

**Maine Board of Licensure in Medicine
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December 9, 2025**

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APPROVED JANUARY 13, 2026

Maine Board of Licensure in Medicine
Minutes of December 9, 2025

Board Members Present: Chair Renée Fay-LeBlanc, MD; David H. Flaherty, PA; Public Member Gregory Jamison, RPh; Noah Nesin, MD; Brad Waddell, MD and Public Member Lynne M. Weinstein

Board Members Present Remotely: (Members participating remotely were excused at 9:50 a.m.) Secretary Christopher R. Ross, PA; Holly Fanjoy, MD; Anthony Ng, MD and Public Member Jonathan Sahrbeck

Board Members Absent: Maroulla S. Gleaton, MD

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; Licensing Specialist Savannah Okoronkwo

Attorney General's Office Staff Present: Assistant Attorney General Jennifer Willis and Assistant Attorney General John Belisle (present during adjudicatory hearing)

The meeting was held at the Board's Offices in Augusta, Maine with Board members participating in person, individual Board members 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 Board members participating remotely, votes were conducted by roll call with members voting "for" "against" or "abstain." 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

None

RECESSES

9:50 a.m. – 10:02 a.m.

Recess

11:01 a.m. – 11:11 a.m.

Recess

11:56 p.m. – 12:10 p.m.

Lunch

12:10 p.m. – 12:30 p.m.

Working Lunch

1:23 p.m. – 1:30 p.m.

Recess

2:36 p.m. – 2:46 p.m.

Recess

3:31 p.m. – 3:40 p.m.

Recess

I. Call to Order

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

A. Amendments to Agenda

Mr. Flaherty moved to amend CR25-84 off the agenda. Mr. Jamison seconded the motion.

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

Dr. Fay-LeBlanc: For

Dr. Ng: For

Dr. Fanjoy: For

Mr. Ross: For

Mr. Flaherty: For

Mr. Sahrbeck: For

Mr. Jamison: For

Dr. Waddell: For

Dr. Nesin: For

Ms. Weinstein: For

B. Scheduled Agenda Items

1. 8:30 a.m. Meeting with Board of Osteopathic Licensure Representatives

**2. 10:00 a.m. Continuation of Adjudicatory Hearing – James Fine, MD
(CR22-220)**

II. Licensing

A. Applications for Individual Consideration

1. Initial Applications (none)

2. Reinstatement Applications (none)

3. Renewal Applications

a. Prasanna Sridharan, MD

Dr. Nesin moved to issue a citation for failure to report termination of employment and to grant license renewal upon payment of the fine. Mr. Flaherty seconded the motion.

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

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

b. Alex McKinlay, MD

Dr. Waddell moved to allow Dr. McKinlay thirty days to complete required CME, issue a citation for failure to meet CME requirements at the time of renewal, and preliminarily deny the renewal application if Dr. McKinlay fails to complete the CME within thirty days. Ms. Weinstein seconded the motion.

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

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

4. Requests to Convert to Active Status (none)

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

6. Requests for Collaborative/Practice Agreements

a. Hatshepsut Mboluji Oshun, PA

Dr. Nesin moved to approve PA Oshun's practice agreement. Dr. Ng seconded the motion.

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

APPROVED JANUARY 13, 2026

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

Dr. Ng: For
Mr. Ross: For
Mr. Sahrbeck: For
Dr. Waddell: For
Ms. Weinstein: For

b. Jenny Phillips-Mills, PA

Mr. Ross moved to approve PA Phillips-Mills' practice agreement. Mr. Flaherty seconded the motion.

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

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

Dr. Ng: For
Mr. Ross: For
Mr. Sahrbeck: For
Dr. Waddell: For
Ms. Weinstein: For

B. Other Items for Discussion

1. Chioma P. Ibeneme, MD (FYI)

Mr. Terranova reported that the USMLE program will allow Dr. Ibeneme to sit for one (1) final attempt at USMLE Step 3.

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 (none)

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. CR24-218 - Colleen A. Murphy, MD – Consent Agreement

Mr. Flaherty moved to approve the consent agreement. Dr. Nesin seconded the motion.

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

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

B. CR25-193 - Arvind C. Chakravarthy, MD – Consent Agreement

Dr. Nesin moved to approve the consent agreement. Ms. Weinstein seconded the motion.

