Board of Licensure in Medicine
Minutes Index
July 14, 2026

Maine Board of Licensure in Medicine
Minutes of July 14, 2026
8:02 a.m. – 2:23 p.m.

Board Members Present: Chair Renée Fay-LeBlanc, MD; Secretary Christopher Ross, PA; Holly Fanjoy, MD; David Flaherty, PA; Public Member Gregory Jamison, RPh; Noah Nesin, MD; Anthony Ng, MD; Public Member Jonathan Sahrbeck (excused at 11:47 a.m.); Public Member Lynne Weinstein

Board Members Absent: Maroulla Gleaton, MD

Board Staff Present: Executive Director Timothy E. Terranova; 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 and Assistant Attorney General Malin McWalters

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The meeting was held at the Board's Offices in Augusta, Maine with Board members participating in person. 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. 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	**PURPOSE**
10:02 a.m. – 11:13 a.m.	Pursuant to 1 M.R.S. § 405(6)(F) and 22 M.R.S. § 1711-C to discuss confidential health information
11:21 a.m. – 11:42 a.m.	Pursuant to 1 M.R.S. § 405(6)(F) 10 M.R.S. § 8003-B and 22 M.R.S. § 1711-C to discuss investigative records and confidential health information
1:18 p.m. – 1:25 p.m.	Pursuant to 1 M.R.S. § 405(6)(F) and 22 M.R.S. § 1711-C to discuss confidential health information

2:15 p.m. – 2:21 p.m.	Pursuant to 1 M.R.S. § 405(6)(E) to consult with legal counsel regarding pending litigation

RECESSES

9:39 a.m. – 9:51 a.m.	Recess
11:58 a.m. – 12:23 p.m.	Lunch

I. Call to Order

Dr. Fay-LeBlanc called the meeting to order at 8:02 a.m.

A. Amendments to Agenda

Mr. Ross moved to amend a consent agreement in the matter of CR26-86 on the agenda and to amend complaint CR26-84 off the agenda. Mr. Flaherty seconded the motion, which passed unanimously.

B. Scheduled Agenda Items (none)

II. Licensing

A. Applications for Individual Consideration

1. Initial Applications

a. Blane Evans, MD

Dr. Ng. moved to grant Dr. Evans' license. Mr. Flaherty seconded the motion, which passed unanimously.

2. Reinstatement Applications (none)

3. Renewal Applications

a. John K. Grandy, PA

Mr. Ross moved to issue two citations for inaccurately answering questions on two applications and to grant renewal of Mr. Grandy's license upon payment of the fine. Dr. Fanjoy seconded the motion, which passed unanimously.

b. Philippe Andre, PA

Dr. Nesin moved to allow Mr. Andre to withdraw his license renewal application while not under investigation and, if he chooses not to withdraw, to preliminarily deny the license renewal application. Mr. Ross seconded the motion, which passed unanimously.

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

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

6. **Requests for Collaborative Agreements (none)**

B. Other Items for Discussion

1. **Bobak Ahouraie, PA**

Dr. Nesin moved to approve the letter of guidance. Dr. Ng seconded the motion, which passed unanimously.

MOTION: In order to render medical services in Maine under the PA license issued to the physician associate in 2024, he was required to provide appropriate documentation regarding his employment circumstances or proof of threshold clinical hours prior to rendering medical services. Board staff notified the physician associate of these requirements by email dated March 6, 2024. The physician associate failed to submit the required documentation. He rendered medical services in Maine from April 7, 2025 to the present. On May 1, 2026 he submitted an application for licensure renewal and Board staff again notified him that his documentation was outstanding. On May 29, 2026, in response to another reminder email, he submitted the required documents.

The guidance is as follows: Great care should be taken when addressing the requirements to obtain and maintain a license to render medical services. As a licensed professional, you have the sole responsibility to review and confirm that all required information or documentation has been submitted to the Board related to your application. Future applications to this Board that contain inaccurate or incomplete information may result in disciplinary action.

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. Nichoals R. Enright, MD – Consent Agreement (CR25-207)

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

B. Zacory Kobylarz, MD – Consent Agreement (CR26-86)

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

IV. Complaints

1. CR24-180

Dr. Nesin moved to investigate further and request the physician complete a preapproved CME course on professional communications with patients and other health care providers and submit a written response to the Board explaining what he gained from the course and how it may impact his practice. Dr. Fanjoy seconded the motion, which passed unanimously.

2. CR24-259

Dr. Fay-LeBlanc moved to investigate further and request the physician confirm he read four papers as previously requested by the Board and submit a written response explaining what he gained and how it may impact his practice, and request ten charts in six months to review medical record documentation. Mr. Ross seconded the motion, which passed unanimously.

