

[Contact Us](#) | [Sitemap](#)Search Licensure in Medic [Home](#)[About Us](#)[Licensure](#)[Complaint & Investigation](#)[Laws & Rule Updates](#)[Resources](#)

# Fall 2022 Newsletter

[Downloadable PDF Version](#)

In this issue:

## [FROM THE CHAIR](#)

- [Healthcare for Women in a Post Roe World](#)

## [WHAT EVERYONE SHOULD KNOW](#)

- [Recent Physician Arrest and Patient Care Impact](#)

## [ADVERSE ACTIONS](#)

- [Adverse Actions](#)

## [LICENSING ISSUES](#)

- [Renewal Responsibilities](#)

## [BOARD NEWS](#)

- [New Board Member, Steven Blessington, PA](#)
- [New Board Member, Kristina Lunner, Public Member](#)
- [New Staff Member, Nathan Fitts](#)
- [New Staff Member, Faith McLaughlin](#)
- [New Staff Member, Kelly McLaughlin](#)
- [New Staff Member, Lisa Reny](#)

## [IN MEMORIAM](#)

- [Frederick C. Goggans, M.D.](#)

## [HEALTH AND WELLNESS](#)

- [Licensee Health and Wellnes](#)
- [Fall 2021 Reprint: Update to License Application Questions](#)

## [FROM THE EDITOR](#)

- [Book Review: The Inevitable](#)

## [BORAD OPPORTUNITIES](#)

- [An Opportunity to Join the Board](#)

## FROM THE CHAIR

### Healthcare for Women in a Post Roe World

*Maroulla S. Gleaton, M.D., Chair*

On June 24, 2022, the Supreme Court of the US came out with a far-reaching decision, *Dobbs v. Jackson Women's Health Organization*, which chops off nearly 50 years of precedent on a woman's right to abortion services. The scope and scale of this decision is staggering by any measure. Women living in states with new laws outlawing abortion or expected to adopt abortion restrictions will find their most personal medical decisions open to public scrutiny and their options for care severely restricted in the event of an unwanted or nonviable pregnancy. Virtually every stakeholder involved in the health care system will reexamine its policies and practices to respond to what will be a confusing patchwork of new state laws concerning women's health.

The Court's ruling leaves a hazardous landscape not only for women but for providers, payers, regulators and others across the health care system. At least 26 states affecting approximately 40 million women have their health decision autonomy altered. Statements from the Secretary of Health and Human Services, Xavier Becerra, Centers for Medicare and Medicaid Services Administrator, Chiquita Brooks-LaSure, and Attorney General Merrick Garland make it clear that the Biden Administration intends to ensure Americans have access to reproductive services, including abortions, within their legal authority to do so, and to challenge any state that attempts to infringe on federal authority. Many other states are passing laws to protect providers of abortion care and women crossing state lines to receive care. This results in more complexity for the regulatory system.

It is not lost on anyone that this creates a bigger chiasm for more vulnerable populations of color and financial struggles to be able to cross state lines for care, putting the concern of Health Inequity front and foremost again. Another group impacted are medical students and residents who are in training to perform such procedures. The AMA, among other physician organizations, has opined on "egregious allowance of government intrusion" on the physician-patient relationship.

Medication abortion is an inexpensive, less invasive alternative to surgical abortions if used in the first ten weeks of pregnancy. The medication can be received by mail and taken anywhere, including at home, after initial consultation with a doctor via telehealth. Medication abortions account for more than half of the abortions in the US. A provider of telemedicine must be licensed and is subject to the laws related to the delivery of services in the state where the patient is receiving the care. So a doctor licensed in Maine, where abortion services are legal, cannot legally provide a telemedicine abortion visit to a woman located in Texas, where the abortion would be banned (and where the doctor would also need to be licensed). Please take a look at the Board of Medicine website for the joint Chapter 11 telehealth rule. <https://www.maine.gov/md/laws-rules-updates/rules>.

Sadly, the states with the most restrictive abortion policies also show the weakest maternal and child health outcomes, and several recent scientific studies have noted that abortion bans will likely make maternal mortality outcomes even worse. Medicaid covers 42% of all births in the US and accounts for 75% of total public expenditures for family planning services. Medicaid is jointly funded by federal and state governments: however, Medicaid coverage policies are dictated by the state where an individual is enrolled and travel with members to other states.

