

Board of Licensure in Medicine
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January 14, 2025

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Maine Board of Licensure in Medicine
Minutes of January 14, 2025
8:03 a.m. – 2:39 p.m.

Board Members Present: Chair Maroulla S. Gleaton, MD; Secretary Christopher R. Ross, PA; Holly Fanjoy, MD; Renee M. Fay-LeBlanc, MD; David H. Flaherty, PA; Public Member Gregory Jamison, RPh; Noah Nesin, MD; Public Member Jonathan Sahrbeck; Brad Waddell, MD; and Public Member Lynne M. Weinstein

Board Members Absent: Anthony T. Ng, MD

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

Attorney General’s Office Staff Present: Assistant Attorney General Jennifer Willis

The Board met in public session except during the times listed below which were held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (*e.g.*, 1 M.R.S. § 405; 10 M.R.S. § 8003-B; 22 M.R.S. § 1711-C; 24 M.R.S. § 2510; 32 M.R.S. § 3282-A). During the public session of the meeting, actions were taken on all matters discussed during executive session. 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

11:39 a.m. – 11:47 a.m.

Pursuant to 1 M.R.S. § 405(6)(F) and 10 M.R.S. §8003-B to discuss confidential information

10:57 a.m. – 11:07 a.m.

Pursuant to 1 M.R.S. § 405(6)(F) and 10 M.R.S. § 8003-B to discuss confidential information

RECESSES

9:20 a.m. – 9:31 a.m.

Recess

11:08 a.m. – 11:17 a.m.	Recess
11:57 a.m.– 12:17 p.m.	Lunch
1:38 p.m. – 1:50 p.m.	Recess

I. Call to Order

Dr. Gleaton called the meeting to order at 8:03 a.m.

A. Amendments to Agenda

Mr. Ross moved to amend a legislative report onto the agenda. Dr. Nesin seconded the motion, which passed unanimously.

B. Scheduled Agenda Items (none)

II. Licensing

A. Applications for Individual Consideration

1. Initial Applications

a. Andrew James Robitaille, PA

Dr. Nesin moved to grant the license. Mr. Ross seconded the motion, which passed unanimously.

b. Kamel Ghandour, MD

Mr. Ross moved to find the United States Medical Licensing Exam (USMLE) substantially equivalent to the Visa Qualifying Exam (VQE) and grant the license. Dr. Fanjot seconded the motion, which passed unanimously.

c. Daljit S. Jagdev, MD

Mr. Ross moved to find the Membership of The Royal Colleges of Physicians (MRCP) Psych Parts I and II and CASC examinations substantially equivalent to the Visa Qualifying Exam (VQE) and grant the license. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

d. Mark S. Ibsen, MD

Mr. Ross moved to preliminarily deny the license application, offer Dr. Ibsen leave to withdraw his license application, and to refer information to the Office of Attorney General for action. Mr. Flaherty seconded the motion, which passed 9-0-0-1. Dr. Nesin was recused from the matter and left the room.

e. Gregory Todd Trecha, MD

Dr. Fay-LeBlanc moved to offer Dr. Trecha time to provide the requested records, leave to withdraw his license application while not under investigation, and to preliminarily deny the application if he does not provide the records or withdraw his application. Dr. Fanjoy seconded the motion, which passed unanimously.

2. Reinstatement Applications (none)

3. Renewal Applications

a. James Craig Wilson, MD

Dr. Fay-LeBlanc moved to grant a 30-day extension to complete continuing medical education (CME) and to issue a complaint. Mr. Ross seconded the motion, which passed unanimously.

4. Requests to Convert to Active Status

a. Kathleen Dosiek, PA

Dr. Fay-LeBlanc moved to offer a consent agreement for an active license incorporating the reentry to practice plan and to delegate signature of the consent agreement to the Board Chair. Mr. Ross seconded the motion, which passed unanimously.

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

6. Requests for Collaborative/Practice Agreements

a. Amy P. Corey, PA

Dr. Fay-LeBlanc moved to approve the practice agreement. Mr. Ross seconded the motion, which passed unanimously.

