

**Maine Board of Licensure in Medicine**  
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**January 13, 2026**

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# Maine Board of Licensure in Medicine

## Minutes of January 13, 2026

**Board Members Present:** Chair Renée M. Fay-LeBlanc, MD; Secretary Christopher R. Ross, PA; Holly W. Fanjoy, MD; David H. Flaherty, PA; Public Member Gregory D. Jamison, RPh; Noah Nesin, MD; Public Member Jonathan T. Sahrbeck (excused at 11:51 a.m.); and Public Member Lynne M. Weinstein

**Board Members Participating Remotely:** Brad Waddell, MD (9:56 a.m. – 10:31 a.m.)

**Board Members Absent:** Maroulla S. Gleaton, MD and 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; Investigative Secretary Danielle Magioncalda; Administrative Assistant Maureen S. Lathrop; Licensing Supervisor Tracy Morrison; Licensing Specialist Savannah Okoronkwo and Licensing Specialist Sarah R. Gagne

**Attorney General's Office Staff Present:** Assistant Attorney General Jennifer Willis

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The meeting was held at the Board's Offices in Augusta, Maine with Board members participating in person, an individual Board member participated remotely. The Board met in public session except during the times listed below which were held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (e.g., 1 M.R.S. § 405; 10 M.R.S. § 8003-B; 22 M.R.S. § 1711-C; 24 M.R.S. § 2510; 32 M.R.S. § 3282-A). During the public session of the meeting, actions were taken on all matters discussed during executive session. During portions of the meeting with a Board member participating remotely, votes were conducted by roll call with members voting "for" "against" or "abstain." The meeting was made virtually available to the public 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**

8:46 a.m. – 8:54 a.m.

### **PURPOSE**

Pursuant to 1 M.R.S. § 405(6)(F) and 22 M.R.S. §§ 2706(4) and 3022 to discuss confidential information

### **RECESSES**

9:35 a.m. – 9:48 a.m.

Recess

11:04 a.m. – 11:14 a.m.

Recess

### **I. Call to Order**

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

#### **A. Amendments to Agenda**

Mr. Ross moved to amend a consent agreement in the matter of CR24-126 onto the agenda. Mr. Jamison seconded the motion, which passed unanimously.

#### **B. Scheduled Agenda Items (none)**

#### **C. Introduction of New Staff**

Mr. Terranova introduced two new staff members. May Griffin, Secretary Receptionist and Sarah Gagne, Licensing Specialist.

### **II. Licensing**

#### **A. Applications for Individual Consideration**

##### **1. Initial Applications**

###### **a. Edwin Louis Peak, MD**

Dr. Waddell moved to grant the license upon execution of a consent agreement.

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

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

|                |     |
|----------------|-----|
| Mr. Ross:      | For |
| Mr. Sahrbeck:  | For |
| Dr. Waddell:   | For |
| Ms. Weinstein: | For |

###### **b. Kyle Maurice St. John, PA**

Dr. Fanjoy moved to require an FPPE and grant the license upon receipt of PA St. John's attestation that he will comply with the FPPE. Mr. Ross seconded the motion, which passed unanimously.

##### **Reinstatement Applications (none)**

##### **2. Renewal Applications**

###### **a. Gary A. Serravo, PA**

Dr. Nesin moved to grant the renewal and issue a letter of guidance. Mr. Flaherty seconded the motion, which passed unanimously.

**b. Karyn Tocci, MD**

Ms. Weinstein moved to table the application, issue a complaint and request that Dr. Tocci provide additional information. Dr. Nesin seconded the motion, which passed unanimously.

**3. Requests to Convert to Active Status (none)**

**4. Requests to Withdraw License/License Application (none)**

**5. Requests for Collaborative/Practice Agreements**

**a. Joshua Hughes, PA**

Dr. Nesin moved to approve PA Hughes' practice agreement. Dr. Fanjoy seconded the motion, which passed unanimously.

**b. Elaine M. Cadorette, PA**

Dr. Fanjoy moved to approve PA Cadorette's practice agreement. Mr. Flaherty seconded the motion, which passed unanimously.