The Supreme Court has fundamentally altered the provision of health care for women in America. The full impact of this decision will take years to manifest fully. It will be crucial for providers, payers, and regulators along with all health care stakeholders to understand and stay abreast of the evolving legal landscape. We all need to lend our voices, expertise, and creativity to protecting women's health.

-oOo-

I would like to acknowledge FSMB staff member Joe Knickrehm for his valuable help in preparing this article.

## WHAT EVERYONE SHOULD KNOW

### Recent Physician Arrest and Patient Care Impact

The Board wants to ensure that its licensees are aware of the reported facts regarding the recent arrest and indictment of a Maine osteopathic physician for illegal criminal conduct. In addition, the Board wants its licensees to know that legally prescribing controlled substances to patients for legitimate medical purposes, pursuant to a legitimate clinician-patient relationship, and pursuant to the applicable standards of care will not result in disciplinary action by the Board. Finally, the Board wants to provide its licensees with information from the Office of Behavioral Health (OBH), Maine Department of Health and Human Services (DHHS) related to the treatment of patients impacted by the physician's arrest.

### Information Related to the Physician Arrest

On October 26, 2022, a Maine physician was arrested on criminal charges related to her alleged illegal distribution of opioids and other controlled substances following an investigation by the New England Prescription Opioid (NEPO) Strike Force. According to the United States Department of Justice (U.S.D.O.J.), the physician allegedly prescribed opioids and other controlled substances outside the usual course of professional practice and without a legitimate medical purpose and is charged in a criminal indictment with 10 counts of illegal distribution of opioids and other controlled substances. <https://www.justice.gov/opa/pr/criminal-division-announces-first-arrest-and-charges-new-england-prescription-opioid-strike>

According to the U.S.D.O.J., NEPO primarily targets criminal conduct by medical professionals, focusing on health care fraud and drug diversion offenses, and operated as a partnership between prosecutors and data analysts with the Fraud Sections Health Care Fraud Unit, prosecutors with the U.S. Attorneys' Offices and special agents with HHS-OIG, DEA and the FBI. <https://www.justice.gov/opa/pr/justice-department-s-criminal-division-creates-new-england-prescription-opioid-strike-force>

### Information from OBH DHHS Related to Assisting Displaced Patients

Following the physician's arrest, the physician was prohibited from prescribing any Schedule II-V controlled substances. As a result, patients who were being prescribed controlled substances by the physician had to seek alternative care. To help patients re-establish care with other clinicians, OBH of Maine DHHS issued the following information to health care clinicians:

#### **URGENT NOTICE: Abrupt service disruption in southern Maine**

The Maine PMP is notifying all health care providers and institutions of an abrupt service disruption affecting several hundred patients in southern Maine. A pain and addiction medicine clinic in this region has been affected by federal law enforcement action, leaving patients without access to their usual care. Many of these patients are prescribed controlled substances including opioids for chronic pain, buprenorphine for opiate use disorder, and benzodiazepines for anxiety.

Abrupt loss of chronic prescribed opioids is associated with increased risk of suicide and overdose, and acute benzodiazepine withdrawal can be life-threatening.

#### **Providers are advised to take the following steps:**

1. Use the Prescription Monitoring Program to look up any patient presenting for care and requesting a controlled substance refill. **Patients affected by this clinic closure will have a documented history of chronic prescriptions from a provider in Kennebunk prior to 10/26/22.**
2. When checking the PMP, pay particular attention to the "date sold" and "days supply" data fields to calculate when refill doses would be needed.
3. Though it is not usual practice for Acute/Urgent and Emergency care providers to prescribe opioids or benzodiazepines for patients in chronic management programs, please consider issuing prescriptions of up to 1-2 weeks should an affected patient present at your practice.
4. Remember that any Emergency Medicine provider can administer buprenorphine to a patient to treat/prevent buprenorphine withdrawal.
5. Know your in-house drug screens. Some synthetic opioids and benzodiazepines do not show up on standard tests, which could lead to an incorrect conclusion that a patient is not adherent to their prescription.
6. In cases where multiple diagnostic criteria for opioid use disorder are met, initiate buprenorphine with proper education, or refer to a treatment clinic with verified immediate availability.
7. The PMP and Licensing Boards are aware of this disruption in care.