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

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

IV. Complaints

1. CR25-84 (amended off agenda)

2. CR 25-12 Benjamin D. Liess, MD

Dr. Nesin moved to dismiss the complaint with a letter of guidance. Dr. Ng seconded the motion.

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

Dr. Fay-LeBlanc:	For	Dr. Ng:	For
Dr. Fanjoy:	For	Mr. Ross:	For
Mr. Flaherty:	For	Mr. Sahrbeck:	For
Mr. Jamison:	For	Dr. Waddell:	For

Dr. Nesin: For

Ms. Weinstein: For

MOTION: The Board-initiated complaint was issued following a referral from the Maine Board of Speech, Audiology and Hearing that it had received a report from an audiologist alleging that the physician billed and received insurance reimbursement for hearing aids that were never sold to a patient, and that he did so using the NPI number of an out-of-state audiologist, who the patient claimed he had never seen. Similarly, the out-of-state audiologist represented to the Board of Speech, Audiology and Hearing that he had never seen any Maine patients. The physician provided a detailed explanation and provided supporting documentation of how and why this billing error occurred in a total of 53 cases. The physician explained that his staff made an error when billing by using the out-of-state audiologist's NPI number, prematurely and without his knowledge. He stated that while he had been in discussions with that audiologist to review patient charts and authorize hearing aids for patients whose insurance company required an audiologist to authorize those devices, he had not finalized nor implemented that anticipated review process when the insurance claims were submitted. The physician stated that he understood these insurance claim errors were nonetheless his responsibility and identified improvements in his office procedures designed to prevent the recurrence of this episode. In addition, he provided evidence that he had reimbursed the insurance company for the first patient's undelivered hearing aid and had resubmitted corrected claims under the proper NPI number to the relevant insurance companies in the other 52 cases.

The guidance is as follows: It is important for physicians to pay close attention to, and take full responsibility for, all policies and processes that are carried out under the authority and auspices of a license to practice medicine.

3. CR25-66 Felecia N. Jinwala, MD

Dr. Fanjoy moved to dismiss the complaint with a letter of guidance. Dr. Ng seconded the motion.

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

Dr. Fay-LeBlanc: For

Dr. Ng: For

Dr. Fanjoy: For

Mr. Ross: For

Mr. Flaherty: For

Mr. Sahrbeck: For

Mr. Jamison: For

Dr. Waddell: For

Dr. Nesin: For

Ms. Weinstein: For

MOTION: The Board-initiated complaint arose from a report to the Board by an emergency room physician who alleged that the physician refused to review

images of concern for a patient the ED physician believed had a descending aortic rupture, with iliac dissection. The ED physician also alleged that the physician accepted and then refused the transfer of the patient, and that she refused to consult on the patient following input from a vascular specialist, even though she was on call to consult. The complaining physician alleged that the physician was rude and unprofessional in a manner that made the complainant concerned for patient safety in the future. In her filed response, the physician identified that she has a direct communication style, but is not unprofessional, and explained that the complaining physician made an incorrect diagnosis and failed to communicate key information regarding the patient's status. The Board issued the physician a prior Letter of Guidance identifying a need for clear and effective professional communication with colleagues to ensure mutual understanding for patient safety, issued on January 11, 2023, resolving Complaint 22-140. As a result of that prior guidance and the facts alleged in this case, the Board requested that the physician voluntarily take a Board-approved course on professional communication, which she completed October 22, 2025. In her reflections on that course, the physician indicated that miscommunication was at the core of the situation with the ED physician and described what steps she can take in the future to assure a foundation of mutual understanding and work to better educate colleagues about the nature and urgency of a patient's condition.

The guidance is as follows: Professional communication among treating physicians and all other members of a patient's health care team is essential to ensuring patients receive prompt, safe, and appropriate health care. Conversely, poor communication among health care providers can negatively impact patient safety and the quality of care they receive. Given the repetition of complaints about professional communication in your recent practice history, the Board strongly encourages you to continue to develop and apply the principles of collegial and effective professional communication as well as the lessons you indicated you learned from your recent communication course.

4. CR25-214 Paul R. Benoit, Jr., MD

Ms. Weinstein moved to dismiss the complaint with a letter of guidance. Mr. Jamison seconded the motion.