**B. Other Items for Discussion**

**1. Tanya L. Fedyshyn, PA**

Dr. Nesin moved to issue a complaint. Mr. Ross 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 (none)**

**F. Complaint Status Report**

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

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

**A. CR24-126 Allan S. Teel, MD – Consent Agreement**

Mr. Ross moved to approve the consent agreement. Mr. Flaherty seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

## IV. Complaints

### 1. CR24-217 Scott A. Farrell, MD

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

**MOTION:** The Board-initiated complaint resulted from the self-report of two medical malpractice settlements on the physician's licensure renewal application, including one related to his alleged failure to report abnormal creatinine levels resulting in a settled claim that this delayed the diagnosis of renal failure and resulted in a worse patient outcome than if the results had been identified and acted on earlier. An independent expert review was sought, obtained, and concluded that the standard of care was not met when the young, otherwise healthy patient was not informed of the abnormal results. Due to the nature of the underlying medical malpractice cases, and to ensure that there was not a pattern of similar conduct, the Board sought and obtained ten additional patient charts that were also reviewed by the independent expert reviewer, who identified among those cases one instance of an opportunity for either better patient communication or better documentation. In his response to the complaint, the physician acknowledged his conduct related to the abnormal creatinine results and indicated that he has taken steps to improve his discharge processes, ensure all lab and imaging results are reviewed, and that with each patient he conducts an appropriate exit interview. The Board requested that the physician voluntarily attend two relevant continuing medical education courses on the topics of risk management in the emergency department setting and appropriate medical record keeping or patient communications. The physician attended both courses and explained to the Board how the lessons from these courses have been incorporated to further improve his practice.

The guidance is as follows: Mitigating risk at shift changes in an emergency department setting is essential to ensuring continuity of care for all patients. Clear and complete documentation in each patient's chart helps mitigate the inherent risk of transitioning care to another provider. In addition, the Board encourages you to maintain your current efforts to review all diagnostic testing results, promptly and clearly communicate those results to your patients, and to ensure all necessary follow up occurs based on those results.

### 2. CR25-16

Dr. Nesin moved to deny the physician's request for reconsideration and to renew the request for the physician to enroll in the CME course within thirty days and complete within ninety days. Ms. Weinstein seconded the motion, which passed unanimously.

### 3. CR25-17 Samuel McCarthy-O'Flaherty, MD

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

**MOTION:** The Board-initiated complaint followed a mandated report that the physician had engaged in an excessive physical restraint of a minor patient who was being assessed for possible mental health issues in the emergency department. The physician's actions were documented on video. The physician's response to the complaint provides his account of the events and his explanation that the patient was uncooperative and disruptive. The physician also stated his regret about his conduct and an explanation of his personal circumstances at that time. At the Board's request the physician underwent a neuropsychological assessment and substance misuse evaluation which made recommendations regarding additional steps which may be beneficial to him in managing similar stressful situations in the future. At the Board's request the physician took and successfully completed the PACE "Managing High Impact Emotions" course and reported to the Board what he learned and how this will impact your practice.

The guidance is as follows: Medical practice can place physicians in high stress situations, and it is essential in those situations for physicians to be able to manage their own reactions appropriately, and particularly to avoid allowing those reactions to negatively impact or harm patients. The Board recognizes the efforts you have made so far and strongly encourages you to continue your progress by following through and undertaking the recommendations in the § 3286 evaluation report as well as by continuing to implement the lessons you learned from the PACE course and related resources.

#### 4. CR25-109 Ian B. Dodson, MD

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

**MOTION:** The Board initiated this complaint based on a report that the physician advised the otherwise wasted half of a vial of Toradol could be administered to a professional colleague who was experiencing pain while at work. Neither the medical decision making nor the administration of this medication to the co-worker was documented and no medical chart of the care provided to the co-worker was created. In his response the physician admitted to the conduct and explained his role in the sequence of events. At the Board's request, the physician voluntarily attended continuing medical education courses on the topics of maintaining professional boundaries and avoiding dual relationships. Following completion of the courses, the physician wrote a letter to the Board explaining what he learned from those courses, how those lessons are particularly impactful for his setting, and how those lessons learned will impact his practice in the future.

The guidance is as follows: As a licensed physician it is important to adhere to appropriate professional boundaries at all times.

## 5. CR25-116

Dr. Waddell moved to dismiss the complaint. Mr. Flaherty seconded the motion. A roll call vote was taken, and the motion passed unanimously.

