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Spring 2024 Newsletter - March 26, 2024

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FROM THE CHAIR

Current and Future State of the Physician

Maroulla S. Gleaton, M.D., Chair

The Federation of State Medical Boards (FSMB) released its seventh biennial “Census of Licensed Physicians in the United States, 2022.” The Census provides valuable information about the nation’s available physician workforce including information about the number of licensed physicians, the type of medical degree, location of undergraduate medical education, specialty certification status, sex, and

age. Comparisons with data from the FSMB's 2010 physician census illustrate how the physician population has grown and diversified.

Some of the key findings are as follows:

- The physician population is aging alongside the general population, with the number of licensed physicians aged 60 years and older increasing by 54% since 2010;
- The number of licensed female physicians continues to increase. In 2022, 37% of the physician workforce were women, compared to 30% in 2010. The licensed female physician population has increased by 54%, compared to an 11% increase for male physicians since 2010; and
- The number of licensed physicians with a DO degree continues to grow at a much faster pace than licensed physicians with an MD degree. Between 2010 and 2022, the number of licensed osteopathic physicians increased by 89%, compared with an 18% increase for MDs.

These data will be helpful in discussions about physician workforce needs in Maine and beyond. As most of us know, Maine has the oldest population of any state in the union. However, Maine was one of only two states to see a decrease in median age from 2020 to 2021 and it was one of only four states not to see an increase from 2021 to 2022. Also, concomitantly, our birthrate is 14%. The aging numbers reflect the aging of the Baby Boomer population that in 2022 was aged 58-76. In short, our labor force has trended downward as Baby Boomers move into traditional retirement ages. The reduction in the workforce and the increased need for healthcare by Baby Boomers will continue to impact our already strained healthcare systems.

I also believe that, as we continue to see an increase in new, younger physicians who are demanding a better work/life balance, we, as a society, will need to be more flexible about weekly physician work hours and allow breaks in practice days or years to allow for children needs in families. One sign of this is the increase in requests to re-enter practice the Board receives each year. To help facilitate these breaks and returns to practice, the Board needs to update our *Reentry to Practice Guidelines* to keep pace with the changing physician population needs and keep a healthy physician workforce. The Board is currently reviewing the guidelines to make them more accessible to licensees while continuing to protect patient safety.

The census findings do offer some hope, especially in primary care. Osteopathic physicians have historically entered primary care at a higher rate than MDs. The increased number of osteopathic physicians being trained is a promising start. We are lucky to see that influence here in Maine thanks to the osteopathic school of medicine at the University of New England.

There will need to be continuing discussions concerning the current and future state of the healthcare workforce. Licensure is one small part of the workforce picture. However, the data presented in this article serve as an important tool in helping medical regulators and healthcare policymakers understand the needs of the healthcare workforce and identify ways in which access to care can be expanded.

The full FSMB article can be found at

<https://meridian.allenpress.com/jmr/article/109/2/13/494447/FSMB-Census-of-Licensed-Physicians-in-the-United>

WHAT EVERYONE SHOULD KNOW

Professionalism in the Complaint Process

Healthcare professionals, including physicians and physician assistants who are BOLIM licensees, encounter a great deal of stress each day. We hear and see stories every day about burnout, system stressors, and the inability to recruit colleagues to help ease the burden. Add to this, a notice from BOLIM that a patient has filed a complaint against your license and the result can be overwhelming. It is a human response, in the best of times, to feel defensive. In the worst of times, this defensiveness may lead avoidance or alternatively to lashing out.

Licensees who have complaints filed against them frequently ask why BOLIM wastes its time investigating obviously frivolous complaints. While it is important to remember that most complaints are not frivolous to those making them, there is a very simple answer: the law requires BOLIM to review all complaints. 32 M.R.S. § 3282-A states, "The board shall investigate a complaint, on its own motion or upon receipt of a written complaint filed with the board, regarding noncompliance with or violation of this chapter or any rules adopted by the board."

