

Board of Licensure in Medicine
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December 12, 2023

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**Maine Board of Licensure in Medicine
Minutes of December 12, 2023
8:00 a.m. – 1:57 p.m.**

Board Members Present: Chair Maroulla S. Gleaton, M.D.; Secretary Christopher R. Ross, P.A.; Holly Fanjoy, M.D.; Renee M. Fay-LeBlanc, M.D.; Public Member Gregory Jamison, RPh; Noah Nesin, M.D.; Anthony T. Ng, M.D.; Public Member Jonathan Sahrbeck; Brad Waddell, M.D.; and Public Member Lynne M. Weinstein

Board Members Absent: None

Board Staff Present: Executive Director Timothy E. Terranova; Medical Director Paul N. Smith, M.D.; Complaint Coordinator Kelly McLaughlin; Consumer Assistance Specialist Faith McLaughlin; Administrative Assistant Maureen S. Lathrop; Licensing Specialist Tracy Morrison; and Licensing Specialist Savannah Okoronkwo

Attorney General’s Office Staff Present: Assistant Attorney General Michael Miller

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). The Board moved, seconded, and voted the following executive session times. During the public session of the meeting, actions were taken on all matters discussed during executive session. In addition, though not required by law, the meeting was made virtually available to the public not attending the meeting in person 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

None

RECESSES

9:07 a.m. – 9:19 a.m.	Recess
10:57 a.m. – 11:10 a.m.	Recess
12:06 p.m. – 12:36 p.m.	Lunch

I. Call to Order

Dr. Gleaton called the meeting to order at 8:00 a.m.

A. Amendments to Agenda

Ms. Weinstein moved to amend the presentation of proposed resolution in the matter of Anthony Perrone, M.D. (CR22-86) adjudicatory hearing. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

B. Scheduled Agenda Items (none)

II. Licensing

A. Applications for Individual Consideration

1. Initial Applications

a. Susan Austin Watson, M.D.

Dr. Fay-LeBlanc moved to issue Dr. Watson a citation for failure to accurately answer questions on her license application and grant the license to be issued upon receipt of payment. Mr. Jamison seconded the motion, which passed unanimously.

b. Orel Yehuda Swenson, M.D.

Dr. Waddell moved to table the application and request that Dr. Swenson submit a robust reentry to practice plan that addresses his change in specialty and lack of recent clinical practice and alternatively offer him leave to withdraw his application while not under investigation. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

2. Reinstatement Applications (none)

3. Renewal Applications

a. Rezeda Zinyatullova, P.A.

Mr. Ross moved to table the application and request that Ms. Zinyatullova submit a detailed explanation for her failure to timely complete medical charts, obtain medical charts for review and direct that she undergo a §3286 psychiatric and substance misuse evaluation. Dr. Ng seconded the motion, which passed unanimously.

b. Craig Pedersen, P.A.

Dr. Nesin moved to grant Mr. Pedersen's active license renewal upon receipt of his written representation that he will comply with the terms of his FPPE. Mr. Ross seconded the motion which passed 9-0-0-1. Dr. Waddell was recused from the matter and left the room.

c. Anders Gustaf Aulen Holm, M.D.

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

d. Sajad Zalzal, M.D.

Dr. Ng moved to table the application, obtain an outside expert review, and request that Dr. Zalzal respond to the specific allegations against him in Ontario. Ms. Weinstein seconded the motion, which passed unanimously.

e. Greeshma Reddy, M.D.

Dr. Fay-LeBlanc moved to grant Dr. Reddy's inactive license renewal and clearly communicate to her that she must complete a CPEP evaluation before requesting an active license. Dr. Ng seconded the motion, which passed unanimously.

4. Requests to Convert to Active Status (none)

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

6. Requests for Collaborative/Practice Agreements (none)

B. Other Items for Discussion

a. Christian M. Basque, M.D.

The Board reviewed information that Dr. Basque erroneously renewed in an inactive status in July of 2023 and continued to practice until the error was identified in November. Following review, Dr. Waddell moved to table the matter. Dr. Fanjoy 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.

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

A. CR22-219 John Louis Davis, Jr., M.D.

Dr. Nesin moved to approve the consent agreement. Mr. Sahrbeck seconded the motion, which passed unanimously.