A roll call vote was taken, and the motion passed 8 in favor, 2 recused. Dr. Nesin and Dr. Waddell were recused from the matter and left the room.

Dr. Fay-LeBlanc:	For	Dr. Ng:	For
Dr. Fanjoy:	For	Mr. Ross:	For
Mr. Flaherty:	For	Mr. Sahrbeck:	For
Mr. Jamison:	For	Dr. Waddell:	Recused

Dr. Nesin: Recused Ms. Weinstein: For

MOTION: A patient filed this complaint regarding a visit with the physician to address ongoing pain and limited range of motion following a toe fracture. She indicated that the physician seemed cold and mechanical during the visit. She felt he was not receptive to her concerns about limited range of motion, and that he was dismissive of her ongoing pain. Because of her dissatisfaction with this visit and her perception that the physician failed to address her core concerns, she saw another provider at the physician's practice the same day who acknowledged that the healing period could be protracted and that her pain may persist during that period, but that she could return to normal activity as tolerated. In that visit she felt heard, gained information regarding the protracted healing period and how to manage her pain and return to normal activity. In his response, the physician stated that based on his review of a current x-ray he concluded her fracture was healed without complication, and he could not explain her pain from the healed fracture. The physician also indicated that after providing the patient with this assessment, he felt she became verbally abusive. In response he offered her options for seeking a second opinion. The second provider addressed the patient's concerns and answered her questions.

The guidance is as follows: As stated in the American Medical Association's Code of Ethics, "[t]he practice of medicine . . . is fundamentally a moral activity that arises from the imperative to care for patients and alleviate suffering." AMA Code of Ethics Opinion 1.1.1. Acknowledging a patient's experience and addressing their individual concerns is an important way that physicians care for patients, help alleviate their suffering, and better inform patients to help them cope with the suffering they are experiencing.

5. CR25-161

Mr. Ross moved to dismiss the complaint. Mr. Flaherty seconded the motion.

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

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

MOTION: A patient complains about her emergency room visit after a motor vehicle collision. The patient alleges the physician did not have good bedside

manner and incorrectly documented her injuries in the chart. Review of the medical record reveals appropriate care was provided.

6. CR25-166

Ms. Weinstein moved to dismiss the complaint. Dr. Nesin seconded the motion.

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

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

MOTION: A patient complains about the treatment in the emergency department for a migraine. There was also an error in the clinical note due to transcribing with the hospital voice recognition software. Review of the record reveals appropriate care. Additionally, the physician has amended the record to the correct language. He was unaware of the transcribing error prior to receiving the complaint. Appropriate care has been provided.

7. CR25-167

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

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

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

MOTION: The patient complained that she was scheduled for neck surgery to address left upper extremity numbness and tingling as well as neck pain. She had extensive evaluation preparing for surgery and incurred expenses during the evaluation. On the day of the scheduled surgery while in pre-op the surgical procedure was canceled because the patient reported some improvement in her symptoms. She still has numbness and tingling in her arm and hand and pain in her upper arm that comes and goes.

The licensee responded and stated that this patient's nerve decompression surgery, C5-C6 posterior cervical laminectomy, was intended to alleviate symptoms including pain and tingling in the neck and left upper extremity. The licensee stated that on the day of surgery the patient stated that her radicular pain and radiculopathy had resolved and that, at that time, she was experiencing ongoing pain only in her neck. The licensee stated that the laminectomy was no longer indicated because it would not provide effective relief for her neck pain.

The patient submitted a rebuttal that said she was still in therapy for numbness and tingling and swelling, now in her hand and wrist. "The pain comes and goes".

Review of the medical record revealed entries from the morning of the scheduled surgery that documented that the patient indicated that her symptoms had improved. Canceling the surgical procedure was an appropriate decision.

8. CR24-217

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

9. CR25-17

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

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

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

10. CR25-109

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

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

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

11. CR25-126

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

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

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

12. CR25-127

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

MOTION: The complainant alleged that the licensee allowed his nurses to place fraudulent blood pressure readings in her medical records. The complainant stated that they had suffered with high blood pressure since being assaulted. The complainant further alleged that the licensee told them that he could prescribe their blood pressure medication but could not provide a different nurse to them.