BOLIM understands that receiving notice of a complaint can be stressful and unsettling. How you react to the complaint can have a long-lasting impact on your license and your career. Regardless of your feelings about the validity of the complaint, BOLIM expects its licensees to remain professional. The responses provided to BOLIM should reflect a high level of thoughtfulness and professionalism.

BOLIM has recently seen an increase in unprofessional responses. Responses have sought to blame and vilify either the patient or, in some cases, BOLIM for following its legislative mandate. These types of responses may give rise to additional concerns regarding the professionalism of the licensee in question that BOLIM may decide to investigate in addition to the violations alleged in the underlying complaint.

Your interactions with your professional licensing board are considered professional conduct. If you are unprofessional in your communication with BOLIM, are you also unprofessional in your communication with your patients and colleagues? If you are unprofessional in your communication with patients and colleagues, that will likely impact patient care and may lead to patient harm.

What can you do?

First, take a deep breath. As stated above, we understand that receiving a notice of complaint is stressful. BOLIM cannot remove that stress. However, it may help to be mindful that the Board dismisses over 90% of all complaints.

Second, take some time. The notice gives you a deadline, normally 30 days, to respond. Take advantage of the time given and do not rush to submit a response. Rushed or "off the cuff" responses, are often disadvantageous to you and the complainant.

Third, talk to someone. Complaints are confidential by law, but that does not stop you from informing your employer, who can provide support and guidance. Many licensees also speak to an attorney, often provided by an employer or insurance company. Utilizing an attorney is not a sign of guilt and attorneys can often help explain the process. In addition, speaking (in general terms) to a mentor, friend, or colleague may help.

Fourth, call BOLIM if you have questions. BOLIM staff cannot provide legal advice and cannot advocate on your behalf. However, BOLIM staff can answer questions about the process, provide updates, and act as your point of contact during the process.

Finally, make sure you submit your response within the specified timeframe. If you need more time, contact BOLIM staff as soon as possible. Do not wait until the last minute to request an extension. Failure to respond promptly, or at all, could lead to some of the same issues as described above and is an independent ground for BOLIM to impose disciplinary action.

The complaint process is inherently stressful but be assured that BOLIM wants to work collaboratively with licensees when complaints arise. Minimizing any adversarial relations between BOLIM and the licensee results in a better outcome for both the licensee and the public.

BOLIM hopes that these steps will help ease the stress and will result in a mutually beneficial relationship between you, the Board, and your patients, now and in the future.

Provider Bridge

At the height of the COVID-19 pandemic, it became clear that a more efficient way of locating and using volunteer healthcare professionals needed to be developed. The U.S. Health Resources and Services Administration (HRSA) awarded a grant to develop a system to help solve the problem. That



system, Provider Bridge, is hosted by the Federation of State Medical Boards (FSMB). Provider Bridge went live towards the end of many of the declared emergencies. However, the idea proved to be valuable more broadly and additional funding was secured to

expand the system to focus on preparing for future national, regional, or public health emergencies. Below is a detailed description of the program and how you can register on the platform. Please remember that this program is free to use, for both the volunteers and the entities that need volunteers. BOLIM hopes you will consider registering if you are interested and able to help.

JOIN PROVIDER BRIDGE TO SUPPORT EMERGENCY RESPONSE

The incidence of emergencies and disasters has increased steadily in the U.S. since the 1980's. In 2023, the United States experienced 25 disasters, including a deadly wildfire in Maui and Hurricane Idalia in Florida. By registering for Provider Bridge, you will join thousands of qualified medical providers who are ready to provide care and contribute to the effective emergency management of these disasters.

Provider Bridge Supports States' Emergency Preparedness and Response

Provider Bridge is a free-to-use technology platform that maintains a comprehensive registry of health professionals that can be accessed expeditiously to prepare for and respond to local, regional, or national emergencies.

Joining the Provider Bridge platform allows you to create and own a time-stamped, digital report ("passport") that includes your name, provider type, professional school and graduation date, NPI, state license number(s), specialty or area of practice, and DEA registration(s), as well as any disciplinary history. Each license is verified via data sharing with the Federation of State Medical Boards (FSMB), the National Commission on Certification of Physician Assistants (NCCPA), the National Council of State Boards of Nursing (NCSBN), and the American Board of Medical Specialties (ABMS).