3. CR25-16

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

4. CR25-28

Mr. Flaherty moved to issue a citation for failure to report the open complaint on a renewal application and to dismiss the complaint upon payment of the fine. Mr. Ross seconded the motion, which passed unanimously.

5. CR25-106

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

6. CR25-165

Dr. Nesin moved to allow the physician to withdraw his license while under investigation and, if he chooses not to withdraw, request that he explain his training and experience in providing primary care and when the training and/or experience occurred. Dr. Ng seconded the motion, which passed unanimously.

7. **CR25-184**

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

MOTION: The complainant is the mother of a newborn who was observed in the hospital following birth for episodes of cyanosis and oxygen desaturations. The mother alleges that the infant was inappropriately discharged and that the licensee was dismissive of their concerns. Shortly after discharge home, the infant was taken emergently to another hospital and required transfer to a higher level of care and was in the neonatal ICU for 8 days. The licensee responds that she felt that her care was appropriate and that she obtained additional monitoring and observation for the child prior to discharge. She denies being rude or dismissive and is apologetic for their experience. The complainant's rebuttal reiterates the concern that the licensee minimized the events and that the mother's concerns were valid and urgent. An expert review was obtained that did not identify any evidence of incompetent care and the medical record supports that the licensee was responsive to the parent's concerns. Treatment was felt to be appropriate.

8. **CR25-191**

Dr. Nesin moved to offer a consent agreement to include a warning for incompetence based on violation of Board rules related to controlled substance prescribing. Mr. Ross seconded the motion, which passed unanimously.

9. **CR25-192**

Mr. Jamison moved to report to the NPDB and the FSMB the physician's failure to renew her license while under investigation and close the complaint. Dr. Ng seconded the motion, which passed unanimously.

10. **CR25-202**

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

MOTION: The patient states in February 2022, he started experiencing episodes of ataxia, aphasia and confusion which became more severe and more frequent. The licensee prescribed Keppra resulting in lassitude and confusion. The patient's medical was changed to Topamax, but symptoms continued. The licensee diagnosed patient with mild to moderate Alzheimer's. The patient and spouse disagreed with the diagnosis. The spouse thought symptoms were related to side effects from Topamax. It was discontinued and patient improved. The patient states apparent cause of these episodes was intermittent orthostatic hypotension, now controlled with compression garment.

The licensee is a neurologist. The patient was an established patient for migraines with aura. The patient was hospitalized in February 2022 with altered mental status. In January 2023 the patient's PCP noticed behavior changes. The patient was prescribed

Dilantin for behavioral control. In September 2023, the patient continued to have mental status changes. Noted that the patient also had alcohol misuse. In May 2024, the patient's PCP considered Parkinsonism, but the licensee felt symptoms were inconsistent with Parkinsons. Brain imaging was done in July 2024. The patient was hospitalized in October 2024, and Wernicke's encephalopathy was considered. The patient discontinued alcohol. The PCP suggested a trial of Keppra to the licensee due to possible seizure in November 2024 and the patient developed some side effects. The PCP switched patient to Topamax and referred the patient to Boston for a second neurological opinion at the endorsement of the licensee. PET CT in February 2025 suggested possible compatibility with Alzheimer's type dementia but it could be frontotemporal dementia as well. The patient was admitted in February 2025 for ataxia. TED studies ordered but no documentation of application. The patient was later readmitted for fatigue, poor appetite, diarrhea and hiccups. The patient and spouse no longer wish to see PCP and licensee.

Review of records indicate the complexity of patient's symptoms, diagnosis and management. At review in March 2026, the Licensee was asked about coordination of care which he appeared to have done on multiple occasions and the driving assessment which Licensee did do and submitted.

11. CR25-208

Mr. Jamison moved to administratively close the complaint and retain the file for ten years. Mr. Ross seconded the motion, which passed unanimously.

12. CR25-228

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

MOTION: The patient had a large complicated aortic aneurysm that was difficult to treat. He had several surgical complications and ultimately died. The expert reviewer explained what made this case so complex and indicated that the licensee's care was appropriate and the documentation of the care was also good. Additionally, the complainant sent the board additional information about codes used prior to the surgery that the complainant alleges were purposefully misrepresenting the patient's condition. Upon review this information appears to be pre-operative planning and patient assessment at the time of that planning and did not reveal any evidence of willful misrepresentation.

13. CR25-231

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

14. CR25-236

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

15. CR25-272 Reid A. Roberts, MD

Dr. Fay-LeBlanc moved to dismiss the complaint with a letter of guidance. Mr. Ross seconded the motion, which passed 8-0-1-0 with Mr. Flaherty abstaining.

