March 25, 2025 Newsletter

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FROM THE CHAIR

Physicians Can Openly Be Patients, Too

Maroulla S. Gleaton, M.D., Chair

It would seem that mental illness is slowly on the rise in the US population, affecting millions of people —somewhere in the vicinity of 23% in 2024 according to NIH statistics. Approximately 1 in 5 people experience mental illness each year while 1 in 20 adults experience serious mental illness each year. So, with these statistics in mind, it is no surprise that physicians themselves likely have similar incidence and prevalence of mental illness as well. Still, more surprising and dismaying statistics reveal that 28% of medical students or residents are depressed and there are between 300 and 400 physician suicides per year. Women physicians particularly are more successful in their suicide attempts compared to the rest of the US female population.

This is the information I received at a recent FSMB meeting. Unfortunately, though it should be surprising, it is not. Most physicians have heard of Lorna Breen, MD, the female emergency room physician who was overwhelmed and distraught and took her own life during the COVID epidemic. Physicians are not always the best at being patients or taking care of themselves, often putting family and patients' needs ahead of their own.

Also given the stigma surrounding this diagnosis, most physicians are concerned about how the diagnosis of mental illness would be viewed by patients, colleagues, and the regulatory boards that license them. There is some well-founded reticence about self-disclosure of mental problems, which could be and often is a barrier to treatment.

Now most of us would concur that with treatment and appropriate professional care, a physician or anyone could be deemed safe to work at their profession. Here at the Board of Licensure in Medicine in Maine, we have changed our application to include a statement about how we support physician wellness as a necessity to ensure public safety along with an explanation that having a medical condition in and of itself is not a reason to deny licensure. This is followed by a series of carefully written questions about any medical conditions that might impair the licensee from practicing safely and an admonition that it is the licensee's responsibility to maintain personal wellness.

According to American Disability Association guidelines, a licensure application should ask questions about an applicant's disability that only focus on current impairments, which could significantly limit their professional duties. These questions should be sharply focused and not be general inquiries about past or potential diagnoses.

Example of an ADA compliant question:

> Do you currently have any medical condition, including mental health conditions, that, without reasonable accommodation, would significantly impair your ability to perform the essential functions of this profession?

Along with Maine more than half the states are now ADA-compliant with their licensing questions.

We feel there is a balance of not being overly punitive with licensing, credentialling, assessing, or remediating a licensee when mental illness is a potential issue, and at the same time encouraging positive steps and appropriate treatment toward well-being because we certainly want our physicians and physician assistants to have good health, and the care they need to be at their best for their patients.

The question is "Have we, as regulators within our current systems, achieved an optimum balance for the safety and accountability of providers with mental illness?" Are we offering enough support so they can practice and care for patients or are we being overly judgmental or possibly even prejudiced? There is no arguing that Maine (and other states as well) has a shortage of physicians and physician assistants. I hear daily about how our current practitioner numbers are inadequate, and their offices are inundated with patients who have waited a long time to be seen.

We do not want to inhibit providers from seeking help for their mental health. If anything, we want to promote and support this care for the licensee and for the public good.

Historically, we have worked closely with our independent Maine Physician's Health Program (PHP) and will continue to do so. The Board and the PHP have established a successful interdependent

relationship. However, I think we need to be continually looking at ways to improve our fitness to practice assessments, eliminate any conflicts of interest, ensure clinical excellence in evaluators, and create a trauma-informed process that encourages practitioners to seek care before the medical regulation system (the Board) has to intervene. In this arena confidentiality and sensitivity must be maintained for the physician-patient to have confidence in seeking and maintaining sufficient care. There also has to be a supportive climate at the employer level, of course, but that is the subject for another column.

Lorna Breen's death was not in vain. Her family supported the creation of the powerful advocacy and lobbying organization, The Dr. Lorna Breen Heroes' Foundation. The Foundation's mission is to reduce burnout among healthcare professionals by safeguarding their well-being and job satisfaction. They envision a world where seeking mental health services is universally viewed as a sign of strength for healthcare professionals. The Maine Board of Licensure in Medicine is aligned with this mission in its licensing process.

Recommended reading: Bulock JL. When Patient is Provider: How a Deeper Understanding of Patienthood and Disability Can Improve Medical Regulation. J Med Regul. 2025;110(4):7-12.

