6 in favor, 1 recused. Dr. Nesin was recused and left the room.

Dr. Fanjoy:	For	Dr. Nesin:	Recused
Dr. Fay-LeBlanc:	For	Mr. Ross:	For
Mr. Flaherty:	For	Ms. Weinstein:	For
Mr. Jamison:	For		

37. AD26-147

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

38. AD26-151

At 1:00 p.m. Dr. Nesin moved to enter executive session pursuant to 1 M.R.S. § 405(6)(E) to receive legal advice relating to contemplated enforcement action. Mr. Ross seconded the motion, which passed unanimously.

The Board came out of executive session at 1:08 p.m.

Dr. Nesin moved to issue a complaint **(CR26-213)** and direct the physician to have a § 3286 substance misuse evaluation. Mr. Ross seconded the motion, which passed unanimously.

39. AD26-156

Mr. Ross moved to table the matter, pending the outcome of an investigation in another licensing jurisdiction. Ms. Weinstein seconded the motion, which passed unanimously.

40. AD26-160

Dr. Nesin moved to issue a citation for failure to timely report surrender of DEA license while under investigation and to close the matter with no further action upon payment of the fine. Mr. Ross seconded the motion, which passed unanimously.

41. AD26-165

Dr. Fanjoy moved to offer to allow the physician to withdraw his license while under investigation and if he chooses not to withdraw to issue a complaint **(CR26-215)** and request that he voluntarily convert his license status to inactive until resolution of this matter. Dr. Nesin seconded the motion, which passed unanimously.

42. AD26-173

Dr. Fanjoy moved to close the matter with no further action. Mr. Ross seconded the motion.

A roll call vote was taken, and the matter passed 6 in favor, 1 recused. Dr. Nesin was recused from the matter and left the room.

Dr. Fanjoy:	For	Dr. Nesin:	Recused
Dr. Fay-LeBlanc:	For	Mr. Ross:	For
Mr. Flaherty:	For	Ms. Weinstein:	For
Mr. Jamison:	For		

43. AD26-185

Dr. Nesin moved to investigate further and request records from the facility. Ms. Weinstein seconded the motion, which passed unanimously.

44. Intentionally left blank

45. Intentionally left blank

46. Pending Adjudicatory Hearings and Informal Conferences report

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

47. 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. July 14, 2026

Mr. Ross moved to approve the minutes of the July 14th meeting. Dr. Fanjoy seconded the motion, which passed unanimously.

VIII. Consent Agreement Monitoring

A. Monitoring Reports

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

At 9:14 a.m. Dr. Fay-LeBlanc moved to enter executive session pursuant to 1 M.R.S. § 405(6)(F) to discuss confidential health information. Mr. Ross seconded the motion.

A roll call vote was taken, and the motion passed 6 in favor, 1 recused. Dr. Nesin was recused from the matter and left the room.

Dr. Fanjoy:	For	Dr. Nesin:	Recused
Dr. Fay-LeBlanc:	For	Mr. Ross:	For
Mr. Flaherty:	For	Ms. Weinstein:	For
Mr. Jamison:	For		

At 9:40 a.m. Dr. Fanjoy moved to come out of executive session. Ms. Weinstein seconded the motion, which passed 6 in favor, 1 recused. Dr. Nesin was recused from the matter.

Dr. Fanjoy:	For	Dr. Nesin:	Recused
Dr. Fay-LeBlanc:	For	Mr. Ross:	For
Mr. Flaherty:	For	Ms. Weinstein:	For
Mr. Jamison:	For		

Mr. Ross moved to: 1) request clarification regarding Dr. Adams' work schedule; 2) request that Dr. Adams submit a written report to the Board regarding what he learned after attending the Vanderbilt Professional Development for Distressed Physician Behavior course and how it may impact his practice; and 3) request that Dr. Adams compete part II of the course. Based on recommendations from his recent evaluation 1): have recommended imaging and testing within three months; 2) have recommended specialty evaluation within six months; and 3) weekly psychotherapy with quarterly reports to the Board. Ms. Weinstein seconded the motion.

A roll call vote was taken and the motion passed 6 in favor, 1 recused. Dr. Nesin was recused from the matter.

