

**Maine Board of Licensure in Medicine  
Minutes Index  
March 10, 2026**

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**Maine Board of Licensure in Medicine  
Minutes of March 10, 2026  
8:00 a.m. – 1:01 p.m.**

**Board Members Present:** Chair Renée Fay-LeBlanc, MD; Secretary Christopher Ross, PA; Holly Fanjoy, MD; Public Member Gregory Jamison, RPh; Noah Nesin, MD; Anthony Ng, MD; Public Member Jonathan Sahrbeck (excused at 11:51 a.m.); Public Member Lynne Weinstein (excused 9:32 a.m. – 9:34 a.m.)

**Board Members Present Remotely:** Maroulla Gleaton, MD (8:00 a.m. – 8:20 a.m.)

**Board Members Absent:** David Flaherty, PA and Brad Waddell, 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. 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**

9:49 a.m. – 10:10 a.m.

**PURPOSE**

Pursuant to 1 M.R.S. § (405(6)(F), 32 M.R.S. § 3300-A, 22 M.R.S. § 1711-C and 10 M.R.S. § 8003-B(1) to protect the confidentiality of the licensee’s identity and health information

11:20 a.m. – 11:25 a.m.

Pursuant to 1 M.R.S. § 405(6)(F), 32 M.R.S. § 3300-A and 22 M.R.S. § 1711-C to protect the confidentiality of the licensee’s identity and health information

**RECESSES**

9:03 a.m. – 9:11 a.m.

Recess

10:54 a.m. – 11:03 a.m.  
11:58 a.m. – 12:20 p.m.

Recess  
Lunch

## **I. Call to Order**

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

### **A. Amendments to Agenda (none)**

### **B. Scheduled Agenda Items**

#### **1. 8:10 a.m. FSMB Board of Directors Report**

## **II. Licensing**

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

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

##### **a. Stephen A. Huffman, MD**

Dr. Fanjoy moved to grant the license and issue a letter of guidance. Mr. Sahrbeck seconded the motion, which passed unanimously.

##### **b. Aaron S. Bos, MD**

Dr. Nesin moved to deny Dr. Bos' waiver request and offer leave to withdraw his application while not under investigation. Dr. Ng seconded the motion, which passed unanimously.

##### **c. Blake A. Burkert, MD**

Dr. Nesin moved to deny Dr. Burkert's waiver request and offer leave to withdraw his application while not under investigation. Mr. Ross seconded the motion, which passed unanimously.

##### **d. Halan Ganesh Moorthy, MD**

Dr. Fanjoy moved to grant the license. Dr. Ng seconded the motion, which passed unanimously.

#### **2. Reinstatement Applications**

##### **a. Lesley M. Fernow, MD**

Dr. Ng moved to deny Dr. Fernow's request for reinstatement of her license to allow her to engage in volunteer work with a designated entity, and to communicate to Dr. Fernow that if she wishes to pursue license reinstatement, she must submit a reinstatement application, pay the reinstatement fee and meet CME requirements; the board will waive the renewal fee. Mr. Ross seconded the motion, which passed unanimously.

**b. John L. Niles, MD**

Dr. Nesin moved to offer a consent agreement to include a warning and civil penalty of \$1000 and to grant reinstatement of the license upon execution of the consent agreement and payment of the fine. Ms. Weinstein seconded the motion, which passed unanimously.

Dr. Ng moved to delegate execution of the consent agreement to the Board Chair. Mr. Ross seconded the motion, which passed unanimously.

**3. Renewal Applications**

**a. Leslie Walleigh, MD**

Mr. Ross moved to table the application, request that Dr. Walleigh clarify her recent clinical practice and work with her employer to determine if a clinical license is required and, if so, create a plan to ensure that her job includes clinical practice. Dr. Fanjoy 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/Practice Agreements**

**a. Jillian F. Jackson, PA**

Dr. Nesin moved to approve PA Jackson's practice agreement. Mr. Ross seconded the motion, which passed unanimously.