**The following resources are available to assist providers and practices who are serving these displaced patients by assuming their care:**

1. MMA-CQI 2 online modules [https://qclearninglab.org/all-courses/?items\\_page=1](https://qclearninglab.org/all-courses/?items_page=1)
  1. Maine Prescribing Laws, Limits and Compassionate Tapering
  2. Chronic Pain Diagnosis, Management and Alternative Treatment
2. MICIS Private 1 hour CME (Academic Detailing) on Tapering
  1. <https://micismaine.org/contact/>

3. ME SUC-LC Technical Assistance (procedures and work flows), Resource library (recorded webinars)

1. <https://mesudlearningcommunity.org/>

4. Schmidt Institute Comprehensive Controlled Substance Stewardship program

1. <https://theschmidtinstitute.org/contact-us/>

Questions? Please reach out to the Maine PMP Team:

- (207)287-2595, Option 2
- TTY: Maine Relay 711
- Fax: 207-287-4334
- Email: [PMP@maine.gov](mailto:PMP@maine.gov)

## ADVERSE ACTIONS

### Adverse Actions

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

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

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

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

The following adverse actions are being reported for the purpose of educating licensees regarding ethical and/or legal issues that can lead to discipline, and to inform licensees of any limitations or restrictions imposed upon scope of practice.

#### **Amanda E. Buzzell, P.A. #PA1384 (Date of Action 10/13/2022)**

On October 13, 2022, Ms. Buzzell and the Board entered into a Second Amendment to Consent Agreement ("Second Amendment") regarding her September 14, 2020 Consent Agreement. The Second Amendment imposes a \$500 Civil Penalty for her noncompliance with paragraph 8(c) of the Consent Agreement.

#### **Cameron R. Bonney, M.D. #MD20582 (Date of Action 10/13/2022)**

On October 13, 2022, the Board of Licensure in Medicine and Dr. Bonney entered into a First Amendment to Consent Agreement ("First Amendment") regarding his May 12, 2021 Consent Agreement with the Board. The First Amendment renews and converts Dr. Bonney's license to active status and imposes a restriction of no more than twenty (20) hours of clinical medicine per calendar week at a specific practice location and under the supervision of a Board-approved Physician Practice Monitor who shall submit monthly reports to the Board.

#### **Farhaad Rahman Riyaz, M.D. #MD23600 (Date of Action 10/13/2022)**

On October 13, 2022, Farhaad R. Riyaz, M.D. and the Board entered into a Consent Agreement following Dr. Riyaz's federal felony conviction and disciplinary action taken by several state licensing boards. The Consent Agreement requires that, at all times when Dr. Riyaz holds a Maine license, he shall cause all health care providers that provide treatment or counseling for his health condition submit written quarterly reports to the Board confirming his continued treatment and ability to safely practice medicine. Dr. Riyaz must also inform the Board of the physical location(s) at which he practices medicine and notify the Board of any changes.

#### **Alan S. Black, M.D. #MD22160 (Date of Action September 30, 2022)**

On September 30, 2022 Dr. Black failed to renew his license while under investigation for allegations relating to unprofessional conduct.

**Scott S. Foxworth, P.A. #PA1081 (Date of Action 09/01/2022)**

On September 1, 2022, the Board issued a Decision and Order following an adjudicatory hearing on the preliminary denial of Mr. Foxworth's application to convert his physician assistant license to active status. The Board granted Mr. Foxworth's application to convert to active status but imposed a Reprimand and civil penalties totaling \$1,000, upon finding that Mr. Foxworth had engaged in misrepresentation in connection with two license applications by denying that he had been subject to practice limitations, had been subject to investigation, or had been subjected to discipline by another licensing jurisdiction, and that he failed to provide required notifications to the Board of a termination of employment and disciplinary action or restriction by the Texas Physician Assistant Board.

**Anthony Perrone, M.D. #MD19910 (Date of Action 08/09/2022)**

On August 9, 2022, the Maine Board of Licensure in Medicine (Board) issued an Order directing Anthony Perrone M.D. to submit to a comprehensive psychiatric and substance misuse evaluation at the Vanderbilt Comprehensive Assessment Program (VCAP) at such time and place as designated by the Board, which is to occur at the soonest available time offered by VCAP. This formal interim Order is issued pursuant to 32 M.R.S. 3286.