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

**MOTION:** The complainant alleges that the licensee did not properly evaluate patient complaints which led to a delay in diagnosis of metastatic colon cancer. The licensee believes that appropriate clinical care was provided. Many of the concerns raised by the complainant involve interpretation of imaging studies of the liver. While these specific concerns may be valid, there is no information to suggest that the licensee did not order appropriate imaging or follow up on abnormal imaging. However, review of this case did identify a specific concern which prompted additional questions for the licensee. Review of the licensee's secondary response indicates an appreciation of the concerns raised by this Board and, more importantly, confirms that the licensee has learned from this case and made appropriate changes to her clinical practice.

## 6. CR25-126 Daniel J. Reinke, MD

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

**MOTION:** The complaint alleged that the physician failed to appropriately evaluate and treat a foreign body in the eye of a 32-month-old child, when he dismissed the finding of the presence of a foreign body from an urgent care visit, performed an inadequate exam without using fluorescein staining or using appropriate instruments, misdiagnosed viral conjunctivitis, and discharged the child without removing the foreign body. The child subsequently was seen by an ophthalmologist who removed the foreign body from the eye. The physician responded to the complaint by reviewing the major elements of his evaluation, and disputed claims that his care was inadequate. The Board requested the physician undertake additional education on pediatric ocular emergencies and foreign body evaluation and extraction, and he reviewed Board-approved specialized articles from the medical literature as well as attending CME courses on topics related to this case. The physician then sent the Board a letter explaining what he learned and how he will incorporate the recommended practices in his future patient evaluations, including the use of a cotton swab to evert the eyelid and permit adequate visualization, to perform fluorescein dye testing to evaluate potential foreign bodies in the eye, as well as the use of a slit lamp or other adequate means of close visualization. The physician also noted that he intends to redouble his efforts at clear documentation and discussion with patients or caregivers of findings, the follow up plan, and any needed referrals.

The guidance is as follows: In cases where a potential foreign body may be present in the eye, careful and comprehensive evaluation using appropriate testing and tools should be undertaken to confidently rule in or out a foreign body, even if the patient is difficult due to age or other factors. Please continue to apply those lessons learned so far and maintain a current understanding of the testing and tools necessary to adequately assess a possible ocular foreign body.

## **7. CR25-152**

Dr. Fanjoy moved to dismiss the complaint. Mr. Flaherty seconded the motion, which passed 7-0-0-1. Mr. Sahrbeck was recused from the matter and left the room.

**MOTION:** The patient alleges that the licensee was rude and failed to appropriately treat her for a shoulder condition which the patient felt warranted surgical intervention. The licensee indicates that he recommended conservative treatment with physical therapy and a cortisone injection. The patient refused the cortisone injection, and the licensee did not feel her condition required surgery. The licensee indicates that she had imaging demonstrating rotator cuff inflammation and no shoulder instability on exam, which supports conservative non-surgical treatment. The licensee response and medical records indicate that the patient was treated appropriately, and treatment was within the standard of care.

## **8. CR25-157**

Mr. Flaherty moved to dismiss the complaint. Dr. Fanjoy seconded the motion, which passed 7-0-0-1. Mr. Sahrbeck was recused from the matter and left the room.

**MOTION:** The complainant, a patient, alleges that following an emergency department visit, they were provided with a partial supply of post-exposure prophylactic medication but were denied the remaining prescribed course. Additionally, the complainant reports submitting requests for evaluation of severe lower extremity pain that impeded mobility, which were refused, and upon release, a subsequent diagnosis of infection was made at an external clinic. The licensee states that the patient received an initial one-week supply of post-exposure prophylaxis from the hospital and, after confirmation with the Centers for Disease Control and Prevention, the prescription was extended for an additional 28 days. Review of records confirms a brief 3 - 4-day lapse in antiviral therapy but no evidence of adverse outcomes. Regarding lower extremity complaints, the patient submitted requests for dry skin and discomfort and was evaluated by nursing personnel and a mid-level provider, who noted mild redness, dryness, intact skin without wounds, drainage, or swelling—consistent with edema rather than infection. Treatment included skin care, moisturizing education, and a diuretic, with the patient reporting improvement. No rebuttal was received from the complainant. The care provided met standards, with appropriate follow-up on medication and clinical assessment of symptoms, revealing no deviations warranting further action.