**b. John William Swint, III., PA**

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

**B. Other Items for Discussion (none)**

**C. Citations and Administrative Fines (none)**

**D. Licensing Status Report**

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

**E. Licensing Feedback**

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

**F. Complaint Status Report**

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

**III. Board Orders/Consent Agreements/Resolution Documents for Review (none)**

## IV. Complaints

### Vote regarding CR24-179, CR24-222 and CR25-259

1. CR24-197
2. CR24-222
3. CR25-259

Dr. Nesein moved to allow the physician to withdraw his license while under investigation and if he declines to preliminarily deny the renewal application and offer a consent agreement to include a probation of at least ten years and incorporating all recommendations from the physician's discharge from the most recent treatment facility, and further investigate with a review of charts provided by the physician's former employer. Mr. Sahrbeck seconded the motion, which passed unanimously.

#### 4. CR25-122

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

#### 5. CR25-202

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

#### 6. CR25-215

Dr. Nesein moved to investigate further and request that the physician respond to questions from the board. Dr. Ng seconded the motion, which passed 7-0-1-0 with Ms. Weinstein abstaining.

#### 7. CR25-220

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

#### 8. CR25-226

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

**MOTION:** The complainant alleges that the licensee failed to report suspected abuse and neglect to DHHS after receiving disclosures during multiple pediatric visits regarding the child's father's alcohol use, unsafe behaviors, educational failure, and uninhabitable living conditions. The complainant further alleges the licensee received work on her home from the child's father, creating a conflict of interest that motivated inaction.

The licensee responds that she had a single encounter with the family focused on school attendance, never met the child's father in any setting, has not had work performed on her home by him, and takes her mandated reporting obligations seriously, stating she would have reported had she observed or suspected reportable abuse or neglect.

The complaint raises important questions about mandated reporting and clinical assessment of safety concerns in pediatric practice. However, the evidence as presented

is insufficient to support the finding of unprofessional conduct or departure from standard of care.

**9. CR25-229**

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

**10. CR25-235**

At 9:49 a.m. Dr. Ng moved to enter executive session pursuant to 1 M.R.S. § (405(6)(F), 32 M.R.S. § 3300-A, 22 M.R.S. § 1711-C and 10 M.R.S. § 8003-B(1) to protect the confidentiality of the licensee's identity and health information. Ms. Weinstein seconded the motion, which passed unanimously.

At 10:10 a.m. Dr. Ng moved to come out of executive session. Mr. Ross seconded the motion, which passed unanimously.

Dr. Ng moved to request that the licensee voluntarily change his license status to inactive and offer a consent agreement incorporating the recommendations from the §3286 evaluation. Mr. Ross seconded the motion, which passed unanimously.

**11. CR25-243**

Mr. Sahrbeck moved to issue a citation for failure to report an open complaint and dismiss the complaint upon payment of the fine. Dr. Nesin seconded the motion, which passed unanimously.

**MOTION:** The patient complains that the licensee performed unnecessary abdominal surgery, involving three incisions that resulted in pain and ongoing deterioration. The patient alleges that the abdominal surgery was performed in error based on a misdiagnosis of abdominal issues, when in fact the patient had lung cancer. The licensee responded that the patient was known to have a left lower lobe lung mass that was concerning for cancer, but that the patient's abdominal CT was concerning for a partial small bowel obstruction which warranted the abdominal surgery. The patient's signed consent forms are included in the materials. The medical records, including imaging reports, demonstrate the licensee's shared decision making, differentials, and that the care and treatment provided to the patient were reasonable and appropriate.

**12. CR25-245**

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

**MOTION:** The complainant is a patient who alleges that the licensee failed to manage her medication appropriately while she was awaiting a referral for behavioral health. The patient states that the licensee and the office were not responsive to her requests for medication adjustments and reported side effects. The licensee reports that he provided appropriate care and timely responsiveness to the patient's concerns. The medical record supports that multiple adjustments were made to accommodate the patient's symptoms as well as drug shortages through the pharmacy. The licensee documented his rationale for his treatment and indication for the referral to behavioral health for

medication management. The licensee provided an empathetic response that validated the patient's challenges, and he supported the patient in her transition to another primary care provider. The medical care rendered by the licensee was appropriate and within the standard of care.