Dr. Fanjoy:	For	Dr. Nesin:	Recused
Dr. Fay-LeBlanc:	For	Mr. Ross:	For
Mr. Flaherty:	For	Ms. Weinstein:	For
Mr. Jamison:	For		

2. **Scott M. Davis, MD**
   Dr. Fanjoy moved to approve the proposed neurologist. Mr. Ross seconded the motion, which passed unanimously.

3. **James B. Westmoreland, MD**
   The Board reviewed the monitoring report and took no action.

4. **Bruce Manley, PA**
   The Board reviewed the monitoring report and took no action.

5. **Ryan J. Mountjoy, MD**
   Dr. Nesin moved to terminate the requirement for Dr. Mountjoy to receive monthly treatment with a psychiatrist specializing in addiction medicine. Dr. Fanjoy seconded the motion, which passed unanimously.

6. **Jake Cho, MD**
   The Board reviewed the monitoring report and took no action.

7. **Susan Paul, MD**

Mr. Ross moved to approve the proposed physician preceptor and allow Dr. Paul two months to submit a proposed expert reviewer for controlled substance prescribing. Dr. Fanjoy seconded the motion.

A roll call vote was taken, and the motion passed 6 in favor, 1 recused. Dr. Nesin was recused from the matter and left the room.

Dr. Fanjoy:	For	Dr. Nesin:	Recused
Dr. Fay-LeBlanc:	For	Mr. Ross:	For
Mr. Flaherty:	For	Ms. Weinstein:	For
Mr. Jamison:	For		

IX. Adjudicatory Hearing (none)

X. Remarks of Chair

Dr. Fay-LeBlanc reminded Board members that the next meeting of the BOLIM-BOL Workgroup is on August 26th and she encouraged attendance. She also reminded Board members that BOLIM and BOL will hold an in-person meeting on September 24th.

Ms. Weinstein recently attended the FARB Summit on Regulatory Excellence. She gave a brief report on the meeting.

A. BOLIM-BOL Workgroup

1. **Draft Rules Review**

The Board reviewed draft Board of Medicine Chapters 1, 2 and 3 and provided feedback requested by the BOLIM-BOL Workgroup regarding PA licensing fees.

XI. Executive Director's Monthly Report

Mr. Terranova discussed the Chapter 15 Joint Rule Regarding Standards of Practice for Intravenous (IV) Therapy Businesses, Medical Spas and Medical Aesthetic Businesses which became effective July 14, 2026. Chapter 15 is a joint rule with the Board of Osteopathic Licensure and the Board of Nursing. The Boards have received feedback from the public, individual legislators and responded to questions from the committee of jurisdiction. The Boards have been advised that a citizen's petition has been started for reconsideration of the rule. The Boards have explained that the rule did not change scope of practice for licensees. In addition, much of the feedback is related to Section 4 of the rule regarding compounding medication which was created with input from the Board of Pharmacy and is consistent with federal law. Mr. Terranova said that the Board of Nursing has had guidance for its licensees regarding this issue since 2023.

Mr. Terranova stated that it was recommended by the Commissioner that the Boards create an explanatory document regarding Chapter 15. Following discussion, Board members were in favor of creating the document only if the Board of Osteopathic Licensure and Board of Nursing agree to proceed that way.

A. MMA-CQI Report

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

B. Lorna Breen Foundation Update

Mr. Terranova reported that the Lorna Breen Foundation recognized BOLIM as a 2026 Wellbeing First Champion.

XII. Assistant Executive Director's Monthly Report

Ms. Hunt gave the Board an update on the status of PA Background Checks.

XIII. Medical Director's Report (none)

XIV. Remarks of Assistant Attorney General

AAG Steigelman discussed plans for coverage following the departure of AAG Willis. In addition, he discussed with the Board that post-merger the Board of Medicine would likely have three assigned AAG's who would split the workload.

XV. Rulemaking (none)

XVI. Policy Review (none)

XVII. FSMB Material (none)

XVIII. FYI

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

XIX. Other Business (none)

XX. Adjournment 2:17 p.m.

At 2:17 p.m. Mr. Ross moved to adjourn the meeting. Dr. Nesin seconded the motion, which passed unanimously.

Prepared by Maureen S. Lathrop, Administrative Assistant
Board approved: September 8, 2026