The licensee is a family medicine physician. The licensee indicated that he first saw the complainant in April after their discharge from a psychiatric hospital. He saw the complainant a total of 5 times and the complainant had telephone communication with his office staff. The licensee stated that at the August 2024 appointment, the complainant informed him that their blood pressure was only high due to multiple stressors. The licensee stated that he discussed at the same visit, the risks of having elevated blood pressure but the complainant did not want to

start any medication. The licensee indicated that in an October 2024 appointment, he attempted to have a discussion with the complainant about their hypertension, but the complainant would state that staff did not assess blood pressure properly and they were inputting false blood pressure readings to cause the complainant trouble. The licensee indicated that he started the complainant on amlodipine at that October appointment. The licensee indicated no record was falsified and he is apologetic that the complainant was a “victim” of their mental illness.

According to the medical records, the licensee noted increasing paranoia from the complainant on her second visit, a big change from the first visit. The licensee also noted the complainant had reported another physician had put down information in her chart that she did not have. The licensee indicated that for the October visit, he was notified that the complainant had not been taking their psychiatric medications. He did start the patient on amlodipine secondary to elevated blood pressure. The complainant questioned their treatment subsequently with ongoing paranoia including complaint to office staff. The complainant did not return to treatment after the October visit. A review of the medical records and response does not reveal evidence in support of the allegations.

13.CR25-133

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

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

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

MOTION: The complainant, a former primary care patient of the licensee asserts that the licensee failed to act on a number of concerns that the complainant had, used dismissive language in one instance, refused to carry out two requested referrals, refused to continue a standing antibiotic order for recurrent urinary tract infections (UTIs) and minimized a hiatal hernia as “small”, which turned out to be moderate to large and required surgical repair. The complainant makes assertions about the licensee’s care for other patients, which are not the subject of this complaint investigation.

The licensee responds that he did address all of the complainant’s concerns, that he did, in fact make referrals in the 2 instances of concern to the complainant, that

he offered an appropriate care plan for the recurrent UTIs which did include some refills, and that imaging studies had described the hiatal hernia as small, though he still addressed that concern and ultimately made a referral for care. The licensee does not respond to the assertion of the use of dismissive language. The licensee is now retired.

Medical record documentation supports the licensee's assertions.

14. CR25-136

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.

15. CR25-159

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

16. CR25-164

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

MOTION: The complainant is the mother of a three-year-old child who was seen in the emergency department by the licensee and diagnosed with a viral illness. The patient returned two days later severely ill and was diagnosed with meningoencephalitis and pneumococcal bacteremia that ultimately resulted in the child's death. The mother alleges that the licensee only briefly evaluated the child and failed to test for strep which may have altered the patient's course. The medical records support the care and decision-making on the first visit by the licensee. The child was non-toxic-appearing and had multiple sick contacts at home with presumed viral infections, and he had no identifiable source for bacterial infection on exam or indication for further emergent workup at that time. The child unfortunately became severely ill from pneumococcal infection. This is not the same bacterial infection that is detected by a strep test of the throat, and the patient also did not have documented evidence of pharyngitis/tonsillitis on the first visit to warrant strep testing. The licensee provides a very appropriate and empathetic response regarding this patient's tragic outcome. The records support that the patient was treated within the standard of care.

17.CR25-170

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

MOTION: The complainant reported that licensee reported her to Child Protective Services (CPS) because licensee believes that the patient (complainant's two-year-old child who was born July 2023) was underweight for the age which the complainant does not agree with. The complainant believes that the CPS referral was based on complainant not agreeing with licensee's recommendations for testing. Licensee responded to the complaint that she saw the patient for over a year and tried to build a strong relationship with the parent of the patient through recommendations on nutrition and other subjects. The weight of the patient did not concern the complainant according to the licensee. The reason for the referral to CPS was based on the lack of growth/failure to thrive of the patient since she knew the child was being fed, there may be a GI or endocrinology issue, and a home health nurse no longer visited. In July 2025, patient presented for two-year old child check and the height was at 0.58 percentile and weight was at 0.00 percentile. The call to CPS was based on failure to pursue a medical inquiry, not based on neglect or abuse. Based upon a review of the materials provided, the licensee did not deviate from any of the standards of care.

18.CR25-174

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

MOTION: A patient complains that the physician discharged her inappropriately and told her that a urologist wasn't on call when in fact there was one on call. The physician responded that he evaluated the patient for her symptoms, the patient was found to have a kidney stone, and her symptoms improved with treatment. The fact that her symptoms improved would be the reason not to contact the on-call urologist and he wouldn't have told the patient that there was not a urologist on call when there was one on call. Review of the records revealed that the patient received reasonable care.