MOTION: The complaint was submitted related to patient care the physician provided in the emergency department. The patient had a complicated medical history, with multiple comorbidities. The physician performed an evaluation of the patient, diagnosed them with an early pulmonary process, and discharged the patient on oral antibiotics. The patient expired at home the next day. In response to Board questions regarding his medical decision making and management of this patient, the physician provided detailed responses acknowledging how tragic the outcome was in this case and that additional workup involving updated labs and an EKG could have contributed to his medical decision making. The physician observed that he thought anchoring bias played a role in his risk stratification for this patient and noted that he may not have given appropriate consideration of or weight to the existing comorbidities. In addition, the physician acknowledged that the workup he ordered and the documentation of his evaluation were less than thorough. Finally, the physician provided an explanation of the changes he has made to his medical decision making and practice as a result of this case.

The guidance is as follows: Patients with complex medical histories and multiple extant comorbidities require clinicians to maintain a broad differential diagnosis. Physicians evaluating such patients should be wary of the potential for anchoring bias and should carefully consider and order adequate testing and labs to appropriately refine that wide differential diagnosis. Clinicians should maintain adequate records of patient care, including clear documentation of differential diagnoses and medical decision making.

16. CR25-298 Elizabeth A. Frutiger, MD

Mr. Ross moved to dismiss the complaint with a letter of guidance. Dr. Ng seconded the motion, which passed 8-0-0-1. Dr. Fay-LeBlanc was recused from the matter and left the room.

MOTION: The patient complained that the physician was their prescriber for insulin and failed to ensure that she received a timely refill, the patient further stated they were without insulin for eleven days, and during portal communication there were no inquiries regarding her glucose levels. The physician responded and apologized about the delay, explained the multiple obstacles that arose, including unavailability of the prescribed form of insulin, prior authorization delays, and confusion regarding the patient's health insurance coverage. The patient was not offered any alternative forms of insulin during the delays.

The guidance is as follows: Patients who are prescribed insulin may require additional communication, glucose monitoring, and alternative insulin options during periods when the exact formulations prescribed to the patient are unavailable. Licensees need to ensure that a gap in the availability of insulin does not result in adverse medical effects for the patient. Patients who experience a gap in availability of medically necessary prescription drugs are likely to experience heightened anxiety and licensees' empathetic communications and appropriate medical support in the interim can help allay those anxieties.

17. CR25-305

Dr. Ng moved to investigate further, issue a citation for failure to report an open complaint on a renewal application, and issue a letter of guidance to incorporate CR26-126. Mr. Ross seconded the motion, which passed unanimously.

18. CR26-126

At 9:32 a.m. the Board tabled this matter and requested staff obtain additional information.

At 9:52 a.m. the Board reviewed this matter, including additional information provided by staff, and Dr. Ng moved to investigate further and issue a letter of guidance to incorporate CR25-305. Mr. Ross seconded the motion, which passed unanimously.

19. CR26-1

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

MOTION: This matter arises from a complaint filed by the patient's daughter following the patient's death. The complainant alleges inadequate care of a terminally ill hospice patient with severe COPD, a delayed provider evaluation, and discouragement from seeking emergency care, allegedly contributing to the patient's death. Based on the record available, the licensee's care met the standard of care: he evaluated the patient appropriately, promptly initiated treatment when her condition changed, engaged in an appropriate goals-of-care discussion consistent with the patient's hospice status and wishes, and did not refuse, obstruct, or delay the emergency transfer that the family ultimately elected.

20. CR26-12

Dr. Nesin moved to dismiss the complaint and refer information to the DEA. Dr. Ng seconded the motion, which passed unanimously.

MOTION: This is a Board initiated complaint which arose from a report from law enforcement regarding a clinic with which the licensee was associated. That report included information which indicated that the licensee provided telehealth care to a client

of that clinic that raised a concern about substandard care, and that the licensee's name and credentials were used to purchase prescription drugs from a wholesaler or distributor for delivery to that clinic.

The licensee responds that he did not provide any care to the client in question but rather co-signed the note for a Nurse Practitioner (NP) who had seen the client. The licensee was a contracted part-time, off-site medical director for the clinic for the purpose of "administrative duties" to include developing and implementing policies. After a year in that role, he terminated that arrangement upon learning that his credentials were used to falsify medical records, to prescribe medications without his knowledge, and to purchase medications. The licensee, at that time, reported the CEO to the practice's Board, took steps to end the purchase of drugs under his credentials, and has been cooperating with government agencies investigating the practice.

Although it appears that the licensee was victimized by the CEO in this instance, it was not clear from the licensee's response that he undertook his role as medical director with full consideration of the responsibilities of that role.

The licensee responded to follow up questions in a reflective, thoughtful and thorough manner and provided the medical director job description.

21. CR26-15

Mr. Sahrbeck moved to dismiss the complaint. Dr. Fanjoy seconded the motion, which passed 7-0-0-2. Dr. Nesin and Dr. Ng were recused from the matter and left the room.