Provider Bridge also allows entities, including state medical and nursing boards, hospitals, health care institutions, public health offices, and emergency management entities to search for verified medical professionals who are willing to assist in an emergency or deploy to a disaster site. Additionally, entities can verify the credentials of state-based registrants as well as those professionals in other states.

Currently, Provider Bridge includes physicians, PAs, and nurses and is positioned to expand to include other medical professionals, such as mental health providers (psychologists, counselors, social workers), respiratory therapists, EMS providers, and others.

Register Now!

Provider Bridge supports expeditious emergency response most effectively by having a large number of medical professionals registered in the platform. Registration is free and takes only a few minutes at the following link: <https://provider.providerbridge.org/>.

What to Expect After Registering for Provider Bridge

Once you have registered for Provider Bridge, there are no additional steps you need to take. You can generate a certified pdf of your passport to present at an emergency site. Health care entities can add registrants to their provider list, pull Provider Bridge passports, and contact providers (unless a licensee chooses to opt out of allowing entities to find their profile). In the event of a national or state emergency, an entity can reach out to providers to determine if they are available and willing to provide health care services.

For more information, go to <https://www.providerbridge.org/> or contact:

Anne K. Lawler, JD, RN
Provider Bridge Program Officer
(208) 331-2341
alawler@fsmb.org

Updated Board Rules

The Board recently updated two of its rules:

- Board Rule Chapter 12, a joint rule regarding Office-Based Treatment of Opioid Use Disorder; and
- Board Rule Chapter 21, a joint rule regarding the Use of Controlled Substances for Treatment of Pain

The changes to the rules eliminated requirements that no longer exist in federal law and regulations. The information relied upon by the Boards in developing the changes was issued by the U.S. Department of Justice (DOJ) and the U.S. Drug Enforcement Administration (DEA) Diversion Control Division: (1) On December 29, 2022, with the signing of the Consolidated Appropriations Act of 2023 (the Act), Congress eliminated the "DATA-Waiver Program"; and (2) separately, the Act also introduced new training requirements for all prescribers. The requirements went into effect June 27, 2023.

The rule changes went into effect on February 26, 2024, and the updated rules will be found at <https://www.maine.gov/md/laws-rules-updates/rules> once the Secretary of State has issued the approved document.

ADVERSE ACTIONS

Adverse Actions

In 2023 the Board reviewed approximately 300 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.

Norris K. Lee, M.D. License #MD18325 (Date of Action February 12, 2024) On February 12, 2024, Dr. Lee and the Board entered a Consent Agreement for Permanent Surrender of his Maine medical license for incompetence, unprofessional conduct, and violation of Board rules following his arrest for Unlawful Sexual Touching and Assault and conduct with patient. The Consent Agreement includes Dr. Lee's agreement to not seek any health care license in any other jurisdiction.

Stacy L. Anderson, M.D. License #MD22365 (Date of Action February 12, 2024) On February 12, 2024, Dr. Anderson and the Board entered into a Consent Agreement renewing her license in inactive status. Prior to any conversion to active status, Dr. Anderson will be required to submit an application to convert her license to active status together with a written reentry to practice plan for Board consideration.

Albert W. Adams, M.D. License #MD14557 (Date of Action February 12, 2024) On February 12, 2024, Dr. Adams and the Board entered into a Consent Agreement for unprofessional conduct and violation of Board rules to resolve two complaints. The Consent Agreement imposes probation for not less than one year requiring that he: 1) engage a Board-approved Physician Practice Monitor with quarterly reports to the Board; 2) enroll in the Community Care Partnership of Maine ("CCPM") Controlled Substances Stewardship Program (CSS Program) with quarterly reports to the Board; and 3) complete continuing medical education courses in medical recordkeeping, professional boundaries, antibiotic stewardship, and common psychiatric conditions in pediatrics within one year.