B. Other Items for Discussion

1. IMLC Discussion

The IMLCC is working on implementing an application programming interface (API) for initial physician license applications. This will change the process for staff from manual to automated entry. Continuing to run PDC and NPDB reports for each application will require that staff manually address each submission. Staff proposed various options moving forward.

Following discussion, Mr. Ross moved to direct staff discontinue running the reports, conduct an audit in six months and report the results to the Board. Ms. Weinstein 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.

F. Complaint Status Report

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

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

A. CR24-66 Troy L. Potthoff, MD

Mr. Sahrbeck moved to approve and ratify the consent agreement. Mr. Ross seconded the motion, which passed unanimously.

IV. Complaints

1. CR24-159

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

MOTION: A patient's mother complains that the physician was very snippy and performed a very brief exam. The mother also states that the patient has difficulty with communication. The physician responded that he is sorry that the mother felt that it was a negative interaction, but her complaint is very different from his memory and his custom and practice. The appointment that day was to confirm that her issue was consistent with history and that there were no signs and symptoms of a concerning medical problem. Review of the records revealed that the patient received reasonable care.

2. CR24-163

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

MOTION: The complainant is a care coordinator for a patient in the practice and asserts that the licensee and a resident in the practice were not responsive to requests for a letter

of medical necessity for a piece of durable medical equipment, and that a number of phone calls were not returned.

The licensee is not the PCP for the involved patient but in the absence of the resident returned the complainant's calls and suggested a reasonable solution. The rationale for the resident requesting an in person visit in order to provide a letter of medical necessity were reasonable and were documented.

3. CR24-166

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

MOTION: A patient complained about the care she received by her treating psychiatrist. The physician saw the patient for three visits only and there was discomfort and disagreement surrounding the use, tapering, combinations and early refills of controlled substances. These issues could not be entirely resolved. Review of the records reveals appropriate recommendations and care by the licensee.

4. CR24-192

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

MOTION: The complainant is a parent with shared custody of a minor child and asserts that the licensee ignored their concerns about inappropriate and intrusive hygiene care performed by the other custodial parent and threatened to end communication with the complainant when they pressed the licensee on these concerns.

The licensee responded with a detailed description of the challenging family dynamic, the overall care of the child, including parental disagreement over the treatment plan for ADHD, the measures the licensee has taken to evaluate the concerns expressed by the complainant and the licensee's efforts to align the parents on the child's care plan. All of this is well documented in the medical record.

5. CR24-193

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

6. CR24-201

Mr. Ross moved to dismiss the complaint. Ms. Weinstein seconded the motion, which passed unanimously. AAG Willis was recused from the matter and left the room.

MOTION: A patient's husband complains that the physician didn't examine her and just gave her medications and sent her out of the emergency room. The patient had to return to the emergency room the next day and her primary care provider had to demand an emergent MRI be done. The physician responded that prior to the emergency room visit the patient

had been seen by orthopedics and had an MRI scheduled in a few weeks and physical therapy was planned after the MRI. The physician explained that he discussed the plan of care with the patient, and she verbalized that she understood. He also explained that the plan of care is usually included in the discharge instructions but there were computer issues and that information was not included. Review of the records revealed that the patient received reasonable care.

7. CR24-203

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

MOTION: The complainant is the adult child of a patient and provides care at home for that patient. They complain that the licensee made a report to Adult Protective Services (APS) after a visit for a decubitus ulcer and asserts that the report to APS was retaliation because the complainant and the licensee had a dispute about the provision of bandages for care of the wound.

The licensee responds with a detailed description of the interaction and the care provided (supported by documentation in the medical record) and findings on examination and the interaction with the complainant met the threshold for making a report to APS.

8. CR24-209

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

MOTION: The mother of an infant child complains that the licensee inappropriately discharged her child from the emergency room instead of performing a lumbar puncture and admitting him to the hospital. The licensee responds that he was following the algorithm for 29-day-old infants (which is less stringent) than infants in their first 28 days of life. The prior emergency room physician notes that if the C-Reactive Protein (CRP) was elevated, the plan would be to reconsult the pediatric infectious disease specialist and then signed out the patient to the licensee. The CRP was elevated and there is documentation from the licensee indicating that the pediatric infectious disease specialist was reconsulted after the labs resulted. The infant appeared non-toxic so it was felt that he was safe to discharge with antibiotics and very close follow-up. The outpatient pediatrician evaluated the infant the following day. Due to still being febrile and having elevated inflammatory markers in the hospital, he felt that admission with lumbar puncture and IV antibiotics was warranted.