B. CR22-4 Meryl J. Nass, M.D. 8:19 a.m. – 8:22 a.m.

Dr. Fay-LeBlanc moved to approve the Decision and Order. Dr. Waddell seconded the motion, which passed 6-0-4-0 with Dr. Nesin, Dr. Ng, Mr. Ross and Mr. Sahrbeck abstaining.

C. CR22-86 Anthony Perrone, M.D. 8:06 a.m. – 8:19 a.m.

Rebekah Smith, Esq., Hearing Officer requested that staff conduct a roll call vote to confirm that Board members received and had an opportunity to review the notice of hearing, proposed consent agreement, the parties' joint statement, supplemental IME by Dr. Voss, and draft offer of employment from Employer A.

A roll call vote was taken, with all Board members voting in the affirmative.

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

Hearing Officer Smith asked the Board a series of questions to confirm that no conflicts of interest exist that would indicate that a Board member should be recused from participating in the matter. No conflicts were identified.

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

IV. Complaints

1. CR20-130

Dr. Waddell moved to offer the physician a consent agreement for an inactive license and requirement that she submit a reentry to practice plan for approval to return to an active status license. Mr. Ross seconded the motion, which passed unanimously.

2. CR22-122

Dr. Fay-LeBlanc moved to table the matter. Dr. Nesin seconded the motion, which passed unanimously.

3. CR23-34

Dr. Nesin moved to consolidate this complaint with CR23-43 and modify the consent agreement offer to require additional courses regarding documentation, antibiotic stewardship and treatment of common psychiatric conditions in pediatrics to be completed within one year and change the required time to enroll in the courses to within sixty days. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

4. CR23-43

Dr. Fay-LeBlanc moved to offer a consent agreement requiring engagement with the Community Care Partnership of Maine (CCPM) within thirty days, review of ten charts per month, quarterly reports to the Board, compliance with CCPM recommendations and a recommendation from CCPM about continuing oversight after one year; engage a pediatric practice monitor approved by the case reporter or Chair to meet with the physician and review ten charts per month, quarterly reports to the Board, a recommendation from the monitor about continuing oversight after one year, and enroll in a boundaries course within thirty days to be completed within one year. Dr. Ng seconded the motion, which passed unanimously.

5. CR22-214 Douglas P. Bennett, P.A.

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

MOTION: The complaint arose from a patient who had worsening urinary retention and hematuria following a procedure performed by the physician assistant. The physician assistant responded to the complaint and explained the treatment provided. Further investigation included an independent review.

The guidance is as follows: Clinicians should seek continuing medical education within their practice specialty so as to be very familiar with surgical procedures as well as the known recognized potential complications of those procedures. The threshold for seeking consultation should be lower when encountering an abnormal finding.

6. CR22-239

Dr. Waddell moved to offer the physician thirty days to withdraw his license while not under investigation and if he chooses not to withdraw, preliminarily deny his renewal application. Dr. Ng seconded the motion, which passed unanimously.

7. CR23-9

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

MOTION: A patient complains a prescription was ordered and filled while using a telehealth system without ever speaking to the physician and it was determined this prescription was meant for a different patient.

After further investigation and review of the detailed records, there is substantial indication there could have been a computer glitch about the time of this encounter and there also could have been an indication of possible user error with neither being fully determined.

Based on the physician's thorough response and noting the physician has taken an abundance of steps to ensure the accuracy of patient encounters and has gained a great deal of knowledge from this experience, and response from the telehealth company to this circumstance, motion is to dismiss.

8. CR23-62 Thomas E. Flynn, M.D.

Mr. Sahrbeck moved to dismiss the complaint with a letter of guidance. Dr. Ng seconded the motion, which passed 9-0-0-1. Dr. Gleaton was recused from the matter and left the room.

MOTION: The complaint was filed by a former patient who alleged that the physician failed to treat her condition appropriately, communicated poorly regarding a medication request, and discharged her from his practice without notification or treatment plan. The physician responded to the complaint and explained the care provided. Further investigation included an outside expert review of patient care.

The guidance is as follows: It is important that the clinical record contain clear documentation regarding the content of communications with patients, including treatment plan, whether that includes ongoing care or referral to a different clinician.

9. CR23-65

Dr. Fay-LeBlanc moved to table the matter. Mr. Sahrbeck seconded the motion, which passed unanimously.