## **9. CR25-159 Leonid Temkin, MD**

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

**MOTION:** The complainant alleged that the physician was inflexible and lacked compassion when the patient was in uncontrolled pain and could not afford the prescribed pain medication. The patient further alleged that the physician was not receptive to information about an alternative medication suggested by a colleague, left the room abruptly, and then refused to further care for the patient, advising them they would have to seek treatment from their primary care provider instead. The physician responded by explaining that the complainant's case is clinically complicated, and describing his collaboration with a team of providers to reach an appropriate plan based solely on clinical reasoning and patient safety considerations. The complainant provided a rebuttal, further alleging the physician's communications were dismissive, they experienced delays in obtaining imaging and felt pressured to sign a controlled substance agreement. The patient also shared the detrimental emotional and mental health impacts of their experiences in trying to manage their intractable pain.

The guidance is as follows: It is important for clinicians to consistently maintain compassionate communication with patients, and particularly that clinicians do so in those difficult circumstances that involve few good treatment options to address the patient's medical condition.

## **10. CR25-168**

Dr. Waddell moved to dismiss the complaint. Dr. Fanjoy seconded the motion. A roll call vote was taken, and the motion passed unanimously.

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

**MOTION:** The patient underwent colonoscopy with polypectomy and suffered splenic laceration as a complication from the procedure. This complication required additional therapeutic intervention but did not require splenectomy. The patient alleges that the complication was a result of her procedure being performed in a hasty manner.

While there is no doubt the patient suffered a troubling complication, review of the records does not support the allegation that the complication was a result of haste or incompetence on the part of the licensee. In addition, the records confirm that the complication was diagnosed and managed in a timely manner.

**11.CR25-169**

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

**MOTION:** The patient complained that he was hospitalized for a urinary tract infection and sepsis two days after a cystoscopy procedure. A year later the patient wrote to the urology practice and requested information about the conditions which led to the infection and claimed the request for information was ignored. The complainant was appropriately counseled for the risk of UTI prior to the procedure. A single dose of antibiotic for prophylaxis is appropriate. Post procedure urine culture showed Klebsiella, a known and recognized urinary pathogen, sensitive to the single dose antibiotic prescribed. Standard of care was met. The urology office did indeed respond to the patient's inquiry.

**12.CR25-171**

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

**MOTION:** The patient alleges that the licensee failed to appropriately examine or treat him in the emergency department when he was seen for knee pain. The patient also claims he never mentioned opioid medications and that the licensee created a false narrative to label the patient as drug-seeking. The patient was seen twice in the emergency department by the licensee who recommended conservative management for an internal derangement of the knee and provided a referral to orthopedics. The patient was not satisfied with his care and reported that he was not provided with adequate pain management. The licensee response and medical records indicate that the patient was treated appropriately, and treatment was within the standard of care.

**13.CR25-187**

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

**MOTION:** The complaint centers on the care provided to the complainant's child in the emergency department (ED). The complainant reported symptoms of self-harm, suicidal ideation, attempts to jump out a window, desires to stab herself or overdose on pills, and statements wishing to be dead. The physician contends that he evaluated the patient for emergent clinical issues, found her calm and without acute medical concerns, and referred her to Crisis Services for mental health assessment, which recommended outpatient therapy rather than inpatient admission. Discrepancies exist between the mother's observations and the physician's assessment, with the mother asserting inadequate evaluation and the physician defending the care as consistent with medical standards. Initial review of the ED records indicates that the standard of care for the ED evaluation was met based on the documented findings. The physician observations as documented are also supported by the Crisis Services evaluation.

The standard of care was met, as the physician appropriately evaluated the patient for emergent medical issues, determined stability, and referred to Crisis Services

for specialized mental health assessment. The Crisis team's evaluation, in consultation with the on-call psychiatrist, supported discharge with outpatient therapy referral, and no acute medical or suicidal intent requiring inpatient admission was identified. The care provided aligns with emergency medicine protocols for such presentations.

#### **14. CR25-191**

At 8:46 a.m. Dr. Nesin moved to enter executive session pursuant to 1 M.R.S. § 405(6)(F) and 22 M.R.S. §§ 2706(4) and 3022 to discuss confidential information. Mr. Flaherty seconded the motion, which passed unanimously.

At 8:54 a.m. Mr. Flaherty moved to come out of executive session. Mr. Ross seconded the motion, which passed unanimously.

Dr. Nesin moved to further investigate and obtain an outside expert review. Dr. Fanjoy seconded the motion, which passed unanimously.