9. CR24-210

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

MOTION: This is the same case as the prior. The licensee in this case is the pediatric specialist who was giving advice to the emergency room providers when the infant presented to the emergency room. The mother of the infant child complains that the

licensee inappropriately advised the discharge of her child from the emergency room instead of performing a lumbar puncture and admitting him to the hospital. The licensee responds that he did not see the patient, but was in communication with the emergency room providers and felt the work-up was appropriate. He notes that he is well versed in the American Academy of Pediatrics guidelines and that since the report from the emergency room providers was that the infant looked non-toxic, and was very close to 29 days, that he did not feel a lumbar puncture was necessary. The outpatient pediatrician evaluated the infant the following day. Due to still being febrile and having elevated inflammatory markers in the hospital, he felt that admission with lumbar puncture and IV antibiotics was warranted.

10. CR24-231

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

MOTION: A patient complains that the physician assistant was dismissive and did not provide adequate care. The physician assistant responded that she was sorry that the patient was not happy with his care, but his exam did not warrant any additional treatment beyond over the counter medications. Review of the records revealed that the patient received reasonable care.

11. CR23-164

Dr. Waddell moved to investigate further, request that the licensee complete six hours of Board approved CME focused on surgical management of melanoma, report to the Board what she gained from the CME and communicate with the patient's PCP to ensure adequate follow-up care. Mr. Flaherty seconded the motion, which passed unanimously.

12. CR23-261 David R. Langdon, MD

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

MOTION: The Board-issued complaint arose from a large malpractice settlement involving a missed diagnosis on a CT scan. The physician acknowledged the missed diagnosis and, when questioned why his report indicated no images available for comparison, he cited an autofill feature of the reporting system that contributed to that error.

The guidance is as follows: Great care should be taken when interpreting images, and when generating a report clinicians should verify that the analysis is documented appropriately, and all entries are accurate. Relying on pre-populated or auto-populated data entries may lead to inaccurate patient charts and regardless of the medical recordkeeping computer system in use, it is the responsibility of the physician signing the patient chart entry to ensure it is complete and accurate, including that any pre-populated or auto-populated fields are accurate.

13. CR23-284

Dr. Nesin moved to offer a consent agreement to include a citation, and imposing requirements should the licensee seek licensure in Maine in the future. Ms. Weinstein seconded the motion, which passed unanimously.

14. CR24-6

Dr. Nesin moved to investigate further and await receipt of a pending expert review. Dr. Waddell seconded the motion, which passed unanimously.

15. CR24-49

Dr. Nesin moved to investigate further and request that the licensee complete a CME course regarding medical record documentation within ninety days and report to the Board what she gained from the course. Following completion of the course, the Board will request ten charts for review. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

16. CR24-69

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

17. CR24-128

Mr. Sahrbeck moved to investigate further. Dr. Waddell seconded the motion, which passed unanimously.

18. CR24-142

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

19. CR24-152

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

MOTION: The complainant is the father of a young child who alleges that the licensee referred the child to a behavioral health specialist without his knowledge and refuses to communicate about the patient's care. The licensee is the primary care physician for the patient who has been treated for ADHD. The licensee responds that the child's mother had self-referred the child to behavioral health and that child psychiatry was appropriate to manage his treatment. The medical record supports appropriate treatment of the patient. The licensee apologized for the lack of communication with the father and welcomed the opportunity to improve the relationship with a group meeting to discuss the child's treatment. The licensee responded to a series of questions from BOLIM regarding communication and navigating conflict between parents or guardians regarding the care of

pediatric patients. The licensee's response was appropriate, and the ongoing communication with the father also appears to be acceptable.