10. CR23-90 Kristin M.G. Hartt, M.D.

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

MOTION: The Board initiated a complaint following receipt of a report from a health care facility reporting that the physician participated in care at the facility when she was not privileged or credentialed. The physician responded to the complaint and voluntarily participated in a course in medical ethics, boundaries and professionalism.

The guidance is as follows: Clinicians should be mindful of the importance of privileging and credentialing for maintenance of patient care quality and avoid involvement in providing any medical care at a facility if not appropriately privileged and credentialed.

11. CR23-109 Graham T. Verlee, M.D.

Dr. Fay-LeBlanc moved to dismiss the complaint with a letter of guidance. Dr. Ng seconded the motion, which passed 8-0-0-2. Dr. Negin and Ms. Weinstein were recused from the matter and left the room.

MOTION: A patient filed a complaint following a prostate procedure and stated that he was not completely prepared for his postoperative complications and felt that he was not given enough support and education to manage his ongoing symptoms. The physician responded to the complaint and explained the treatment provided, and apologized for a statement made during an interaction that may have been well intended but was not well received.

The guidance is as follows: Comprehensive preoperative education regarding a surgical procedure and possible postoperative outcomes can improve patient participation in the postoperative healing process and can minimize the likelihood of disappointment or confusion. When a patient expresses a degree of unhappiness or dissatisfaction, direct communication with the physician rather than through office staff can often project a perception of concern and enhance communication.

12. CR23-112 Joanna R. Swartzbaugh, M.D.

Mr. Jamison moved to dismiss the complaint with a letter of guidance. Dr. Ng seconded the motion, which passed 9-0-0-1. Dr. Negin was recused from the matter and left the room.

MOTION: On June 21, 2023, the Board initiated a complaint following a referral from the Maine Prescription Monitoring Program (PMP) regarding the physician's opioid and benzodiazepine prescribing practices. The physician responded to the complaint and explained the care provided to patients. Further investigation included an outside expert review of patient records.

The guidance is as follows: Clinicians should follow Board Rules and CDC guidelines when prescribing for chronic pain, including utilization of Universal Precautions when prescribing controlled substances and maintaining appropriate documentation. It is important to consider whether patient referrals to pain management specialists should be provided.

13. CR23-125

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

MOTION: The complainant is a patient who alleges the licensee was judgmental and failed to address his needs including facilitating his driver's license reinstatement, refusing to refill his psychiatric medications, contacting his case worker without his authorization, and falsifying his medical record with a previous resolved diagnosis. The patient had a recent hospitalization, and his psychiatric stability did not meet criteria to complete his license reinstatement documents. The patient had difficulties with follow-

up for his mental health, and the licensee continued to refill his medications until he could establish with an appropriate psychiatric provider. The licensee attempted to contact his case worker to facilitate his necessary psychiatric care. The substance dependency diagnosis was removed from his active problem list and changed to his past history as requested. The medical records and office communications corroborate that the licensee adhered to the standard of care, and treatment was appropriate.

14. CR23-134

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

MOTION: A patient alleges that the licensee failed to diagnose his condition and paid more attention to the medical student during his office visit for acute nontraumatic shoulder pain. He was diagnosed with trigger point shoulder pain, advised to alternate Tylenol and ibuprofen, and he was referred to physical therapy. He had an x-ray that showed no significant acute injury. The medical records indicate that he completed several sessions of physical therapy with improvement. He was also followed up with his primary care physician who agreed with the diagnosis and treatment plan. The patient moved out of state and reports that he was seen by another provider and diagnosed with a rotator cuff tear that will require surgery. The licensee provided a response indicating that the patient received appropriate care for his acute condition, and the patient did not report concerns or follow up for a reevaluation. The patient received appropriate treatment within the standard of care.

15. CR23-127 Paul Pukurdpol, M.D.

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

MOTION: The Board-issued complaint arose from the physician's failure to complete continuing medical education (CME) requirements for renewal of licensure, notwithstanding having been granted an extension of time to do so and notified on several occasions of the need to complete this requirement. In response to the complaint, the physician apologized and completed the required CME.

The guidance is as follows: Great care should be taken when addressing the requirements to obtain and maintain medical licensure. Failure to respond to Board or Board staff communications in a timely manner is unacceptable and considered unprofessional conduct which may result in Board action.