Meryl J. Nass, M.D. License #MD14575 (Date of Action December 12, 2023) On December 12, 2023, the Board issued a Decision and Order following an adjudicatory hearing held on October 11, 2022, October 25, 2022, January 31, 2023, March 2, 2023, May 30, 2023, July 28, 2023, and September 19, 2023. The Board found that Dr. Nass engaged in incompetence, unprofessional conduct, deceit and misrepresentation, and violated Board rules. The Board imposed a Reprimand for violations reflecting poor decision-making by the license, exhibiting incompetency by engaging in conduct that evidenced a lack of knowledge and inability to apply principles and skills to carry out the practice of medicine, failing to refer a patient to an acute care facility when referral was necessary for the safety of the patient, and engaging in deceit and misrepresentation in connection with services rendered within the scope of practice for lying to a pharmacist. The Board suspended Dr. Nass's license which suspension will be stayed upon completion of conditions of probation and probation for a period of 2 years during which she must: 1) engage a Board-approved Physician Practice Monitor for at least one year with quarterly reports to the Board; 2) complete approved continuing medical education courses of eight (8) to ten (10) hours in ethics and four (4) to six (6) hours in recordkeeping within 120 days; submit a telemedicine plan consistent with Board rules; 4) undergo a competency evaluation within 120 days and follow the evaluation recommendations; and 5) pay \$10,000.00 in costs within six (6) months.

Milos Sinik, M.D. License #MD2664 (Date of Action December 12, 2023) On December 12, 2023, the Board voted to grant the request of Dr. Sinik to withdraw his license application and terminate the consent agreement for licensure.

Anthony Perrone, M.D. #MD19910 (Date of Action December 12, 2023) On December 12, 2023, Anthony Perrone, M.D. and the Board entered into a Consent Agreement for the practice of fraud, deceit or misrepresentation, incompetence, unprofessional conduct, violation of Board rules, and noncompliance with a Board consent agreement. The Consent Agreement: 1) imposes a license restriction that Dr. Perrone may not treat any patients, nor can he have any communications with patients; 2) imposes a license limitation providing that he may hold an administrative license limited to employment at "Employer A" or other Board approved employer. Dr. Perrone may not have any in-person contact with any co-workers, all communications must be strictly professional, and there must be at least three people on any telephonic, electronic, or video communication; and 3) Probation for at least five (5) years with the following conditions: a) engage in counseling with a Board-approved psychiatrist or psychologist at least biannually with reports to the Board; and b) continue weekly counseling with LCSW.

John Louis Davis, Jr. M.D. License #MD23569 (Date of Action December 12, 2023) On December 12, 2023, John Louis Davis, Jr., M.D., and the Board entered into a Consent Agreement for conviction of a crime and disciplinary action taken by the State Medical Board of Ohio. The Consent Agreement imposes: 1) a Reprimand; 2) a requirement that he engage in individual psychotherapy with an approved licensed psychologist for a period of at least one year; and 3) a requirement that he engage an approved speech-language pathologist for at least six months to improve communications skills.

David L. Conner, M.D. License #MD14890 (Date of Action November 16, 2023) On November 16, 2023, David L. Conner, M.D., and the Board entered into a Consent Agreement for incompetence, unprofessional conduct, and violation of Board rules regarding the use of controlled substances for the treatment of pain and regarding office-based treatment of opioid use disorder. The Consent Agreement imposes practice restrictions and probation, for at least 12 months with conditions. Dr. Conner's practice restrictions are: 1) Dr. Conner may not accept any new patients on chronic opioids or benzodiazepines which will require him to take over prescribing except that Dr. Conner may accept new patients who will be prescribed only buprenorphine products for the treatment of opioid use

disorder; and 2) Dr. Conner may not initiate a prescription for any patient for opioids or benzodiazepines for a chronic health condition for a period that would exceed ninety (90) days except that he may prescribe buprenorphine products for the treatment of opioid use disorder. The probation conditions are: 1) engage a Board-approved Physician Practice Monitor with reports to the Board; and 2) participate in a controlled substances stewardship program with reports to the Board. If after working with the Physician Practice Monitor and the controlled substance stewardship program, it is recommended that Dr. Conner complete continuing medical education course(s) on medical record keeping, the prescribing and management of controlled substances, and office-based treatment of opioid use disorder, he shall comply with the recommendations.