20. CR24-187

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

21. CR24-189

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

MOTION: The patient's wife complains that the patient was in pain for several hours while waiting for emergency surgery, that his appendix burst while he was waiting, that the surgeon was disorganized and lost the consent forms, so they needed to be resigned, and that the staff member bringing the patient to the OR did not know how to get there. The licensee apologizes for the patient's experience. He acknowledges that it was a very busy day in the emergency department and that the consents couldn't be located. He felt it would be faster to redo them, which is what he did. He explains that they needed to wait for an OR to open up and while that was happening the patient was being managed by the emergency department provider and anesthesiologist (who did order pain mediation according to the electronic medical records). Review of the records indicates appropriate care.

22. CR24-197 and

23. CR24-222

Dr. Nesin moved to deny the physician's request for an informal conference, offer a consent agreement to include suspension of license and treatment requirements and alternatively, offer permanent surrender of license while under investigation. Dr. Fay-LeBlanc seconded the motion, which passed 9-0-0-1. Dr. Waddell was recused from the matter and left the room.

24. CR24-205

Dr. Waddell moved to investigate further, issue a complaint against the other surgeon involved in the patient's procedure, request that both licensees respond to questions from the Board, and obtain an outside expert review following receipt of additional information. Mr. Sahrbeck seconded the motion, which passed unanimously.

25. CR24-207

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

At 10:52 a.m. Ms. Weinstein requested to revisit the matter. Following further discussion and review of the case, Mr. Ross moved to rescind the previous motion. Mr. Flaherty seconded the motion, which passed unanimously.

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

MOTION: After being discharged from a medical practice five weeks earlier, the patient complains she sustained a fracture and is not receiving medical care or medication, and it will be a few months until she can establish care with a new provider. The patient was seen by an orthopedic provider regarding this fracture and the licensee named in the complaint did continue medication management and had not been made aware of unbearable pain from the fracture immediately. Acceptable care has been provided.

26. CR24-212

Mr. Sahrbeck moved to investigate further and issue a letter of guidance. Dr. Waddell seconded the motion, which passed unanimously.

27. CR24-213

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

MOTION: The complainant asserts that the licensee and his practice are retaliating as a result of complaints the complainant has filed with the system and with the Maine Human Rights Commission. The complainant further asserts that the retaliation takes the form of abandonment, with unanswered calls, slow or no responses to concerns and lack of follow-through on the treatment plan.

The licensee responds that he saw the patient once, created a treatment plan and shared it with the patient, followed through on the referrals that were part of that plan and remains available to provide care and support for the complainant. In responding to the complaints of this patient the practice discovered some systems issues that may have contributed to a lack of response, made efforts to correct them and repeatedly reached out to the complainant and attempted on multiple occasions to contact the patient navigator provided by the complainant's insurance company. That navigator has been non-responsive.

28. CR24-218

At 10:57 a.m. Mr. Sahrbeck moved to enter executive session pursuant to 1 M.R.S. § 405(6)(F) and 10 § 8003-B to discuss confidential information. Dr. Waddell seconded the motion, which passed unanimously.

At 11:07 a.m. Mr. Ross moved to come out of executive session. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

Mr. Sahrbeck moved to offer the physician a consent agreement to include a reprimand and a \$1,000 fine. Mr. Ross seconded the motion, which passed unanimously.

29. CR24-219

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

MOTION: The complainant is the mother of a child who alleges that the licensee failed to treat the child's condition over a long period of time. The licensee was the child's pediatrician, and the child struggled with constipation. The mother claims the licensee kept giving him Miralax and that the child ended up requiring hospital admission for a fecal disimpaction. The licensee responds that the child was treated appropriately for chronic constipation and that this condition can be a difficult problem in young children. The treatment of the patient's condition was within the standard of care and the need for disimpaction is sometimes necessary. The pediatric GI workup did not identify any other cause for the child's symptoms and continued standard treatment for constipation was recommended. The medical record supports the medical care of the patient.

30. CR24-227

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

MOTION: A patient complained about the care he received by his neurologist. The patient had a complex series of complaints and a history of ophthalmologic disease which did not make the diagnosis and treatment simple or definitive. Review of the records reveals reasonable, appropriate diagnosis and treatment recommendations. The patient exercised his prerogative to seek care elsewhere.

31. CR24-228

Dr. Waddell moved to investigate further and obtain an expert review from a cardiac electrophysiologist. Ms. Weinstein seconded the motion, which passed unanimously.