16. CR23-138

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

MOTION: The complainant is the parent of a child. The parent has an uncommon musculoskeletal disorder and was concerned that their child may have it as well. The parent sought a diagnostic evaluation from their pediatrician, who carried out the

appropriate evaluation but was not comfortable making a definitive diagnosis. Appropriate referrals were made but the complainant is concerned that delays caused avoidable suffering for their child. The complainant also is dissatisfied that the licensee would not order assistive devices recommended by a consulting specialist, and that the licensee appeared to lack sufficient knowledge about this disease and was uninterested in resources to help gain that knowledge. The licensee had a reasoned explanation for declining to prescribe assistive devices and met with the family to discuss their concerns.

17. CR23-139

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

MOTION: The complainant has complicated medical problems, including an uncommon musculoskeletal disease, some psychiatric diagnoses, and newly diagnosed gastrointestinal (GI) problems. After being struck by a car the complainant's GI symptoms worsened and the licensee, who has been the complainant's gastroenterology specialist, arranged for hospital admission for supportive care and hydration. The licensee was only present for the admission and for the discharge planning. The complainant has multiple complaints about care during the hospitalization, the discharge planning and care following discharge.

The licensee responds with detailed descriptions of the care provided and the challenging dynamics of the caregivers with the complainant, before, during and after the hospitalization. The care was thorough, conscientious, and well documented.

18. CR23-150

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

MOTION: The complainant has complicated medical problems, including an uncommon musculoskeletal disease, some psychiatric diagnoses, and newly diagnosed gastrointestinal problems. After being struck by a car the complainant was hospitalized for supportive care and hydration. The licensee is a hospitalist at that hospital and was involved in care only at the time of discharge. One of the allegations made against this licensee is that she violated HIPAA by discussing care with an unauthorized relative. The complainant has multiple other complaints about care during the hospitalization, the discharge planning and care following discharge.

The licensee responds with detailed descriptions of the care provided and the challenging dynamics of the caregivers with the complainant, before, during and after the hospitalization. The care was thorough, conscientious, and well documented and there is no evidence that this licensee violated HIPAA standards.

19. CR23-151

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

MOTION: The complainant has complicated medical problems, including an uncommon musculoskeletal disease, some psychiatric diagnoses, and newly diagnosed gastrointestinal (GI) problems. After being struck by a car the complainant's GI symptoms worsened which resulted in a hospital admission for supportive care and hydration. The complainant has several concerns about care they received during the hospitalization and disputes the details of behavior that led to a behavioral compliance agreement and the circumstances of discharge from the hospital. The complainant alleges that the licensee improperly implemented the behavioral agreement and was slanderous in her documentation.

The licensee responds with descriptions of the challenging dynamics of the caregivers with the complainant during the hospitalization and the licensee's rationale for implementing the behavioral agreement. The care was appropriate and well documented.

20. CR23-154

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

MOTION: The complainant has complicated medical problems, including an uncommon musculoskeletal disease, some psychiatric diagnoses, and newly diagnosed gastrointestinal (GI) problems. After being struck by a car the complainant's GI symptoms worsened which resulted in a hospital admission for supportive care and hydration. The complainant has several concerns about care they received during the hospitalization and disputes the details of behavior that led to a behavioral compliance agreement and the circumstances of discharge from the hospital. The complainant alleges that the licensee was argumentative, disrespectful, oversaw the prescribing of an incorrect vitamin supplement, misgendered the complainant, changed chart documentation to hide the vitamin supplement error, and refused to honor requests for specialty consultations and transfer.

The licensee responds with descriptions of the challenging dynamics of the caregivers with the complainant during the hospitalization and the details and reasoning for each of the aspects of care about which the complainant has concerns. The licensee acknowledges the use of the complainant's nonpreferred pronouns in some notes and apologizes for that.

21. CR23-141

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

MOTION: The complainant needed a renewal of prescription infusion medication and also a renewed prior authorization for a medication only available from a specialty pharmacy due to the patient location. There was significant confusion related to the appropriate providing pharmacy, a new prescribing provider, an extended prior approval process and overall communication. All parties have some ownership of this. The complainant blames the licensee for what is largely a communication and insurance issue. The licensee understands the issue and expresses that their office will investigate response times and procedure in an effort to ensure the problem isn't repeated.

22. CR23-157

Dr. Gleaton moved to dismiss the complaint. Mr. Sahrbeck seconded the motion, which passed unanimously.