Laura Ellen Purdy, M.D. License #MD22378 (Date of Action 11/09/2023) On November 9, 2023, the Maine Board of Licensure in Medicine automatically suspended Dr. Purdy's license pursuant to 32 M.R.S. 18511 following receipt of the October 30, 2023, Kansas Summary Order of Immediate Suspension constituting disciplinary action taken by Dr. Purdy pursuant to licensure through the Interstate Medical Licensure Compact.

LICENSING ISSUES

2023 Annual Reports

Each year Board staff prepares reports of licensing activities that have occurred during the past year. The 2023 Annual Licensing Report as well as the 2023 Annual Report to the Legislature can be downloaded using the following links:

- [2023 Annual Licensing Report \(.pdf\)](#)
- [2023 Annual Report to the Legislature \(.pdf\)](#)

HEALTH AND WELLNESS

An Introduction and Invitation from the Maine Medical Professionals Health Program (MPHP)

Our mission is to promote the health and well-being of Maine's healthcare professionals by providing monitoring, resources, education, and advocacy for those challenged with substance misuse, mental health challenges, and behavioral issues that may adversely affect their ability to practice safely. Our vision is to improve the health and well-being of Maine's healthcare professionals in need of assistance.

The MPHP Advisory Committee (AC) provides a variety of support to the MPHP staff and is composed of members from the following professions:

- Scott Hanson, MD, MPH, FACP; Chair
- Jerr Roberts, DDS, NMD, IBDM, AIAOMT; Vice Chair
- Paul Rouleau, RN
- Kathleen Lees, PA-C
- Charmaine Patel, MD
- Stephanie Nichols, Pharm.D, BCPS, BCPP, FCCP
- Don McNally, DO
- Brandon Prast, MD
- Joni Winkler, NP
- Whitney Jandreau, Pharm.D, BCPS

Two of the more important functions it provides are case discussions and policy development. The AC meets bimonthly to review the ongoing work of the MPHP. Our Clinical Coordinators present case reviews in these meetings with the group as part of our performance improvement process and as a means to gather valuable input for ongoing work with participants. AC members also participate in the Policy Committee reviewing and updating our policies to stay aligned with the evolving work of the MPHP.

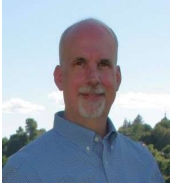
The AC added three new members recently who bring with them a tremendous amount of personal and professional experience that will serve the MPHP mission well.

MPHP is looking for medical professionals who are interested and willing to serve on the AC. We meet bimonthly on the second Monday from 4:30-6 pm. Currently, the meetings are being held virtually. If you are interested, please reach out to Heidi LaMonica, Operation Manager at 207-623-9266, ext. 1.

In addition, if you or someone you know may be struggling with substance misuse, mental health, or behavioral challenges call the MPHP at 207-623-9266, extension 1.

BOARD NEWS

New Assistant Executive Director: Eric Austin



Eric Austin joined the Board of Licensure in Medicine in March of 2024. Eric has previously held leadership positions in healthcare, technology, and finance with experience in both non-profit and for-profit organizations. His career journey has given him the opportunity to work in the four corners of the continental United States, as well as to oversee the delivery of services to over 30 countries across five continents.

Maine is home to Eric, where he lives in Augusta. He grew up in Central Maine and received his BA from the University of Southern Maine. Eric enjoys the outdoors and continues to look for new locations in Maine to explore. Eric can be reached at Robert.E.Austin@maine.gov and by telephone (207) 287 3605.

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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 **one physician assistant** member who meets the following statutory qualifications:

Two individuals must be physician assistants licensed under this chapter who have been actively engaged in the practice of the profession of physician assistant in this State for a

continuous period of 5 years preceding appointment to the board.

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 8:00 a.m. and lasts until 4:00-5:00 p.m. 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.

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 Tim Terranova, Executive Director at (207) 287-6930 or e-mail at tim.e.terranova@maine.gov

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Credit

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