**John A. Califano, M.D. #MD25999 (Date of Action 07/13/2022)**

Effective July 13, 2022, John A. Califano, M.D. and the Board entered into a Consent Agreement for Licensure requiring that Dr. Califano; 1) comply with all terms, conditions and limitations of an August 13, 2018 Order of the Louisiana State Board of Medical Examiners so long as that Order remains in effect; and 2) designate one or more licensed medical providers that are pre-approved by the Board Chair or Secretary ("Chaperone"), in whose presence and under whose direct observation he shall conduct the entirety of any and all visits, examinations and surgical procedures or operations of female patients in any practice setting located in Maine.

**Timothy J. Richardson, M.D. #MD9418 (Date of Action July 13, 2022)**

On July 13, 2022 Timothy J. Richardson, M.D. and the Board entered into a Consent Agreement for Conversion to Active Status requiring that Dr. Richardson comply with all terms of the reentry to practice plan, including but not limited to; 1) completion of a period of direct supervision of at least 240 clinical hours with written reports to the Board, and following successful conclusion of the period of direct supervision; 2) completion of a period of general supervision by the Board-approved mentor/preceptor for at least 12 months with quarterly reports to the Board.

**Elmer H Lommler, M.D. #MD9862 (Date of Action 07/15/2022)**

On July 15, 2022, the Maine Board of Licensure in Medicine (Board) lifted the stay of the suspension of Dr. Lommler's medical license imposed by the March 12, 2021 Decision and Order for noncompliance with the June 15, 2022 Decision and Order.

## LICENSING ISSUES

### Renewal Responsibilities

The Board of Licensure in Medicine (BOLIM) receives many questions regarding the expiration date of licenses. If you were born in an even numbered year your license expires on the last day of your birth month every even numbered year. If you were born in an odd numbered year your license expires on the last day of your birth month every odd numbered year.

If you do not submit the renewal application prior to the license expiration date, the license will expire, and you cannot practice until it has been reactivated. There is **NO** grace period.

BOLIM emails you two reminders to renew your license: - one 60 prior to your license expiration date; and one 30 days prior to your license expiration date. Below are some common themes BOLIM staff encounter regarding license renewals.

- Your staff members call to obtain the login and password so they can process your renewal.
  - Submission of the renewal application is your sole responsibility. It cannot be delegated to staff members. You are required to attest to the accuracy and truthfulness of the information contained in the application. If BOLIM learns that someone other than you has entered the system, completed the application and attested they are you BOLIM may open an investigation for alleged fraud or deceit in obtaining a license.
- Your email address changed and you did not receive the notices.
  - It is your responsibility to keep your contact information up to date. In fact, failure to update contact information within 10 days of a change could lead to an administrative fine.
- You have not completed your continuing medical education (CME) requirement so you did not submit the renewal.
  - If you fail to file a timely renewal application, your license expires and you cannot practice. If you have not completed the CME requirement, answer the questions truthfully and timely submit the application. When you submit a timely license renewal application, your existing license does not expire and you can continue to practice. However, you will be asked to provide a reason why you have not completed the CME and a plan for completing it.



- Your licensee expired and you have submitted a late renewal application. When can you practice again?
  - You cannot practice until your application has been approved. The length of time for approval may vary based on the information you provided in the application. For example, if you file a late renewal and have not completed your CME requirement, your license will typically remain expired until the CME requirement is met.

If you have any questions regarding renewal issues, please contact our licensing specialists.

Tracy Morrison

Licensure Specialist (207) 287-3602

[tracy.a.morrison@maine.gov](mailto:tracy.a.morrison@maine.gov)

Last Name A-L

Lisa Reny

Licensure Specialist (207) 287-3782

[lisa.m.reny@maine.gov](mailto:lisa.m.reny@maine.gov)

Last Name M-Z

## BOARD NEWS

### New Board Member - Steven Blessington, PA



Steven Blessington, 58, completed his PA/master's in Health Professions education in Boston at Northeastern University in 1996 and has been a Maine based PA since working in the field of emergency medicine at hospitals including St. Joseph's and EMMC/Northern Light in Bangor, and since 2005 at Maine Medical Center, Portland. He is former president and chief delegate of the Maine Association of Physician Assistants (MEAPA) and has taught pharmacology for over 14 years as adjunct faculty at the University of New England graduate school. Steven lives in Harpswell with his wife Malisa and has two adult children Isa 23 and Nolan 19. When not in the ER, teaching PA students or fulfilling Board duties they can be found fishing, sailing, and exploring the beautiful waters of Casco Bay and beyond.