MOTION: A patient complained about the care she received from an oculoplastic fellowship trained board certified ophthalmologist. In 2010, the patient was referred by her endocrinologist for possible surgical treatment for lid retraction related to Graves thyroid disease of 6-9 months duration. The records reveal appropriate evaluation, consent, surgical treatment with postoperative directions and care for this initial surgery and subsequent ones as well. At the time of the final postoperative visit, the patient felt the lid might be a bit low; however, the patient did not return until 2012 and desired further treatment for drooping of this previously operated lid and this was accomplished. Postoperative photos show the desired improvement, and the record documents the patient was pleased. There was a nine-year hiatus and the patient again returned complaining of left lid drooping again; and with proper evaluation, consent and surgery of levator advancement in the left eye and blepharoplasty in the right eye, she was improved. She came in emergently postoperatively complaining that the left lid was too high, and the surgeon accomplished a minor revision. The final photos show minimal asymmetry of the lid heights (less than one mm) easily within normal standard of expectation especially considering the number of times her left lid was operated on in an effort to help the patient.

23. CR23-164

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

24. CR23-168

Mr. Ross moved to table the matter. Ms. Weinstein seconded the motion, which passed unanimously.

25. CR23-172

Ms. Weinstein moved to dismiss the complaint. Dr. Nesin seconded the motion, which passed 9-0-0-1. Dr. Fay-LeBlanc was recused from the matter and left the room.

MOTION: The mother of a minor patient complains about the care her daughter received from this physician. She feels tests and treatments were delayed and felt unheard about her concerns with sleep apnea, snoring and pauses in her daughters breathing. Review of the records reveal the physician offered imaging and a sleep study during this first check-up, yet the mother declined these which was documented in the chart. The physician made multiple referrals and requested the patient be added to a cancellation list when notified the appointment would take several months. Reasonable care has been provided.

26. CR23-175

Mr. Ross moved to investigation further and request that the physician respond to questions from the Board. Mr. Sahrbeck seconded the motion, which passed unanimously.

27. CR23-188

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

MOTION: The complainant is an attorney who believes that the licensee failed to provide testimony on behalf of his clients in proceedings on their mental health status. He alleges that during his line of questioning, the licensee did not properly respond to his questions and believes that the licensee claimed that it was due to being “a foreigner.” The licensee responds that it was a miscommunication and/or a misunderstanding of the attorney’s line of questioning, as well as the testimony being over Zoom (leading to communication issues between the parties). The complainant believes this is a serious issue mainly due to the results of the hearing involving commitment of one of the clients.

Ultimately, the outcome of a case is a decision made by the factfinder and should be inconsequential regarding the conduct of a licensee. There is no evidence outside of the belief of the complainant that the licensee failed to answer questions or provide testimony truthfully or to the best of her ability. The materials demonstrate that she did testify to the questions as she thought they were asked. Despite the absence of being required to do so, the licensee has received additional coaching regarding her approach to testifying at future hearings and the way she should provide testimony, which was ultimately the request of the complainant.

28. CR23-203

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

MOTION: The Board issued complaint arose after the physician renewed his Interstate Telemedicine Consultation Registration and reported on his application that he did not have hospital privileges in Maine because he was practicing telemedicine only. Following inquiry by Board staff it was determined that the physician was conducting virtual urgent care visits with Maine patients. The physician responded to the complaint

and explained that, prior to discussion with Board staff, he believed that conducting virtual urgent care was permitted under his Maine license. The physician reported that after his conversation with Board staff he immediately stopped providing telemedicine services to patients in Maine and that he was not currently doing virtual critical care consults with Maine practitioners. The physician offered to withdraw his license while not under investigation.

Ms. Weinstein moved to accept the physician's offer to withdraw his license while not under investigation. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

29. CR23-205 Kunal Agrawal, M.D.

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

MOTION: The Board-issued complaint arose when it became apparent that the physician did not personally complete the jurisprudence exam submitted initially as part of his application for licensure. The physician responded to the complaint indicating that he was not aware this had occurred and subsequently took and passed the jurisprudence exam.

The guidance is as follows: Great care should be taken when addressing the requirements to obtain and maintain medical licensure. As a licensed professional you have the responsibility to review and confirm the accuracy of all information being submitted to the Board on your behalf or in your name.