19.CR25-189

Dr. Waddell moved to investigate further and obtain an outside expert review of the physician's care, the radiology imaging and request that the licensee respond to questions from the Board. Mr. Flaherty seconded the motion, which passed unanimously.

20.CR25-195

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

MOTION: The patient complains that she was not seen in a timely manner during her emergency room visit. While the patient's concerns about emergency department triage, staffing, etc. may be reasonable, review of the complaint and records suggests that reasonable care was provided by the licensee. Residual concerns that the patient has regarding follow-up from hospital administration, etc. should be addressed through appropriate channels with the hospital (i.e. patient relations staff).

21.Intentionally left blank**22.Intentionally left blank****V. Assessment and Direction****23.AD25-281**

Dr. Waddell moved to request that the physician agree to continue his inactive status license pending the outcome of the New Hampshire matter and issue a complaint if he does not agree. Dr. Nesin seconded the motion, which passed unanimously.

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

24.Pending Adjudicatory Hearings and Informal Conferences report

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

25.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. November 10, 2025

Ms. Weinstein moved to approve the November 10th meeting minutes. Mr. Flaherty seconded the motion.

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

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

VIII. Consent Agreement Monitoring

A. Monitoring Reports (none)

IX. Continuation of Adjudicatory Hearing

A. CR22-220 - James Fine, MD

Hearing Officer Rebekah J. Smith, Esq. convened the hearing at 10:04 a.m.

Dr. Fine was present and represented by Elizabeth Peck, Esq. John Belisle, AAG represented Board Staff.

Following testimony and closing arguments, the Board deliberated.

A written decision is forthcoming.

The hearing adjourned at 3:31 PM.

X. Remarks of Chair

A. BOLIM-BOL Workgroup – Meeting with Board of Osteopathic Licensure Representatives

Dr. Nesin moved to approve the proposal of the BOLIM-BOL workgroup for equal representation of allopathic and osteopathic physicians on a merged board. Ms. Weinstein seconded the motion.

A roll call vote was taken, and the motion passed 8 in favor, 2 against.

Dr. Fay-LeBlanc:	For	Dr. Ng:	Against
Dr. Fanjoy:	For	Mr. Ross:	For
Mr. Flaherty:	For	Mr. Sahrbeck:	For
Mr. Jamison:	For	Dr. Waddell:	Against
Dr. Nesin:	For	Ms. Weinstein:	For

XI. Executive Director's Monthly Report

The Board reviewed Mr. Terranova's written report.

A. LD1688 Update

Mr. Terranova reported that the CME module regarding Infection-Associated Chronic Conditions is available as of late November.

B. Physician Associate Feedback

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

C. NABP Request

The Board reviewed a request from the National Association of Boards of Pharmacy regarding preemptive prescribing. The Board directed that Chapter 11 Joint Rule Regarding Telehealth Standards of Practice be provided to the NABP along with a recommendation to contact the Federation of State Medical Boards.

D. Prescriby Health

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

E. Racial Disparities Advocacy Letter

The Board reviewed a letter regarding racial disparities in health care. Mr. Terranova suggested that this may be a topic for a future CME module and the Board agreed to consider the topic.

XII. Assistant Executive Director's Monthly Report

The Board reviewed Ms. Hunt's report. Ms. Hunt noted that May Griffin has been hired as the Board's receptionist.

XIII. Medical Director's Report (none)

XIV. Remarks of Assistant Attorney General

AAG Willis reported that Dr. Nass did not appeal the court's decision regarding her 80C appeal and the decision is final.

XV. Rulemaking (none)

XVI. Policy Review (none)

XVII. FSMB Material (none)

XVIII. FYI

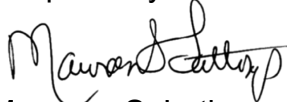
This material was presented for informational purposes. No Board action was required.

XIX. Other Business (none)

XX. Adjournment 4:07 p.m.

At 4:07 p.m. Ms. Weinstein moved to adjourn the meeting. Mr. Jamison seconded the motion, which passed unanimously.

Respectfully submitted,



Maureen S. Lathrop
Administrative Assistant