MOTION: The patient complained that she was unable to obtain a timely appointment in order to have her contact lens prescription refilled. The prescription ran out in May 2025. When she called in January 2026, she was told the best available appointment was September. She further complained that the employee with whom she spoke on the phone was rude. Review of the medical records indicate the patient was seen in May 2024 for routine eye examination, follow-up was to return in one year for routine eye exam. When the patient called in January 2026 for an appointment, although the next available appointment routinely available was in September, she was offered to be placed on a waiting/cancellation list and she was offered an order for her contact lens to get her through to her appointment. The patient declined and left the practice.

22. CR26-25

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

MOTION: After review of the complaint, the licensee's written response, the complainant's rebuttal, the medical records produced on April 3, 2026, and the supplemental June 8, 2026 response from counsel confirming the completeness of the

record for the November–December 2025 timeframe, the Board finds the clinical management of the patient's esophageal adenocarcinoma — including perioperative FLOT chemotherapy, thoracic surgery consultation, and management of chemotherapy-related toxicity — is consistent with recognized multimodal treatment for this disease. The record contains contemporaneous documentation of telephone encounters and inter-institutional coordination during the timeframe the complainant identified as a gap in care, including communication with the patient's spouse, the patient's primary care provider, an out-of-state NCI-designated cancer center, and an out-of-state academic medical center. The change in the patient's prognosis followed an unanticipated emergency presentation with newly identified metastatic disease and does not, on the record before the Board, evidence a failure of surveillance or coordination attributable to the licensee. The Licensee's acknowledgment that inter-office care coordination "could have been stronger" constitutes appropriate professional self-reflection.

23. CR26-34

Mr. Ross moved to investigate further and request ten charts for review, request that the physician associate voluntarily changed his license status to inactive until resolution of this matter and propose a § 3286 evaluator through his health care system for Board approval. Dr. Fanjoy seconded the motion, which passed 7-0-0-2. Mr. Flaherty and Dr. Nesin were recused from the matter and left the room.

24. CR26-43

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

MOTION: The complainant is the father of a newborn infant who alleges that the licensee was unprofessional when she insisted on further evaluation after birth and reported the case to child protective services. The licensee recommended further bloodwork and observation in the hospital given the presence of tremors and risk for recurrent hypoglycemia. The family declined these recommendations and signed out of the hospital against medical advice. The licensee documented her interactions with the family in addition to consulting neonatology for further direction which supported her medical decision-making. The parents refused additional care, and the licensee was concerned about potential harm to the patient. With support from her hospital administration and legal department, the licensee submitted a report with child protective services when the child was discharged against medical advice. The licensee's response is appropriate, and her treatment was within the standard of care.

25. CR26-51

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

26. CR26-59

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

MOTION: The complainant alleges that the licensee was disrespectful, refused to perform gender affirming top surgery and misgendered the complainant. The complainant further alleges the licensee is transphobic and did not make them feel safe or cared for.

The licensee stated he had two consultations with the patient to discuss the possibility of bilateral mastectomies and to review the general principles of surgery, the risks, including loss of nipple sensation, prominent scarring, and infection. The licensee states they also discussed that the surgery could be done with free nipple grafts or the patient could forego nipple reconstruction. The licensee stated that the patient is 45 years old, has a history of a benign breast mass and family history with breast cancer. The licensee says he explained that they would require a mammogram prior to surgery. The licensee says the patient stated they understood all the options and would contact him when they had a decision but later provided feedback about the appointment on a survey stating they were not happy with the care provided. The licensee is unsure how the patient concluded that he would not complete the surgery because they didn't want nipple reconstruction as it was presented as a choice. The licensee stated he wanted to cancel the March 6th appointment due to patient's past criticism but was unable to cancel the appointment. Instead, he requested that office staff call the patient to remind them of the requirement of a mammogram before surgery and to offer the patient a referral to another surgeon. The licensee states the March 6th appointment proceeded because the patient informed office staff on the phone that they would complete a mammogram if it was a requirement for surgery and still wanted to meet with the licensee. The licensee states the patient was asked to change into a gown because he planned on completing an examination if they decided to continue with a patient-physician relationship. The licensee states that when he tried to discuss a therapeutic relationship and make a referral to a different surgeon, the patient became upset and stated that if he didn't do the surgery, they wouldn't be able to have it. Licensee states the patient became more agitated throughout the conversation, yelling and swearing and at one point appeared as if they were going to throw their coffee at him. The licensee states that even though each encounter ended poorly with the patient, he is confident that he acted professionally and did not refuse them care. In review of the records provided, it does differentiate between the patient's expectation and the licensee's recommendations. It is unclear what efforts were made by the licensee to address those differences other than referral to another provider, which seems to be based largely on the patient's negative feedback.