### New Board Member - Kristina Lunner, Public Member



Kristina Lunner returns to the State of Maine after approximately 20 years in Washington, D.C., Chicago, and Salt Lake City where she worked to improve the U.S. health care system. Her positions have included Director of Public Affairs at the Maine Medical Association, the first Executive Director of the Maine Chapter of the American College of Emergency Physicians, Vice President of Government Affairs at the American Pharmacists Association, and Principal at Leavitt Partners – a health care consulting firm started by former Secretary of Health and Human Services, Mike Leavitt. Currently, Kristina is a Principal at MITRE, where she provides strategic support to federal health care agencies such as the Centers for Medicare and Medicaid Services.

Kristina, who received a BA from the University of Maine in 1989, lives in North Yarmouth. When not working or fulfilling her Board responsibilities, Kristina can be found exploring Maine with her dog, Magnus, and planning travel.

### New Staff Member - Nathan Fitts



Nathan Fitts joined the Board in a temporary capacity in 2021 and became a permanent part of the team in 2022. Nathan has previously worked with the Department of Health and Human Services as part of a contract and has been involved with local non-profits for several years. In addition to acting as the Board's receptionist, Nathan assists with a variety of office tasks, allowing co-workers more time to focus on licensing.

Nathan enjoys hiking, bicycling and has an interest in photography.

### New Staff Member - Faith McLaughlin

Faith McLaughlin, Investigative Secretary. Faith started working for the State of Maine in 2011. She began her journey with the Board of Licensure in Medicine (BOLIM) as the Investigative Secretary in May 2022. She is responsible for answering questions from attorneys and licensees regarding BOLIM complaint matters. She works closely with the Hearing Officers in preparing for Adjudicatory Hearings. She is responsible for completing the data entry for Medical Malpractice reports and supplying reports to the NPDB and FSMB.

Faith lives locally with her husband of 12 years and has 12-year-old twin daughters. She enjoys spending time with her family and baking goodies in the kitchen. Faith can be reached at [Faith.L.McLaughlin@maine.gov](mailto:Faith.L.McLaughlin@maine.gov) and by phone at 207-287-3625.

## New Staff Member - Kelly McLaughlin

Kelly McLaughlin began working for the State of Maine in 2000 with the Board of Pharmacy. She was recently hired with the Board of Licensure as a Complaint Coordinator. She is responsible for all aspects of complaint process and supervision of the Investigative Secretary and Consumer Assistant. Kelly lives locally with her spouse. She has one daughter and enjoys spending time with her family, horses, and gardening.

Kelly can be reached at [kelly.mclaughlin@maine.gov](mailto:kelly.mclaughlin@maine.gov) and by phone 207-287-6931.

## New Staff Member - Lisa Reny



Lisa Reny took on a new role as a Licensing Specialist II for the Board of Licensure in Medicine in the spring of 2022. She previously worked for 3 years with Bureau of Insurance as an Office Associate II.

Lisa has lived in Maine her whole life. She enjoys coaching soccer, bicycling, hiking, snowmobiling and any adventure that leads her to the Maine outdoors. Lisa can be reached at [lisa.m.reny@maine.gov](mailto:lisa.m.reny@maine.gov) and or by telephone (207) 287-3782.

## IN MEMORIAM

### Frederick C. Goggans, M.D.

The Board of Licensure in Medicine (Board) and staff mourn the recent passing of Frederick Goggans, M.D., who served on the Board from 2021 to 2022. Dr. Goggans was an accomplished and experienced addiction psychiatrist well-known throughout the Maine medical community and a staunch advocate for ending stigma associated with mental health and substance misuse. Dr. Goggans lectured in psychiatry at Harvard Medical School, was a distinguished Life Fellow of the American Psychiatric Association, and a fellow of the American Society of Addiction Medicine. Dr. Goggans graduated from Amherst College, earned his medical degree from Baylor College of Medicine, and completed his residency at the University of California San Francisco and Stanford University Medical Center. The Board and staff relied upon Dr. Goggans' expertise in psychiatry, addiction psychiatry, and psychiatric pharmacology during its review of investigations. The Board and staff extend their sincere condolences to Dr. Goggans' family and friends.