### **13. CR25-247**

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

**MOTION:** A patient complains the licensee charted an incorrect diagnosis and told the patient to hush during an office visit. The licensee corrected the charting error and explained how that occurred as the patient had that diagnosis in her record but was taking a particular medication for a different reason. She also explained that she asked the patient to lower her voice when the patient became frustrated, angry and loud, as this behavior could have affected this encounter and other patients and staff overhearing this in the office which is disruptive to the practice. The licensee does recognize what could have been improved during conversation for this office visit, however she feels she was compassionate and professional. The patient advised the practice that she wants to seek care elsewhere. Appropriate care was provided during this difficult encounter.

### **14. CR25-249**

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

**MOTION:** A patient complains that the physician did not follow up appropriately and retaliated against him. The patient stated he went to see the doctor to figure out if he has sleep apnea, but it took a month to get the test ordered and months to get the results. He also complains that the staff yelled at him and were unprofessional when he called. He goes on to explain that there are other reasons why he is no longer a patient there. The physician responded that he tried to do the best for the patient, he always told patients to call the office if they have not been contacted in a month and that he advised patients to contact the third-party testing sites if they didn't get their results. The physician states that the office had problems with their EMR that delayed getting results and sending referrals that delayed care for weeks. A review of the records revealed that the patient received reasonable care.

### **15. CR25-252**

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

**MOTION:** A patient complains about a billing issue which allegedly resulted in a refusal of medical care by the licensee. This appears to have been an office staff communication issue of which the licensee had no knowledge until after the incident. The licensee presents a detailed accounting of this particular encounter and explains corrective measures which have been instituted in order to avoid a recurrence. The patient seems pleased with overall care and outcome.

**16. CR25-261**

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

**MOTION:** The complainant is the wife of a patient who alleges that the licensee misdiagnosed the patient and failed to manage his condition appropriately. The wife also alleges that the licensee restrained her in the office by grabbing her hands which resulted in emotional distress and trauma. The licensee responds that he had no recollection of ever touching the patient's wife and apologizes if he had done so inadvertently. The licensee provides an appropriate response to address allegations that pertain to his care.

The medical record supports that the licensee was thorough and maintained a broad differential diagnosis for the patient's multiple symptoms and concerns. The licensee was also responsive and communicated with the wife in the patient's portal appropriately.

The licensee's response and the medical record do not support any evidence of mistreatment, dismissiveness or inappropriate conduct. The licensee is empathetic in his response and apologetic for any interaction with the wife that was perceived as restraint or assault. The licensee's treatment of the patient appears to be very thorough, appropriate and within the standard of care.

**17. CR25-262**

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

**MOTION:** A patient complains because they felt the licensee placed a referral to the wrong specialist. The patient was mistaken about the source of the problem, and the licensee did in fact refer the patient to the correct specialist.

**18. CR25-264**

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

**19. CR25-276**

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

**MOTION:** A patient complains about the care he received from this licensee during an office visit for severe back pain. The patient was seen the previous day in the emergency department. Given the patient's history of a previous fracture and new symptoms, the licensee wanted the patient to be seen in person. It was recommended the patient see a physiatrist, however the patient declined the referral as he had previously as well. Appropriate care has been provided.

**20. CR25-279**

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

**21. CR25-289**

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

**MOTION:** The patient complains that she presented to the licensee’s office with a tongue lesion and was scheduled for a biopsy, but the office was not honest with her regarding cost explanation, coordination with health coverage, or events documented in the medical record.

Patient records document a focused examination. Licensee’s response indicates how he evaluates pulse. A written treatment plan estimate is in the medical records. The form includes the phrase, “On your behalf, we have contacted your dental and/or medical insurance(s) and, based on information we received today, your estimated “out-of-pocket” payment due the day of surgery is:” The office website lists insurances accepted. Neither Medicare nor TRICARE is listed.

The documents indicate a reasonable effort at full disclosure in order to avoid financial surprise on the day of the surgical procedure.

**22. CR25-291**

Dr. Fay-LeBlanc moved to dismiss the complaint. Mr. Ross seconded the motion, which passed 6-0-0-2. Dr. Nesin and Dr. Ng were recused from the matter and left the room.