#### **15. CR25-194**

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

**MOTION:** The complainant reports that a minor patient was released from the ED to an unapproved adult and that the ED did not call the complainant regarding the patient. The complainant had been the minor patient's guardian and reported to DHHS that the complainant wanted to stop serving as the minor's legal guardian in July, prior to reporting that the minor patient should receive a crisis assessment for suicidal ideation, which occurred in August. The August report of possible suicidality was based on the complainant's review of patient's messages as the patient had not been living with the complainant for many weeks. The patient was seen at their PCP's office, attended by a police officer, and then taken by EMS to the ED for a crisis assessment. DHHS's involvement in the patient's guardianship situation was documented by EMS and at the ED and included documentation of named DHHS personnel's approval of release to the minor patient's specified relative. The records reveal the patient was appropriately assessed by the crisis team in the ED and discharged as approved by DHHS to the specified relative's home via a ride from the relative's spouse. Until the complainant called after discharge there was no reference to the complainant's request for a call in the EMS or ED records. Review of relevant records reveal reasonable and appropriate care, and appropriate discharge as directed by DHHS.

## **16.CR25-201**

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

**MOTION:** The mother of a minor patient files a complaint against the licensee, for what she believes was failure to deliver information on the patient's diagnosis to the patient in a way consistent with her (the mother's) own belief. The patient had just been diagnosed with type 1 diabetes and lab notes were consistent with the potential for celiac disease pending further testing, which the licensee clearly explained.

The encounter went well until the mother advised the doctor of her disapproval regarding the delivery of this information to the patient, toward the very end of this encounter. The licensee tried to de-escalate this tense encounter through conversation and apology however, the mother was relentless, raising her voice to a scream with insults. The licensee remained calm, listened and tried to diffuse this discussion to no avail with the child in the room. The licensee was able to conclude the encounter after numerous attempts to calm the mother. Thoughtful and professional care was demonstrated.

## **17.CR25-204**

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

**MOTION:** A patient's daughter complains that the physician prescribed medication without discussing the risks and benefits. The physician responded that she discussed the risks and benefits with the patient and when she was alerted by the pharmacy of a possible interaction with a medication that was not prescribed by her, she instructed her staff to call pharmacy and patient and put medication on hold until seen by pain management. Review of the records revealed that the patient received reasonable care.

## **18.CR25-205**

Dr. Waddell moved to dismiss the complaint. Ms. Weinstein seconded the motion. A roll call vote was taken, and the motion passed unanimously.

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

**MOTION:** The patient alleges that she underwent medically unnecessary surgery as a minor without proper consent. She alleges that the counseling regarding the procedure was not in accordance with relevant professional society guidelines. Review of the record does not support these allegations. Informed parental consent was obtained for the

procedure. Also, the guidelines cited by the patient, while extremely helpful in similar situations today, were not established at the time of this specific procedure.

### **19.CR25-213**

Dr. Fay-LeBlanc moved to dismiss the complaint. Ms. Weinstein seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

**MOTION:** A patient complains this licensee has interfered with her current provider and has prevented her from receiving medication refills. Review of the records reveal this licensee has not been involved in the patient's care for close to two years. Other members of the care team at this facility have met the needs of the patient.

### **20.CR25-215**

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

### **21.CR25-216**

Dr. Waddell moved to dismiss the complaint. Mr. Flaherty seconded the motion. A roll call vote was taken, and the motion passed unanimously.

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

**MOTION:** The patient underwent elective panniculectomy performed by the licensee. The procedure was complicated by a postoperative hematoma that required re-operation the next day. The subsequent hospital stay was uneventful but, unfortunately, the patient passed away suddenly at home two days after her discharge from the hospital. The patient's daughter alleges that her death was an avoidable result of clinical incompetence by the licensee. It is unclear whether a post-mortem examination was performed and therefore unclear what the exact cause of death was in this case. Review of the record does not support the allegations of clinical incompetence in this case.

### **22.CR25-217**

Dr. Waddell moved to dismiss the complaint. Dr. Nesin seconded the motion. A roll call vote was taken, and the motion passed unanimously.

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

Mr. Jamison: For  
Dr. Nesin: For

Ms. Weinstein: For

**MOTION:** The patient alleges that the licensee ordered a clinically unnecessary “screening test” that was not covered by insurance leading to avoidable patient expense. Review of the record does not support this allegation. The relevant testing was ordered in good faith as part of a thoughtful diagnostic workup based on previous abnormal blood testing and imaging. When coverage was denied by the insurance provider, the licensee and staff made reasonable efforts to facilitate payment for the procedure. Unfortunately for all involved, coverage decisions made by insurance providers are often beyond the control of practicing clinicians.