The Board requested the licensee complete a communication course and submit a response to what he had learned and how it will impact his practice. The licensee provided thoughtful responses to how he engages in his practices including collaboration

and communication with his patients, as well as completing three communication courses and how they can help him in his practice.

27. CR26-65

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

MOTION: The complainant alleges that subsequent to a week-long clinical evaluation and workup at a facility in another state the physician in question had a "telehealth" conversation with the patient to discuss the results of the study. This physician is not licensed in Maine in any capacity. This physician is still in training (in PGY5). They apparently did not realize the error they were making and freely admitted that. They provide a detailed explanation of the circumstances leading to the phone call. This physician provided documentation of completion of several CME's related to the provision of telehealth and practicing across state lines and laws, rules and regulations with respect to that.

28. CR26-66

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

MOTION: Following review of the complaint, response and medical records the Board finds the documented diagnosis of "abdominal pain" is accurate and is corroborated by the independently recorded triage chief complaint and the patient's own reported symptoms; there is no evidence of falsification or improper alteration of the medical record.

The diagnostic work-up — including the offer of CT to rule out appendicitis and the use of x-ray as an agreed lower-cost alternative — is consistent with recognized emergency-medicine practice for a patient referred to exclude appendicitis and reflects informed shared decision-making rather than medically unnecessary testing.

IV placement was initiated by nursing staff under an ED Joint Practice Protocol prior to physician evaluation; associated bruising is a recognized complication of venipuncture and is not attributable to any departure from the standard of care by the licensee.

The denial of the amendment request, which was primarily billing-driven, was appropriate given an accurate and complete record; the licensee appropriately referred the billing concern to Health Information Management and Social Work.

29. CR26-67

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

MOTION: The patient complains that the physician did not provide care and mismanaged his medications. The patient was switched to this physician and was told that he was on too many pain medications, but his regimen was decided by two specialists. Due to being tapered, the patient was put into withdrawal when he ran out of medications. He also states that he put in a portal message that he was going to jump off a bridge and no response was received. In addition, the patient states that he was told to redress wounds with dirty dressings. The physician responded that she took over a patient that was on very high doses of narcotic medications (1280 MME's) and leg ulcers. She initiated a tapering plan and at times slowed the taper down, but the patient was taking more than prescribed and would run out early and call frequently for early refills. The patient was informed that he had to make appointments to continue to get his medications refilled and on two occasions had inappropriate urines. The physician states she never told the patient to redress a wound with dirty dressings, nor did she receive a message that he was going to jump off a bridge.

30. CR26-73

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

31. CR26-75

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

MOTION: The patient alleges the licensee willingly or unwillingly participated in a fraud scheme by not properly diagnosing the patient. The patient states he was hospitalized after being in and out of crisis and residential homes. In addition, the patient states he was drugged and medically human trafficked by the state, his guardian, and a manager of the facility. Further, the patient states the hospital committed fraud by using Title IV-E Medicaid Maine care funds and by reporting him deceased and the patient states that he doesn't appreciate the licensee's rude psychiatric notes.

The licensee is a child and adolescent psychiatrist. The licensee does not have any specific recollection of the treatment provided to the patient during his hospitalization in 2017 but has carefully reviewed the medical records. The licensee states the patient was hospitalized from September 2017 through October 2017 and was followed by a case manager in the community. The licensee states the patient's adoptive mother/legal guardian had requested a crisis evaluation because she was no longer able to care for the patient at home due to his assaultive behavior and history of acute behavioral dysregulation. The licensee states the patient had a history of reactive attachment disorder, ADHD, PTSD, and conduct disorder and was prescribed clonidine, fluoxetine, and guanfacine. The licensee states the patient's complaint is consistent with the then 13-year-old not wanting to be admitted to the hospital, but the records indicate he was

signed into the hospital by his legal guardian/adoptive mother. The licensee states the medical records indicate a history of profound and severe trauma that occurred during the patient's childhood which led to a variety of state and private institution care settings prior to being hospitalized. The licensee states he had always strived for clinical accuracy in his documentation, recognizes that it may be very difficult to read the clinical language that pertains to a highly charged emotional experience and may have come across as rude or invalidating. The licensee is unable to provide any information regarding how funding was allocated between Maine Care and the hospital. The licensee is unsure why the hospital would have the patient listed as deceased, but it seems possible that it could be related to his legal name change. The licensee states he is familiar with both the cases the patient mentioned in his complaint and that the ongoing federal lawsuit pertains to a failure to have appropriate oversight of the use of psychotropic medication for children in foster care. The licensee states that when the patient was discharged it was with minimal psychotropic medication treatment. The licensee states the patient experienced things in childhood that should never have happened in a civilized culture and was not appropriately cared for by his biological environment. The licensee states he is sorry that the patient does not feel that his perspective was validated by his course of treatment when he was 13 years old.