**MOTION:** The patient complains that he was discharged from the practice after three missed visits without being informed. The licensee responds that the patient missed three appointments. The patient and provider played phone tag when the patient called requesting another appointment. When the patient and provider were able to connect by phone, the provider offered the patient same day appointments. Same-day appointments would not work for the patient due to transportation problems, and the patient became angry and used profanity. As a result of the three missed appointments and the inability to do same-day appointments the patient was discharged. Thirty days of medication were provided.

**23. CR25-305**

Dr. Ng moved to investigate further and request that the physician complete a board-approved interactive physician/patient communication course and report to the board what he gained from the course and what he would do differently in retrospect. Mr. Sahrbeck seconded the motion, which passed unanimously.

**24. Intentionally left blank**

**25. Intentionally left blank**

**26. Intentionally left blank**

## **V. Assessment and Direction**

### **27.AD24-130**

Dr. Nesin moved to table the matter pending the outcome of a complaint in another licensing jurisdiction. Dr. Ng seconded the motion, which passed unanimously.

### **28.AD25-132**

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

### **29.AD25-144**

Mr. Ross moved to issue a complaint (**CR26-53**). Mr. Sahrbeck seconded the motion, which passed unanimously.

### **30.AD25-158**

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

### **31.AD26-7**

At 11:20 a.m. Ms. Weinstein moved to enter executive session Pursuant to 1 M.R.S. § 405(6)(F), 32 M.R.S. § 3300-A and 22 M.R.S. § 1711-C to protect the confidentiality of the licensee's identity and health information.

At 11:25 a.m. Dr. Ng moved to come out of executive session. Mr. Sahrbeck seconded the motion, which passed unanimously.

Dr. Fanjoy moved to issue a complaint (**CR26-54**) and direct the licensee to have a § 3286 neuropsychological evaluation. Ms. Weinstein seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

### **32.AD26-20**

Dr. Nesin moved to table the matter, issue a citation for failure to report disciplinary action and directed staff to verify that the action was reported to the National Practitioner Data Bank. Mr. Sahrbeck seconded the motion, which passed unanimously.

### **33.Intentionally left blank**

### **34.Pending Adjudicatory Hearings and Informal Conferences report**

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

### **35.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. February 10, 2026**

Mr. Jamison moved to approve the February 10<sup>th</sup> meeting minutes. Dr. Negin seconded the motion, which passed unanimously.

## **VIII. Consent Agreement Monitoring**

### **A. Monitoring Reports**

#### **1. Albert W. Adams, MD**

Mr. Sahrbeck moved to approve the revised work hours plan and the proposed provider to conduct a neurocognitive evaluation and to request additional information regarding the proposed psychiatric and psychotherapy providers. Dr. Ng seconded the motion, which passed 7-0-0-1. Dr. Negin was recused from the matter and left the room.

#### **2. Ramon E. Cheleutte, MD**

The board reviewed the monitoring report and took no action. Dr. Negin was recused from the matter and left the room.

#### **3. Susan D. Paul, MD**

Dr. Ng moved not to approve the proposed physician expert reviewer and request that Dr. Paul respond to questions from the board. Mr. Ross seconded the motion, which passed 7-0-0-1. Dr. Negin was recused from the matter and left the room.

#### **4. Allan S. Teel, MD**

Dr. Fanjoy moved to offer a consent agreement amendment to change the program referenced in the consent agreement. Dr. Negin seconded the motion, which passed unanimously.

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

The board reviewed the monitoring report and took no action.

#### **6. Kathleen M. H. Dosiek, PA**

The board reviewed the monitoring report and took no action.

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

The board reviewed the monitoring report and took no action.

#### **8. Ryan J. Mountjoy, MD**

The board reviewed the monitoring report and took no action.

#### **9. Clifford R. Peck, MD**

The board reviewed the monitoring report and directed staff to request that the psychologist include information regarding Dr. Peck's participation and attendance in his monthly reports.

**10. Farhaad R. Riyaz, MD**

Mr. Ross moved to find Dr. Riyaz in substantial and material noncompliance with his consent agreement based on a pattern of non-submission and nonresponse and issue a warning and a \$1,000 fine. Dr. Ng seconded the motion, which passed unanimously.