### **23. CR25-219**

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

**MOTION:** The patient alleges that the licensee failed to appropriately examine or treat him in the emergency department when he was seen for dental pain. The patient also claims that licensee was disrespectful and insulted him. The licensee responds that he was professional with this patient despite the challenging interaction. The licensee performed a focused examination to rule out any acute emergency and determined that opioid pain medication was inappropriate for this condition. The medical records indicate that the patient became escalated and threatening while in the emergency department. The licensee response and medical records indicate that the patient was treated appropriately, and treatment was within the standard of care.

### **24. CR25-220**

Mr. Flaherty moved to investigate further and request that the licensee complete a Board-approved course regarding compassionate care of transgender patients and report to the Board what he gained from the course. Ms. Weinstein seconded the motion, which passed unanimously.

### **25. CR25-229**

Mr. Sahrbeck moved to investigate further and request that the physician report to the Board what he gained from his recent training. Mr. Jamison seconded the motion, which passed unanimously.

### **26. CR25-244**

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

**MOTION:** The complainant alleges inappropriate care by the physician assistant, including failure to order a comprehensive metabolic panel, ordering imaging incompatible with a

reported allergy, denial of access to clinic leadership, misinformation about staff credentials, and lack of timely follow-up during evaluation for unintentional weight loss and bilateral foot neuropathy. The licensee responds that appropriate laboratory tests (including the CMP), non-contrast imaging to address the reported allergy, and referrals were ordered in a single encounter, with adjustments made based on subsequent patient clarifications, and denies any credential misrepresentation, supported by medical records; the complaint arose after the patient's discharge for threatening behavior. The licensee's response and supporting records outweigh the complaint in credibility and detail, demonstrating standard care without evident deviations.

## **27.CR25-255**

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

**MOTION:** A patient complains that the physician was his caregiver because he was his uncle and used his medication to incapacitate him and sexually abuse him. The physician responded that he was contacted by the patient's mother to help because she was afraid to bring the patient home after his discharge from the hospital. The physician also states that the patient did not take his medications while he was there, became violent and the police were called multiple times before the patient was admitted back into the hospital. The physician states that he has not been in contact with the nephew or his mother in over 20 years. A complaint was also filed with the New Jersey Board of Medical Examiners because the physician lived in that state at the time.

## **28. Intentionally left blank**

## **29. Intentionally left blank**

## **30. Intentionally left blank**

## **V. Assessment and Direction**

### **31.AD25-86**

Dr. Fanjoy moved to issue a complaint (CR26-8) and request additional records. Dr. Nesin seconded the motion, which passed unanimously.

### **32.AD25-130**

Dr. Nesin moved to issue a citation for failure to report a criminal charge and change in contact information and close the matter with no further action upon payment of the fine and receipt of the physician's attestation that he will not clinically practice in Maine and will not renew his license upon expiration. Mr. Ross seconded the motion, which passed unanimously.

**33.AD25-212**

Dr. Nesin moved to issue a complaint (CR26-9). Mr. Sahrbeck seconded the motion, which passed unanimously.

**34.AD25-222**

Dr. Fanjoy moved to issue a complaint (CR26-10). Mr. Jamison seconded the motion, which passed unanimously.

**35.AD25-265**

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

**36.AD25-267**

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

**37.AD25-268**

Dr. Fanjoy moved to close the matter with no further action upon receipt of the physician's attestation that she will not clinically practice in Maine. Dr. Nesin seconded the motion, which passed unanimously.

**38.AD25-269**

Dr. Fanjoy moved to issue a complaint (CR26-11) and ask the licensee if he has had a substance misuse evaluation and, if so, request that he provide a copy to the Board. Mr. Jamison seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

**39.AD25-297**

Dr. Nesin moved to issue a complaint (CR26-12) and refer information to the Board of Pharmacy. Mr. Jamison seconded the motion, which passed unanimously.

**40.Intentionally left blank****41.Intentionally left blank****42.Pending Adjudicatory Hearings and Informal Conferences report**

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

**43.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 9, 2025**

Mr. Jamison moved to approve the December 9<sup>th</sup> meeting minutes. Mr. Flaherty seconded the motion, which passed unanimously.

### **B. Correction to September 8, 2025 Minutes Entry**

Mr. Ross moved to correct an entry in the September 8<sup>th</sup> meeting minutes regarding Heather R. Teng, PA to reflect that the Board reviewed and approved a collaborative agreement, not a practice agreement. Mr. Jamison seconded the motion, which passed unanimously.