32. CR24-230

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

MOTION: The patient complains about the wait time and check-in process for his stress test. He further is upset that the test was canceled due to high blood pressure and that his PCP was not informed. The licensee explains that he was the on-call provider for stress testing and clinically agreed that the blood pressure was too high for stress testing, but not clinically dangerous and likely related to the patient's stress and anger at the time. The licensee agrees that communication and documentation could be improved and is working with his practice to make sure those things have been changed. The licensee also, in his response, apologized to the patient.

33. CR24-257

At 11:39 a.m. Mr. Ross moved to enter executive session pursuant to 1 M.R.S. § 405(6)(F) and 10 M.R.S. § 8003-B to discuss confidential information. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

At 11:47 a.m. Mr. Ross moved to come out of executive session. Dr. Waddell seconded the motion, which passed unanimously.

Dr. Nesin moved to deny the physician's request for an administrative stay of agency action and his request for a waiver of the Board's policy pending license renewal applications due to exceptional circumstances. Mr. Ross seconded the motion, which passed unanimously.

34. CR24-150

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

MOTION: A patient complained about the care she received from her admitting psychiatrist. She alleged medical record entries that were untrue, and she alleged privacy violations. Review of the medical records reveals appropriate care.

35. CR24-183

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

MOTION: A patient in a state facility complains he is not receiving the proper medication and feels the state is just trying to save money by doing this. Review of the record reveals that often times, a substitute or a generic is used to provide the patient with medication that is available. There may be a supply or back-order issue, therefore an alternate is given. Additionally, this licensee had staff contact a local pharmacy to check for this specific medication and provided tests to make certain the patient was doing ok. The medication the patient requested did arrive and the patient received it. The licensee provided appropriate care.

36. CR24-190

Dr. Waddell moved to dismiss the complaint. Mr. Flaherty seconded the motion, which passed 9-0-0-1. Mr. Ross was recused from the matter and left the room.

MOTION: A patient complained that she was advised to seek psychiatric evaluation when she said she was not mentally ill. She also said the doctor "was to clean up files from my medical history," and her mother (now deceased) hacked her medical file, and the complainant cannot access it. Review of the records reveals appropriate clinical management and documents patient denial of a significant psychiatric history.

37. CR24-191

Dr. Waddell moved to dismiss the complaint. Dr. Nesin seconded the motion, which passed 9-0-0-1. Mr. Ross was recused from the matter and left the room.

MOTION: A patient complains she was prescribed medication in a psychiatric facility without a mental health condition. The licensee named in the complaint is no longer affiliated with this facility and does not have any recollection of the treatment. No records were received as the complainant did not respond to the request for signature to release the records.

38. CR24-196

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

MOTION: A patient complained about the care she received by her physician assistant who was treating her for gastroenterology issues. Specifically, the patient, who has had traumatic brain injury, complained she could not renew her medication that was working for her irritable bowel syndrome. She also complained that the office staff made an error in scheduling a return follow-up. The physician assistant did renew the medication on time, but the pharmacy was delayed in filling the medicine since it needed to be ordered. The scheduling error was discovered and quickly corrected. The records reveal appropriate care and extensive communication documentation with the patient. The physician assistant apologized for the error in scheduling.

39. CR24-221

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

MOTION: A patient complained about the care he received from his primary care physician at a post emergency room visit for upper abdominal pain. The patient was unhappy with the medical diagnoses and treatment recommendations. Review of the records reveals reasonable and appropriate medical evaluation and management.

40. CR24-226

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

MOTION: The complainant, who is the son of the patient, alleges that the licensee physician ceased opioid pain medication suddenly which resulted in the patient's extreme pain and presentation to the hospital. The physician explained the patient's opioid history and the recommendation that due to her COPD, age, OSA and potential impacts on cognition, the Controlled Substance Stewardship Committee had recommended an extended taper, which the licensee continued when he assumed care in early 2023. Ultimately, the physician stopped prescribing opioids because the patient was noncompliant with her controlled substances agreement, was at ongoing risk due to the

already identified risk factors of continued opioid use, as well as the physician's concern about a substance misuse disorder. The physician dispensed Narcan and referred the patient for suboxone treatment.