**11. Heather R. Teng, PA**

Dr. Ng moved to extend the direct supervision for three months and request that PA Teng complete the educational program recommended by her physician preceptor. Ms. Weinstein seconded the motion, which passed unanimously.

**12. George M.J. Wu, MD**

The board reviewed the monitoring report and took no action.

**IX. Adjudicatory Hearing (none)**

**X. Remarks of Chair**

Dr. Fay-LeBlanc reported that the BOLIM-BOL workgroup reviewed a checklist of items to be addressed, a draft timeline, discussed leadership of the merged board and discussed having a “meet and greet” of current BOLIM and BOL members. She encouraged board members to attend workgroup meetings and to review meeting notes and materials to offer feedback.

**A. BOLIM-BOL Workgroup**

Mr. Terranova reported that the Revisor’s Office drafted the bill and gave the boards an opportunity to review it. He anticipates the bill will be introduced within the next week. Mr. Terranova will inform board members when the bill is introduced and when a hearing date is scheduled.

**B. FSMB Trauma-Informed Regulation Training**

Ms. Weinstein reported on her recent attendance at the training which she found engaging and informative. Slides from the meeting were provided to the board in their meeting materials.

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

Mr. Terranova reported that a physician associate-related bill before the legislature will require amendments to the Chapter 2 rule if passed.

Mr. Terranova informed the board that comments regarding the proposed Chapter 15 Rule Regarding Practice Standards for Intravenous (IV) Therapy Businesses, Medical Spas and Medical Aesthetics Businesses are due by March 13<sup>th</sup>.

**A. Legislative Report**

Mr. Terranova provided an update on pending legislation.

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

Ms. Hunt provided an update on the document accessibility project and PA background checks.

### **A. Michigan's status with the IMLCC**

On March 28, 2025, Michigan began withdrawing as a member state of the Interstate Medical Licensure Compact (IMLC) due to a sunset provision written into Michigan's legislation (MCL Section 333.16189). The legislation to extend or remove the sunset provision failed in the 2025 legislative session and the sunset provision went into effect at that time.

The withdrawal process takes twelve months. Unless immediate action is taken by the Michigan legislature, on March 28, 2026, Michigan will no longer be participating in the IMLC.

Board staff recommended allowing impacted licensees to keep their licenses until their expiration dates and assist licensees that are interested in applying for licensure directly with the board through the traditional pathway.

Mr. Ross moved to follow board staff recommendation allowing impacted licensees to keep their licenses until their expiration dates and assist licensees that are interested in applying for licensure directly with the board through the traditional pathway. Dr. Nesin seconded the motion, which passed unanimously.

### **B. IMLCC Audit**

At the January 14, 2025, board meeting, the board voted to cease running the NPDB and PDC reports for initial IMLC applications. The board requested that an audit be conducted within six months with a report back. At the September 9, 2025, meeting, the results of the audit were presented to the board. Following discussion, it was requested that a second audit be conducted six months later.

On February 19th a report was run on all IMLC applicants for the time frame of September 1, 2025 to February 19, 2026. The results were presented to the board with a recommendation from staff to continue processing applications without running NPDB or PDC reports and without additional audits.

Dr. Nesin moved to follow board staff recommendation to continue processing applications without running NPDB or PDC reports and without further audits. Mr. Ross seconded the motion, which passed unanimously.

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

### **XIV. Remarks of Assistant Attorney General**

AAG Willis updated the Board on the status of pending litigation filed by Dashiell Jordan, MD and Cathleen London, MD.

### **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 8:10 a.m.**

**A. FSMB Board of Directors Report**

Dr. Gleaton attended the FSMB Board of Directors meeting in February. She reported that the FSMB has six new educational modules and will update its website later this year.

Dr. Gleaton informed the board that an AI Prescription Renewal Pilot Program has been introduced in Utah.

She also spoke about the Care Matters campaign which is an effort to educate the public about the role of state medical boards. Dr. Gleaton said that outreach is through various social media platforms. Information may also be found on the website [carematters.org](http://carematters.org).

**XX. Adjournment 1:01 p.m.**

At 1:01 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: April 14, 2026*