## **VIII. Consent Agreement Monitoring**

### **A. Monitoring Reports**

#### **1. Cameron R. Bonney, MD**

The Board reviewed the monitoring report. No action was taken.

#### **2. Jake N. Cho, MD**

Mr. Ross moved to offer a consent agreement amendment to Dr. Cho to convert his Maine license to inactive status and suspending the physician mentor and chaperone requirements until he returns to practice in Maine, and to inform the Oklahoma Medical Board of the consent agreement amendment offer. Dr. Fanjoy seconded the motion, which passed unanimously.

Following discussion, Dr. Nesin moved to delegate execution of the consent agreement amendment to the Board Chair. Ms. Weinstein seconded the motion, which passed unanimously.

#### **3. Kathleen Dosiek, PA**

The Board reviewed the monitoring report. No action was taken.

#### **4. Liam E. Funte, MD**

The Board reviewed the monitoring report. No action was taken.

#### **5. Jesus M. Gандарillas, PA**

The Board reviewed the monitoring report. No action was taken.

**6. Ryan J. Mountjoy, MD**

The Board reviewed the monitoring report. No action was taken.

**7. Clifford R. Peck, MD**

The Board reviewed the monitoring report. No action was taken.

**8. Rachel C. Stadler, PA**

The Board reviewed the monitoring report. No action was taken.

**IX. Adjudicatory Hearing (none)**

**X. Remarks of Chair**

Dr. Fay-LeBlanc reported that both BOLIM and BOL voted to move forward with a recommendation to merge the two boards. She stated that the BOLIM-BOL Workgroup will continue to meet and encouraged all Board members who are available to participate in workgroup meetings.

**A. BOLIM-BOL Workgroup**

Mr. Terranova reviewed several changes in the draft report to the legislature requested by the Board of Osteopathic Licensure. Mr. Terranova stated that the final report will be submitted to the legislature on January 14<sup>th</sup>.

**XI. Executive Director's Monthly Report**

Mr. Terranova reported that Commissioner Cohen recently reviewed and approved the IV Therapy rule. The rule will be submitted to the AG's office for legal prereview.

Mr. Terranova provided an update regarding pending legislation.

**A. LD1970**

Mr. Terranova reported on pending legislation regarding consent for HIV testing.

**B. FSMB Request for Feedback**

Mr. Terranova reviewed draft guidelines prepared by the FSMB regarding new pathways for US medical graduates not accepted into a residency program. He invited board members to provide comments to him by January 16<sup>th</sup> for submission to the FSMB.

**XII. Assistant Executive Director's Monthly Report**

Ms. Hunt reported that a video regarding the physician associate licensing process and required forms is now available on the Board's website.

**A. Physician Associate Licensure and Forms**

Ms. Hunt reviewed an explanation of the physician associate licensing process, required forms and proof of hours. The Board appreciated the flow chart Ms. Hunt prepared and suggested that it may be helpful to add the flow chart to the Board's website.

**B. Physician Associate Background Checks**

Ms. Hunt reviewed the PA Compact and the requirement that all physician associate licensees undergo a criminal background check. Staff recommended proactively beginning the process by requiring current licensees to undergo a criminal background check at their next license renewal and all new physician associate applicants complete the background check prior to licensure.

Ms. Hunt requested that the Board determine how to handle information discovered during the criminal background check not previously reported by the applicant/licensee.

Dr. Nesin moved that all information discovered during the background check process not previously reported by the applicant/licensee be presented to the Board for review. Mr. Ross seconded the motion, which passed unanimously.

**C. IMLC Jurisprudence Exam Process**

Ms. Hunt provided an overview of the Jurisprudence Exam process for IMLC licensees.

**XIII. Medical Director's Report (none)**

**XIV. Remarks of Assistant Attorney General**

AAG Willis reported on the status of two pending court actions.

**XV. Rulemaking (none)**

**XVI. Policy Review (none)**

**XVII. FSMB Material (none)**

**XVIII. FYI**

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

**XIX. Other Business (none)**

**XX. Adjournment 12:05 p.m.**

At 12:05 p.m. Mr. Ross moved to adjourn the meeting. Mr. Flaherty seconded the motion, which passed unanimously.

*Prepared by Maureen S. Lathrop, Administrative Assistant*

*Board approved: February 10, 2026*