## HEALTH AND WELLNESS

### Licensee Health and Wellness

The mission of the Board of Licensure in Medicine (BOLIM) is to protect the health, safety, and welfare of the citizens of Maine. The health and wellness, or lack thereof, of licensees of BOLIM can have a direct impact on patient care and safety. BOLIM is interested in ways it can help protect the health and wellness of its licensees and, by extension, the citizens of Maine. To that end it sent a representative to the 2022 International Conference on Physician Health.

The conference was focused, almost solely, on organizational change - which represents the evolution of thought regarding physician and physician assistant health and wellness. Wellness initiatives for clinicians were originally directed at the individual clinicians, with the thought that, given the proper tools, the clinicians could maintain their health and wellness regardless of the stressors impacting them. Although providing tools to individual clinicians remains an important part of maintaining health and wellness, it is now understood that organizations have an equally important role in promoting and maintaining individual clinician health and wellness. Finally, there is recognition that wellness at the individual and organization level is not enough; there needs to be an overall culture shift that embraces health and wellness and work-life balance.

BOLIM's authority extends only to its licensees. It does not have authority over health care systems or organizations. However, BOLIM believes it can have an important role in facilitating the culture shift within the medical community and is committed to working with its partners to improve the health and wellness of its licensees.

One area where BOLIM has already implemented a culture shift is in the questions asked on license applications. Following this article is a reprint of an article that appeared in the Fall 2021 newsletter regarding changes to BOLIM's application questions. As stated in the article, "The BOLIM supports the de-stigmatization of mental conditions in physicians and physician assistants and

encourages those who may be suffering from one to seek care and treatment – both for their well-being and to avoid an unnecessary progression of the condition to the point of impairment that compromises patient safety.”

Health and wellness is the responsibility of us all and BOLIM will continue to explore ways to improve and promote health and wellness among all its licensees.

## Fall 2021 Reprint: Update to License Application Questions

The Maine Board of Licensure in Medicine (“BOLIM”) recently updated questions on its applications related to physician and physician assistant health and wellness. Specifically, the BOLIM removed a question inquiring specifically about an applicant’s current mental health and any language related to voluntary and confidential participation in the Medical Professionals Health Program (“MPHP”). The updated application question reads as follows:

Health and wellness is vital for physicians/physician assistants and the patients they serve. Physicians/physician assistants who fail to seek treatment when necessary put themselves and their patients at risk. The Board strongly encourages physicians/physician assistants to take steps, including seeking treatment, when necessary to establish and maintain health and wellness. One resource available to physicians/physician assistants is the Medical Professionals Health Program (MPHP). More information about the MPHP can be found at: <http://www.mainemph.org/>. The purpose of the following questions is to determine the current fitness of an applicant to safely practice and concern current medical conditions that impair or may impair the ability to safely practice. “Medical condition” includes any physiological or psychological disease, disorder, syndrome, or condition. Information regarding medical conditions provided by applicants is treated confidentially by the Board. The mere fact of treatment for current medical conditions is not, by itself, a basis on which an applicant is ordinarily denied licensure when he/she has demonstrated personal responsibility and maturity in dealing with the medical condition(s). The Board may deny, limit, or condition a license for applicants whose ability to safely practice or whose behavior, judgment, and understanding is currently impaired to the degree that patient safety is at risk.

- a. Do you have a medical condition that currently impairs your ability to safely and competently practice medicine?
- b. Do you currently use any chemical substance, including alcohol, which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?

If either of your answers to questions 9(a-b) is “Yes,” please provide a detailed explanation.

The BOLIM is charged with the mission of licensing and regulating allopathic physicians and physician assistants and protecting the public from a currently impaired applicant or licensee. That said, the BOLIM recognizes that physicians and physician assistants, like any other members of society, are susceptible to all kinds of medical conditions – physical or mental. Having a medical condition does not necessarily mean that an applicant or licensee is impaired. Like anyone else, physicians and physician assistants can suffer from and be treated for depression, anxiety, or burnout and not compromise patient care or safety. Applicants and licensees who have a medical condition - physical or mental - that is being appropriately treated and that does not impair their ability to practice with reasonable skill and safety do not have to disclose that information on applications for licensure or re-licensure.