41. CR24-252

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

MOTION: A patient complained about emergency room management. He misidentified the licensee as the emergency room treating clinician; the licensee's only involvement was interpretation of a right foot CT.

42. CR23-267

Dr. Fay-LeBlanc moved to investigate further, wait for the physician to complete scheduled CME and report to the Board regarding what she gained from the course, and encourage her to continue discussion with leadership to formalize a coverage plan. Mr. Sahrbeck seconded the motion, which passed unanimously.

43. Intentionally left blank

V. Assessment and Direction

44. AD24-65

Dr. Nesin moved to issue a complaint (**CR25-10**) and direct the physician to have a § 3286 evaluation. Dr. Fanjoy seconded the motion, which passed unanimously.

45. AD24-176

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

46. AD24-194

Dr. Fay-LeBlanc moved to issue a complaint (**CR25-11**) and direct the physician assistant to have a § 3286 evaluation. Dr. Nesin seconded the motion, which passed unanimously.

47. AD24-202

Dr. Fanjoy moved to issue a complaint (**CR25-12**) and request additional records. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

48. AD24-214

Dr. Nesin moved to issue a complaint (**CR25-16**), direct the physician to have a § 3286 evaluation and alternatively to offer surrender of license while under investigation. Dr. Fanjoy seconded the motion, which passed unanimously.

49. AD24-216

Dr. Fanjoy moved to issue a complaint (**CR25-13**), direct the physician to have a § 3286 substance misuse evaluation and alternatively to offer surrender of license while under investigation. Ms. Weinstein seconded the motion, which passed unanimously.

Dr. Fay-LeBlanc moved to deny the physician's request for an active license. Ms. Weinstein seconded the motion, which passed unanimously.

50. AD24-223

Dr. Fay-LeBlanc moved to issue a complaint (**CR25-14**) and request information regarding the physician assistant's current practice setting and supervision. Dr. Waddell seconded the motion, which passed 9-0-0-1. Mr. Flaherty was recused from the matter and left the room.

51. AD24-233

Dr. Waddell moved to close the matter with no further action. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

52. AD24-236

Dr. Fanjoy moved to issue a complaint (**CR25-15**) and obtain an outside expert review by a primary care physician. Mr. Flaherty seconded the motion, which passed unanimously.

53. AD24-241

Dr. Nesin moved to issue two citations and close the matter with no further action upon receipt of payment. Dr. Fanjoy seconded the motion, which passed unanimously.

54. AD24-244

Mr. Ross moved to issue a complaint (**CR25-17**), direct the physician to have a § 3286 evaluation and alternatively to offer surrender of license while under investigation. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

55. AD24-248

Dr. Waddell moved to issue a complaint (**CR25-18**) and alternatively to offer the physician leave to withdraw her license while under investigation. Mr. Flaherty seconded the motion, which passed unanimously.

56. AD24-253

Dr. Fanjoy moved to issue a complaint (**CR25-19**) and direct the physician assistant to have a § 3286 substance misuse evaluation. Ms. Weinstein seconded the motion, which passed unanimously.

57. AD24-254

Mr. Ross moved to issue a citation and close the matter with no further action upon receipt of payment. Dr. Nesen seconded the motion, which passed unanimously.

58. AD24-269

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

59. Pending Adjudicatory Hearings and Informal Conferences report

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

60. 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. December 10, 2024

Ms. Weinstein moved to approve the minutes of the December 10, 2024 meeting. Dr. Nesen seconded the motion, which passed unanimously.

VIII. Consent Agreement Monitoring

A. Monitoring Reports

1. Ramon E. Cheleuitte, MD

The Board reviewed the monitoring report, and no action was taken. Dr. Gleaton and Dr. Nesen were recused from the matter and left the room.

2. Albert W. Adams, MD

Mr. Ross moved to approve proposed CME. Dr. Fanjoy seconded the motion, which passed 9-0-0-1. Dr. Nesen was recused from the matter and left the room.

3. David L. Conner, MD

Ms. Weinstein moved to deny Dr. Conner's request for reconsideration of the requirement to complete a CME course regarding medical record documentation, request that he submit confirmation of CME registration and continue with his

physician practice monitor for one year. Dr. Fay-LeBlanc seconded the motion, which passed 9-0-0-1. Dr. Nesin was recused from the matter and left the room.