32. CR26-77 Eric P. Omsberg, MD

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

MOTION: This complaint was originated by a patient who saw the physician for an Independent Medical Examination ("IME"). The patient complained that the building is not accessible and that because of the stair-only access she could not access the physician's office for the scheduled appointment. In addition, the patient reported that the IME was conducted in a hallway or lobby area of the building. The physician's response explained why he offered to perform the IME in this setting, that no other accessible office was available that day, there were no other people present, and that he obtained the patient's permission to proceed in this setting to avoid rescheduling. The patient agreed to proceed to avoid rescheduling.

In addition, in his response he stated, "There is no doctor-patient relationship…" in the context of an independent medical examination. The physician's statement is inconsistent with the AMA Code of Medical Ethics and is inconsistent with education provided to him in a Letter of Guidance from this Board dated December 13, 2016.

The guidance is as follows: AMA Code of Medical Ethics Opinion 1.1.1 states, "When a physician examines a patient in the context of an independent medical examination… A limited patient-physician relationship exists." Further, AMA Code of Medical Ethics Opinion 1.2.6 entitled "Work-Related & Independent Medical Examinations" states, "In keeping with their core obligations as medical professionals, physicians who practice as…

independent medical examiners should… Inform the patient about important incidental findings the physician discovers during the examination. When appropriate, the physician should suggest the patient seek care from a qualified physician and, if requested, provide reasonable assistance in securing follow-up care."

The Board relies on the AMA Code of Ethics as evidence of standards of professional behavior established in the practice of medicine. The AMA Code of Ethics states that licensees performing Independent Medical Examinations establish limited physician-patient relationships. Accordingly, physicians performing IMEs should be aware of that limited physician-patient relationship and interact with all IME patients with that understanding of their ethical obligations to IME patients.

33. CR26-78

Mr. Sahrbeck moved to investigate further, request that the physician complete a preapproved CME course regarding gender affirming care and submit a written response to the Board explaining what he gained from the course and how it may impact his practice. Dr. Fanjoy seconded the motion, which passed unanimously.

34. CR26-79

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

MOTION: The complainant alleges that the licensee made inappropriate comments including sexual innuendo, that he was requested to fill out the "suicide paperwork" and discharged from the practice after refusing treatment.

The licensee responded that based on the reasons for the complainant's visit the questions asked were appropriate and he denied making inappropriate comments. He adds that the questions about depression and anxiety screening were part of standard treatment. The licensee states that the complainant requested certain treatment with testosterone that the licensee believed would be inappropriate to prescribe based on high blood pressure and states that the complainant indicated that he would be "getting" a new provider. Based on that, the practice sent discharge letters and attempted to follow up by phone with a referral. The medical records support this information.

35. CR26-80

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

MOTION: A patient's wife complains about care received in the emergency department, indicating that her husband was given an anxiety medication without his knowledge which could have interfered with his other medications. The licensee's response explains the emergency room work-up and the reasoning for the medications given. The licensee goes

on to explain that the patient was disappointed at the lack of a diagnosis and later returned to the ED using derogatory language and driving erratically causing them to call the police. Review of the record indicates appropriate care was provided.

36. CR26-84 (amended off agenda)

37. CR26-85

At 10:02 a.m. Mr. Flaherty moved to enter executive session pursuant to 1 M.R.S. § 405(6)(F) and 22 M.R.S. § 1711-C to discuss confidential health information. Mr. Ross seconded the motion, which passed unanimously.

At 11:13 Mr. Ross moved to come out of executive session. Mr. Sahrbeck seconded the motion, which passed unanimously.

Mr. Flaherty moved to offer a consent agreement to include monitoring and treatment as recommended in the evaluation, required abstinence from alcohol and cannabis products, a warning and a civil penalty of $600.00. Mr. Ross seconded the motion, which passed unanimously.

38. CR26-97

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

MOTION: A patient with a very long history of trauma and PTSD complains this licensee did not provide appropriate care and inappropriately touched her. Review of the audio complaint and the medical/surgical records reveal appropriate care has been provided to the patient on four occasions including a referral to podiatry which the patient declined.

39. CR26-103

Mr. Sahrbeck moved to dismiss the complaint. Dr. Ng seconded the motion, which passed 8-0-0-1. Dr. Nesin was recused from the matter and left the room.

MOTION: The complainant alleges that the licensee did not provide appropriate care, did not make timely referrals and did not give adequate prescriptions, all which resulted in her mental health issues being exasperated.

The licensee states that she only saw the complainant twice. The first visit was mainly about having paperwork filled out and determining the appropriate care with a follow-up in six weeks. Between the time of the first and second visit, the complainant began to request different referrals, some that were made but others that could not because the licensee would need to do a certain in-person examination. The referrals that could be made were made as requested and the complainant did not attend. The time of the prescription was made due to not being an established patient. Before becoming an

established patient with the licensee, it is alleged that the complainant indicated that she no longer wanted to be a patient. The complainant refutes these responses.