WHAT EVERYONE SHOULD KNOW

Update on Possible Merger of BOLIM and the Board of Osteopathic Licensure

LD 805 Resolve to Direct the Board of Licensure in Medicine and the Board of Osteopathic Licensure to Conduct a Study Regarding the Feasibility of Combining Those Boards

The Board of Licensure in Medicine (BOLIM) and the Board of Osteopathic Licensure (BOL) have jointly submitted a resolve to the legislature to consider the feasibility of merging the boards. On March 19, 2025, the committee of jurisdiction voted unanimously that the bill ought not to pass. However, it also directed that a letter be sent to the boards directing them to continue the process of studying feasibility and present recommendations to the committee in January 2026.

Although separate entities, BOLIM and BOL have a history of working collaboratively on many projects, including database systems to allow participation in compacts and have a number of joint rules.

Prior to the legislation being introduced, BOLIM and BOL had already started a joint work group to discuss issues related to a possible merger.

The first meeting occurred on January 28, 2025, and topics discussed included:

- Representation of MD, DO, PA, and Public Members on a combined board;
- Board structure and number of members;
- Staffing and salaries;
- The name of a combined board;
- The difference in approach to care and investigations;
- Disparities in licensing processes; and
- The reason for the change.

BOL members expressed concern that current staffing levels at BOL may affect its ability to carry out its mission of protecting the health and safety of Maine residents. There was also discussion that merging the boards would reflect how the practice of medicine has evolved to be a collaborative practice. A merger would enhance public protection and provide a consistent set of rules and standards for professionals who work side by side.

The second work group meeting was held on February 26, 2025. The focus of this meeting was a presentation by the Federation of State Medical Boards (FSMB) on the history of separate boards and the trends toward merging medical and osteopathic boards. Maine is currently one of only 12 states that have separate medical and osteopathic boards.

In addition, FSMB discussed its Guidelines for the Structure and Function of a State Medical and Osteopathic Board, and different models of regulation that Maine may be able to take advantage of as a combined board.

The next work group meeting is scheduled for March 26, 2025, and will include presentations from several state organizations, including the Maine Medical Association, Maine Osteopathic Association, Maine Academy of Physician Associates, and the Maine Hospital Association. These presentations will allow the work group to hear concerns and issues that may need to be addressed if a merger were to move forward.

All meetings are open to public viewing and notices are posted on BOLIM's home page at www.maine.gov/md.

Rulemaking Updates

BOLIM is currently in the process of amending Chapter 1 and drafting two other possible rules.

Chapter 1 is the rule which covers MD licensing. The amendment includes many changes, including, but not limited to:

- The creation of a reentry license. This license would allow someone to reenter practice after a gap of two or more years without needing a consent agreement and would not be reportable to the National Practitioner Data Bank. Currently, reentry programs are typically achieved through a consent agreement, which is considered a reportable action by the National Practitioner Data Bank.
- Changing the term "permanent license" to "clinical license." This reflects the fact that the license is not permanent but needs to be renewed regularly.
- Accepting current ABMS certification (excluding lifetime certification) as equivalent to the required 40 hours of CME. The three hours of opioid CME required by statute would still be required.
- Changing the fee for an inactive license from $500 per renewal to $100 per renewal.

Chapter 1 will be out for public comment in the near future. Once ready for comment, the draft will be posted on our homepage at www.maine.gov/md. We recommend all licensees review the changes and submit comments as appropriate.

BOLIM is working with the Board of Osteopathic Licensure, the Board of Nursing, and the Board of Pharmacy on a rule regarding IV Hydration and Medical Spas. A workgroup with members of each organization has met to discuss issues and will be meeting again soon. Once finalized and approved by each board, the draft will be posted for public comment. Notice of workgroup meetings and, when complete, the final proposed draft, will be posted on our homepage at www.maine.gov/md.

BOLIM is working to draft a rule on adjudicatory hearings. This rule is in its early stages and would provide structure when hearings occur. Once finalized for public comment it will be posted on our homepage at www.maine.gov/md.

BOLIM encourages all of its licensees to remain up to date on proposed changes to regulations and offer their comments as appropriate.

ADVERSE ACTIONS

Adverse Actions

In 2024, the Board reviewed approximately 370 complaints and investigative reports - an average of 30 per meeting. While the number of complaints received by the Board remains consistently large, the number of complaints that result in adverse action is quite small. In most cases, the conduct resulting in adverse action is egregious, or repeated, or both.

The Board's complaint process is relatively straight-forward. FAQs about the complaint process are available on the Board's website: https://www.maine.gov/md/complaint/discipline-faq. Brochures

regarding the complaint process are also available on the Board's website: https://www.maine.gov/md/resources/forms.