The BOLIM supports the de-stigmatization of mental conditions in physicians and physician assistants and encourages those who may be suffering from one to seek care and treatment – both for their well-being and to avoid an unnecessary progression of the condition to the point of impairment that compromises patient safety. The BOLIM recognizes that the Covid-19 pandemic has placed even more significant stress on physicians and physician assistants and strongly encourages them to seek care and treatment when needed.

The BOLIM made the changes to the mental health and MPHP questions on its license applications in an effort to support and encourage physicians and physician assistants to seek care for mental conditions – just as they would for physical impairment. There have been numerous articles that assert that physicians avoid seeking treatment for mental conditions in order to avoid having to disclose that fact on license applications due to stigma and fear about denial or loss of licensure. These articles argue that by removing specific questions regarding mental conditions and focusing on current medical conditions that impair the ability to practice safely, licensing boards can reduce stigma and promote health and wellness by reducing the fear and anxiety of applicants and licensees who seek and receive treatment. The BOLIM’s changes to its license application questions are in line with the “Report and Recommendations of the Workgroup on Physician Wellness and Burnout” adopted as a policy of the Federation of State Medical Boards in April 2018: <https://www.fsmb.org/siteassets/advocacy/policies/policy-on-wellness-and-burnout.pdf>.

## FROM THE EDITOR

### Book Review: The Inevitable

**The Inevitable: Dispatches on the Right to Die**

Katie Engelhart

St. Martin’s Press, 2021



This book review was originally published in the Journal of Medical Regulation Volume 107 Number 3.

For those of us who work in medical professions it can be enlightening to engage with the observations of a keen thinking “outsider.” The journalist Katie Engelhart has such a keen mind and has given us a luminous book summarizing her intimately annotated interactions with an array of individuals who candidly talk about their planned ways of dying.

As she explains in her introduction: “This book incorporates medicine, law, history, and philosophy but it is not a book of argument and it is not a comprehensive accounting of the right-to-die movement in the United States or anywhere else. Primarily, it is collection of stories and conversations and ideas.”

To continue reading please find the complete review at <https://meridian.allenpress.com/jmr/article/107/3/46/473924/The-Inevitable-Dispatches-on-the-Right-to-Die>

## BOARD OPPORTUNITIES

### An Opportunity to Join the Board

Take advantage of this opportunity to gain a broad and deeply informed perspective on the spectrum of medical practice in Maine while performing an essential public service in overseeing public safety.

The Maine Board of Licensure in Medicine (“Board”) has been licensing and regulating allopathic physicians in Maine since 1895. Today, it consists of 11 members – 6 actively practicing physicians, 2 actively practicing physician assistants, and 3 public members. The Board is seeking two physician members who meet the following statutory qualifications:

Be a graduate of a legally chartered medical college or university having authority to confer degrees in medicine and must have been actively engaged in the practice . . . in this State for a continuous period of 5 years preceding . . . appointment to the Board.

The Board has a current special interest in seating a psychiatrist.

The Board meets once a month at its offices in Augusta, Maine. The members of the Board are provided with materials for an upcoming meeting 1-2 weeks in advance. A typical Board meeting commences at 8:30 am and lasts until 4:00-5:00 pm. During a meeting, the Board conducts reviews of applications for licensure, complaints and investigations, and rulemaking. In addition, the Board occasionally holds informal conferences and adjudicatory hearings to resolve complaints and investigations. Please note the Board is currently holding remote meetings. Remote meetings are held on Zoom and start at 8:00 am.

The Board is composed of motivated, hard-working individuals committed to ensuring the protection of the public. The Board is supported by a dedicated staff of professionals. Anyone who may be interested in this challenging and rewarding opportunity should contact Dennis E. Smith, Esq., Executive Director at: (207) 287-3605 or by email at [dennis.smith@maine.gov](mailto:dennis.smith@maine.gov); or Tim Terranova, Assistant Executive Director at (207) 287-6930 or e-mail at [tim.e.terranova@maine.gov](mailto:tim.e.terranova@maine.gov).

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

#### Credit

Copyright © 2019  
All rights reserved.

#### Information

[Maine.gov](#)  
[Site Policies](#)  
[Accessibility](#)  
[Comments/Questions](#)  
[Board Home](#)

#### Contact

Maine Board of Licensure in  
Medicine  
137 State House Station  
161 Capitol Street  
Augusta, Maine 04333-0143  
**Telephone:** (207) 287-3601  
**Fax:** (207) 287-6590

Commemorating 200  
Years of Statehood