After reviewing all the information, including the medical records, there is not substantial information to show that the licensee acted in an unprofessional manner.

40. CR26-108

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

MOTION: A patient complains she was not offered appropriate anesthesia for her colonoscopy procedure, and her medical records were falsified. Review of the records reveal the licensee named in the complaint was not directly involved in this patient's care. When the patient was informed this licensee was not involved in her care, she requested the complaint be withdrawn. This request could not be fulfilled as the licensee had already been notified of the complaint.

41. CR26-113

At 11:21 a.m. Dr. Fay-LeBlanc moved to enter executive session pursuant to 1 M.R.S. § 405(6)(F), 10 M.R.S. § 8003-B and 22 M.R.S. § 1711-C to discuss investigative records and confidential health information. Dr. Ng seconded the motion, which passed 8-0-0-1. Dr. Nesin was recused from the matter and left the room.

At 11:42 a.m. Mr. Sahrbeck moved to come out of executive session. Mr. Ross seconded the motion, which passed 8-0-0-1. Dr. Nesin was recused from the matter and left the room.

Dr. Fay-LeBlanc moved to investigate further and request that the physician respond to questions from the Board. Mr. Sahrbeck seconded the motion, which passed 8-0-0-1. Dr. Nesin was recused from the matter and left the room.

Dr. Fay-LeBlanc moved to open an investigation regarding the physician's fitness to practice. Mr. Ross seconded the motion, which passed 8-0-0-1. Dr. Nesin was recused from the matter and left the room.

42. CR26-58

Mr. Ross moved to investigate further and request that the physician associate respond to questions from the Board. Dr. Ng seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

43. Intentionally left blank

44. Intentionally left blank

V. Assessment and Direction

45. AD26-62

Mr. Ross moved to close the matter with no further action. Ms. Weinstein seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

46. AD25-302

Dr. Nesin moved to issue a citation for failure to notify the Board of an arrest and to close the matter with no further action upon payment of the fine. Dr. Fanjoy seconded the motion, which passed unanimously.

47. AD26-60

Mr. Ross moved to issue a complaint **(CR26-178)**, obtain ten charts for patients prescribed controlled substances, and request that the physician respond to questions from the Board. Dr. Ng seconded the motion, which passed unanimously.

48. AD26-92

Dr. Fanjoy moved to issue a complaint **(CR26-179)** and direct the physician to have a § 3286 comprehensive neuropsychological and substance misuse evaluation. Dr. Nesin seconded the motion, which passed unanimously.

49. AD26-114

Dr. Ng moved to issue a complaint **(CR26-180)**. Dr. Nesin seconded the motion, which passed unanimously.

50. AD26-140

Dr. Nesin moved to issue a complaint **(CR26-181)**. Dr. Ng seconded the motion, which passed unanimously.

51. AD26-141

Dr. Fanjoy moved to issue a complaint **(CR26-182)**, request ten patient charts for patients prescribed retatrutide, request that the physician associate respond to questions from the Board and refer information to the FDA and Board of Osteopathic Licensure. Dr. Ng seconded the motion, which passed unanimously.

52. AD26-142

Dr. Ng moved to issue a complaint **(CR26-183)**, request ten patient charts for patients prescribed retatrutide, request that the physician associate respond to questions from the Board and refer information to the FDA and Board of Osteopathic Licensure. Mr. Jamison seconded the motion, which passed unanimously.

53. AD26-164

Dr. Nesin moved to issue a complaint **(CR26-184)** and direct the physician to have a § 3286 neuropsychological and substance misuse evaluation. Mr. Ross seconded the motion, which passed unanimously.

54. Intentionally left blank

55. Pending Adjudicatory Hearings and Informal Conferences report

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

56. 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. June 9, 2026

Ms. Weinstein moved to approve the June 9th meeting minutes. Dr. Fanjoy seconded the motion which passed 5-0-3-0 with Mr. Flaherty, Dr. Nesin and Dr. Ng abstaining.

B. June 16, 2026 Emergency Meeting

Mr. Ross moved to approve the June 16th emergency meeting minutes. Ms. Weinstein seconded the motion, which passed 5-0-1-1 with Dr. Ng abstaining. Dr. Nesin was recused from the matter.

VIII. Consent Agreement Monitoring

A. Monitoring Reports

1. Albert Adams, MD (CR23-34 & CR23-43)

Dr. Fay-LeBlanc moved to approve the controlled substance prescribing reviewer and the reviewer's plan and find Dr. Adams no longer in substantial and material noncompliance with this requirement. Mr. Ross seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

Dr. Fay-LeBlanc moved to find Dr. Adams no longer in substantial and material noncompliance with completion of CME required by consent agreement. Mr. Ross seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

Dr. Fay-LeBlanc moved to open an investigation based on issues identified by the practice monitor and continued deficiencies in standards of care and documentation.