Upon receipt of a complaint, it is forwarded to the licensee for a written response and a copy of the medical records. In general, the licensee's response is shared with the complainant, who may submit a reply. The Board reviews the complaint file once completed, and may take any of the following actions:

- Dismiss
- Dismiss and issue a letter of guidance
- Investigate Further
- Invite the licensee to an informal conference
- Schedule an adjudicatory hearing

The following adverse actions are being reported for the purpose of educating licensees regarding ethical and/or legal issues that can lead to discipline, and to inform licensees of any limitations or restrictions imposed upon the scope of practice.

Roger L. Casady, MD License #MD21903 (Date of Action 2/11/25) On February 11, 2025, the Board voted to accept Dr. Casady's request to permanently surrender his Maine medical license while under investigation for unprofessional conduct and incompetence.

Malathy Sundaram, MD License #MD16273 (Date of Action 01/23/2025) On January 23, 2025, the Board's denial of Dr. Sundaram's application for reinstatement of her Maine license to practice medicine became final. On April 3, 2023, the Board preliminarily denied Dr. Sundaram's application for reinstatement, which denial Dr. Sundaram appealed. Prior to the Board's scheduled adjudicatory hearing of her appeal, Dr. Sundaram withdrew her appeal and confirmed that this would result in the Board's final denial of her application. Dr. Sundaram's reinstatement application was denied on the following grounds: fraud, deceit, or misrepresentation in obtaining a license; failure to demonstrate clinical competency; failure to meet reinstatement of lapsed license requirements; and incompetence, unprofessional conduct, prior Board related action, and noncompliance with Board Consent Agreement.

Mark S. Ibsen, MD Pending License #MD28743 (Date of Action 01/21/2025) On January 21, 2025, Dr. Ibsen withdrew his pending application for a Maine medical license while under investigation for allegations of unlicensed practice, as offered by the Board at its January 14, 2025, meeting.

Kathleen Marion-Helen Dosiek, PA License #PA2008 (Date of Action 01/21/2025) Effective January 21, 2025, Ms. Dosiek and the Board entered into a Consent Agreement for Conversion to Active Status and requiring that Ms. Dosiek comply with all terms of the reentry to practice plan submitted with her November 2024 application. These terms include but are not limited to: 1) completion of a period of direct supervision of at least 240 clinical hours and following the successful conclusion of the period of direct supervision; 2) completion of a period of general supervision by the Board-approved mentor/preceptor for at least 6 months; 3) monthly written reports from the mentor/preceptor to the Board.

Troy L. Potthoff, MD License #MD22176 (Date of Action 01/14/2025) On January 14, 2025, Troy L. Potthoff, MD, and the Board entered into a Consent Agreement for incompetence and unprofessional conduct related to his care of sixteen Maine patients, and for failure to timely report disciplinary action taken by numerous other state medical boards. Dr. Potthoff's Maine license expired without renewal on May 31, 2024. The Consent Agreement imposes: 1) a Reprimand; 2) Conditions of licensure in the event he ever seeks to be licensed again in Maine to practice medicine that he must demonstrate full compliance with every condition of all licensing authorities that have imposed discipline; and 3) At the time of any future application, the Board will consider and evaluate any further disciplinary action taken by any jurisdiction since the issuance of this Consent Agreement.

Jeffrey L. Brown, MD License #MDE13855 (Date of Action: 01/03/2025) Effective January 3, 2025, the Board approved Dr. Brown's request to permanently convert his medical license to an Emeritus License while under investigation for violation of Board rules and unprofessional conduct.

Donald E. Bartlett, Jr., MD License #MD28052 (Date of Action 12/10/2024) On December 10, 2024, the Board voted to accept Dr. Bartlett's request to withdraw his license while under investigation for allegations of failing to complete an exam required for Maine licensure.

Albert W. Adams, MD License #MD14557 (Date of Action 11/13/2024) On November 13, 2024, Dr. Adams's license was automatically suspended in accordance with paragraph 14(a) of his Consent Agreement with the Board, dated February 12, 2024. Dr. Adams's license was automatically suspended for his failure to have an actively engaged physician practice monitor for a period in excess of sixty (60) days, as required by paragraph 14(a) of that Consent Agreement.