30. CR23-206 David F. Moore, M.D.

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

MOTION: The Board-issued complaint arose when it became apparent that the physician did not personally complete the jurisprudence exam submitted initially as part of his application for licensure. The physician responded to the complaint indicating that he was unaware that this had occurred and subsequently took and passed the jurisprudence exam.

The guidance is as follows: Great care should be taken when addressing the requirements to obtain and maintain medical licensure. As a licensed professional you have the responsibility to review and confirm the accuracy of all information being submitted to the Board on your behalf or in your name.

31. CR23-213

Dr. Fanjoy moved to investigate further and obtain an outside expert review, request that the physician respond to questions from the Board, and request that the physician voluntarily change her license to inactive status until resolution of this matter. Mr. Sahrbeck seconded the motion, which passed unanimously.

32. Intentionally left blank

33. Intentionally left blank

V. Assessment and Direction

34. AD23-160

Dr. Fay-LeBlanc moved to issue a complaint (**CR23-283**) and obtain an outside expert review. Mr. Sahrbeck seconded the motion, which passed unanimously.

35. AD23-201

Dr. Nesen moved to issue a complaint (**CR23-284**), obtain an outside expert review, and request that the physician voluntarily undergo a §3286 comprehensive neuropsychological evaluation. Dr. Ng seconded the motion, which passed unanimously.

36. AD23-251

Dr. Ng moved to issue a complaint (**CR23-285**), obtain an outside expert review, and direct that the physician undergo a §3286 comprehensive neuropsychological evaluation. Mr. Sahrbeck seconded the motion, which passed unanimously.

37. Pending Adjudicatory Hearings and Informal Conferences Report

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

38. 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. September 19, 2023

Dr. Fay-LeBlanc moved to approve the minutes of the September 19, 2023 meeting with one correction. Ms. Weinstein seconded the motion, which passed 6-0-4-0 with Dr. Nesen, Dr. Ng, Mr. Ross and Mr. Sahrbeck abstaining.

B. November 14, 2023

Mr. Sahrbeck moved to approve the minutes of the November 14, 2023 meeting. Dr. Fanjoy seconded the motion, which passed 9-0-1-0 with Dr. Gleaton abstaining.

VIII. Consent Agreement Monitoring

A. Monitoring Reports

1. Jonathan E. Harvey, M.D.

Mr. Ross moved to terminate Dr. Harvey's consent agreement. Ms. Weinstein seconded the motion, which passed unanimously.

2. Milos Sinik, M.D.

Dr. Nesin moved to approve Dr. Sinik's request to withdraw his license and terminate the consent agreement. Dr. Ng seconded the motion, which passed unanimously.

IX. Adjudicatory Hearing (none)

X. Remarks of Chair

Dr. Gleaton reported on her recent attendance at an FSMB Board of Director's meeting.

XI. Remarks of Executive Director

Mr. Terranova noted that there would not be an adjudicatory hearing held in January since the Perrone matter was resolved. Mr. Terranova reminded the Board that an adjudicatory hearing is scheduled for the Tuesday meeting dates in February and March and that meetings to conduct regular business would be scheduled on the preceding Monday afternoons.

A. 2024 Proposed Legislation

Mr. Terranova reported that a bill to add the State of Maine to the compact for licensing physician assistants will be introduced when the legislature convenes in January. The Board discussed concerns previously expressed by staff.

B. Commission on Foreign Trained Medical Graduates – Update

The Board reviewed a draft report of recommendations from the commission.

C. 2023 IAMRA Annual Meeting

The Board reviewed Mr. Terranova's written report regarding his recent attendance at the 2023 IAMRA Annual meeting. Mr. Terranova noted that international medical graduates was an issue being addressed by all countries.

XII. Assistant Executive Director's Report (none)

XIII. Medical Director's Report (none)

XIV. Remarks of Assistant Attorney General

AAG Miller gave the Board an update on pending litigation.

XV. Rulemaking (none)

XVI. Policy Review (none)

XVII. Requests for Guidance (none)

XVIII. Board Correspondence (none)

XIX. FSMB Material (none)

XX. FYI

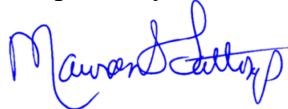
This material was presented for informational purposes. No Board action was required.

XXI. Other Business (none)

XXII. Adjournment 1:57 p.m.

At 1:57 p.m. Mr. Ross moved to adjourn the meeting. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

Respectfully submitted,



Maureen S. Lathrop
Administrative Assistant