Mr. Flaherty seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

Mr. Ross moved that Dr. Adams may continue Lifelight reviews. Mr. Flaherty seconded the motion, which passed 7-0-0-1. Mr. Flaherty seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

2. **Albert Adams, MD (CR25-84)**
   At 1:18 p.m. Dr. Ng moved to enter executive session pursuant to 1 M.R.S.§ 405(6)(F) and 22 M.R.S. § 1711-C to discuss confidential health information. Mr. Ross seconded the motion which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

   At 1:25 p.m. Mr. Flaherty moved to come out of executive session. Mr. Ross seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

   Dr. Ng moved to request that Dr. Adams share a copy of the comprehensive medication review report with all prescribers for review and evaluation of prescriptions and ensure that all prescribers are monitoring all medications prescribed to him. Mr. Ross seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

3. **Ryan J. Mountjoy, MD**
   The Board reviewed the monitoring report and took no action.

4. **Cameron Bonney, MD**
   Dr. Nesin moved to terminate the consent agreement based on Dr. Bonney's compliance with the terms. Dr. Ng seconded the motion, which passed unanimously.

5. **Liam Funte, MD**
   The Board reviewed the monitoring report and took no action.

6. **G. Paul Savidge, MD**
   Mr. Flaherty moved to request that Dr. Savidge respond to continued prescribing of buprenorphine monoproduct, request the practice monitor to review previously reviewed charts for continued deficiencies or improvement, and request that the controlled substance prescribing reviewer address buprenorphine monoproduct prescribing in record reviews. Dr. Ng seconded the motion, which passed unanimously.

7. **Clifford R. Peck, MD**
   The Board reviewed the monitoring report and took no action.

8. Jake N. Cho, MD

The Board reviewed the monitoring report and took no action.

IX. Adjudicatory Hearing (none)

X. Remarks of Chair

Dr. Fay-LeBlanc recognized AAG Willis for the support and guidance she offered the Board during her time as assigned legal counsel. She also recognized staff and board members for their work preparing for the meeting with a large case load.

A. BOLIM-BOL Workgroup

Dr. Fay-LeBlanc provided an overview of the discussions at the June 16th in-person meeting. A second in-person meeting will be held in September, and she urged board members to attend.

XI. Executive Director's Monthly Report

Mr. Terranova reported that the Chapter 15 Joint Rule Regarding Standards of Practice for Intravenous (IV) Therapy Businesses, Medical Spas, and Medical Aesthetic Businesses became effective on July 14th.

The first issue of the BOM News newsletter will be sent out at the end of July and will include an introduction article by Dr. Fay-LeBlanc and Chair of the Board of Osteopathic Licensure Dr. Christine Munroe.

A. PBI Educational Offering

Mr. Terranova provided information regarding US Healthcare Orientation Programs for ITPs. PBI will grant complementary access for staff and or board members to review the course as a potential resource. Mr. Terranova requested that any board members interested in reviewing the course contact him for access.

B. Patel FOAA Request for Additional Redaction

Mr. Ross moved to decline Dr. Patel's request for nondisclosure based on the reasons stated in the request. Dr. Fanjoy seconded the motion, which passed unanimously.

C. MPHP Annual Report

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

XII. Assistant Executive Director's Monthly Report

A. USMLE Sponsorship Request

Mr. Ross moved to sponsor Dr. Esteban for one additional attempt at USMLE Step 3 and waive the attempt limit if he passes the exam and applies for licensure in Maine. Mr. Jamison seconded the motion, which passed 7-1.

XIII. Medical Director's Report (none)

XIV. Remarks of Assistant Attorney General

AAG Willis updated the Board on the status of pending litigation.

At 2:15 p.m. Dr. Fay-LeBlanc moved to enter executive session pursuant to 1 M.R.S. § 405(6)(E) to consult with legal counsel regarding pending litigation. Mr. Ross seconded the motion, which passed unanimously.

At 2:21 p.m. Mr. Ross moved to come out of executive session. Mr. Flaherty seconded the motion, which passed unanimously.

XV. Rulemaking (none)

XVI. Policy Review

A. Tuition Reimbursement Policy

Mr. Ross moved to approve the BOLIM Employee Tuition Reimbursement Policy. Mr. Flaherty 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 2:23 p.m.

At 2:23 p.m. Mr. Ross moved to adjourn the meeting. Dr. Ng seconded the motion, which passed unanimously.

Prepared by Maureen S. Lathrop, Administrative Assistant
Board approved: August 11, 2026