4. Michael V. Delahunt, MD

The Board reviewed the monitoring report and directed staff to communicate with Dr. Delahunt regarding compliance issues. Dr. Nesin was recused from the matter and left the room.

5. Charles E. Reimers, PA

The Board reviewed the monitoring report and requested that the matter be brought back for review at a future meeting. Dr. Nesin and Mr. Flaherty were recused from the matter and left the room.

6. Stacey L Anderson, MD

The Board reviewed the monitoring report, and no action was taken.

7. Jake N. Cho, MD

Mr. Ross moved to grant Dr. Cho a sixty-day extension to obtain a worksite physician mentor. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

8. John L. Davis, Jr., MD

The Board reviewed the monitoring report, and no action was taken.

9. Liam E. Funte, MD

The Board reviewed the monitoring report, and no action was taken.

10. Dashiell Jordan, MD

The Board reviewed the monitoring report, and no action was taken.

11. Kevin M. Kendall, MD

Dr. Nesin moved to approve Dr. Kendall's request to terminate the consent agreement. Ms. Weinstein seconded the motion, which passed unanimously.

12. Cristel L. Palma-Vargas, MD

The Board reviewed the monitoring report, and no action was taken.

13. Farhaad R. Riyaz, MD

The Board reviewed the monitoring report, and no action was taken.

14. Scott F. Rusk, MD

The Board reviewed the monitoring report, and no action was taken.

15. G. Paul Savidge, MD

The Board reviewed the monitoring report and directed staff to request that Dr. Savidge provide a detailed explanation of why he is prescribing buprenorphine mono-product to a high percentage of his patients and to request five medical records for review.

16. Rachel C. Stadler, PA

The Board reviewed the monitoring report, and no action was taken.

17. Justin M.B. Taylor, MD

The Board reviewed the monitoring report, and no action was taken.

18. Sajad Zalzal, MD

Following review of the monitoring report, Mr. Ross moved to terminate the consent agreement. Dr. Fanjoy seconded the motion, which passed unanimously.

19. David B. Nagler, MD

The Board reviewed the monitoring report, and no action was taken.

IX. Adjudicatory Hearing (none)

X. Remarks of Chair

Dr. Gleaton discussed the FSMB's initiative to raise public awareness about state medical boards.

XI. Executive Director’s Monthly Report

Mr. Terranova reported that he anticipates presenting draft revisions for the Chapter 1 rule at an upcoming meeting.

A. MPHP Annual Notification

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

B. Legislative Report

Mr. Terranova discussed bills regarding foreign-trained physicians and FOAA.

XII. Assistant Executive Director’s Monthly Report

The Board reviewed Ms. Hunt’s written report.

XIII. Medical Director’s Report (none)

XIV. Remarks of Assistant Attorney General

AAG Willis informed the Board that oral arguments regarding appeals filed by Dr. Nass and Dr. London were held on January 3rd. Written decisions from the court are forthcoming.

XV. Rulemaking (none)

XVI. Policy Review

A. Electronic Notarization Policy

Mr. Ross moved to approve the Electronic Notarization Policy. Mr. Sahrbeck seconded the motion, which passed unanimously.

B. Policy Revisions

Mr. Ross moved to approve proposed revisions to the following policies to remove references to Licensure Committee as it has not been the regular practice of the Board for some time to have matters reviewed by Licensure Committee: Evaluations Required for Applicants Disclosing Incidents Involving Alcohol and/or Drugs; Evaluations Required for Applicants Disclosing Incidents Involving Domestic Violence; Continuing Medical Education (CME) Post Renewal Audit; and Jurisprudence Exam – Failing Score. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

XVII. FSMB Material (none)

XVIII. FYI

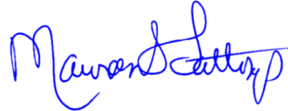
This material was presented for informational purposes. No Board action was required.

XIX. Other Business (none)

XX. Adjournment 2:39 p.m.

At 2:39 p.m. Mr. Ross moved to adjourn the meeting. Mr. Sahrbeck seconded the motion, which passed unanimously.

Respectfully submitted,



Maureen S. Lathrop
Administrative Assistant