Bernard H. Perlman, MD License #18122 (Date of Action 11/12/2024) On November 12, 2024, the Maine Board of Licensure in Medicine voted to suspend Dr. Perlman's license in accordance with paragraph 12(h) of his Consent Agreement with the Board, dated August 9, 2023. The Board suspended Dr. Perlman's license for substantial and material noncompliance with the requirements of paragraphs 12(a)-(d) of that Consent Agreement. Consistent with the terms of the Consent Agreement, Dr. Perlman's license will remain suspended until he comes into compliance with its terms.

Byron A. Velander, MD License #MD23806 (Date of Action 11/12/2024) On November 12, 2024, the Maine Board of Licensure in Medicine voted to accept Dr. Velander's request to surrender his Maine medical license while under investigation for non-compliance with Consent Agreement.

LICENSING ISSUES

Physician Assistant Compact Update

LD2043, An Act to Add the State of Maine to the Compact for Licensing Physician Assistants was passed in early 2024. Since then, BOLIM has received questions from physician assistants regarding how the compact works and how they can participate.

The answer, for now, is no one can participate.

A great deal of work needs to be accomplished prior to the compact going live. This includes rulemaking and the creation of an infrastructure and database that all states can use. For other compacts, this process normally takes at least 24 months.

Members of the PA Compact are moving quickly, but deliberately. Actions to date include:

- Temporary funding has been secured and the details are being finalized;
- A Request for Information was published regarding a possible data system and the executive committee is reviewing the results;
- The rules committee has been working hard on draft rules regarding the State of Qualifying License and the privilege process; and
- A full commission meeting has been scheduled for April 25, 2025, to discuss the progress to date and plan steps moving forward.

Up-to-date information can be found on the PA Compact Website, https://www.pacompact.org/. BOLIM will notify all licensed physician assistants once it is fully operational.

Maine CDC Updates

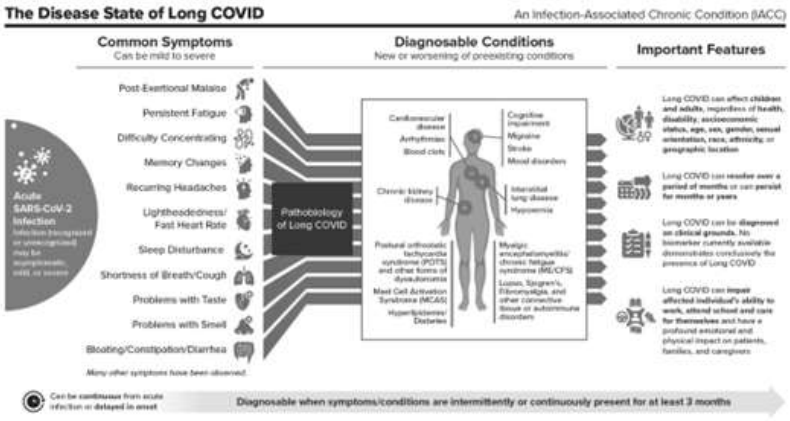
Long COVID in Maine: An Update and Request from Maine CDC

'Tis the season for respiratory illness! While Maine and the rest of the country are continuing to see many influenza, RSV, and COVID-19 infections, there also continues to be an increase in the number of patients with prolonged and new symptoms following COVID-19—Long COVID (LC). These symptoms run the gamut. Some of the most common complaints are general fatigue, "brain fog," sleep issues, cough, shortness of breath, cardiac abnormalities, gastrointestinal problems, and autoimmune disorders. In some patients, these symptoms subside, but for many, symptoms persist.

To better address and understand the needs of patients with ongoing symptoms and long-term health consequences following SARS-CoV-2 infections (also known as Post-COVID Conditions (PCC), Post-Acute Sequelae of COVID (PASC), and Long-Haul COVID), the National Academies of Sciences, Engineering, and Medicine (NASEM) adopted this definition for LC in June 2024:

> *Long COVID (LC) is an infection-associated chronic condition that occurs after SARS-CoV-2 infection and is present for at least three months as a continuous, relapsing and remitting, or progressive disease state that affects one or more organ systems.*

An important feature to note: *LC can follow asymptomatic, mild, or severe SARS-CoV-2 infection. Previous infections may have been recognized or unrecognized.* NASEM's work creating a clear definition of LC aims to improve *clinical management and treatment, research, surveillance, and support services* (See diagram).



National Academies of Science, Engineering, and Medicine. A Long COVID Definition: A Chronic, Systemic Disease State with Profound Consequences. June 2024. Accessed February 10, 2025, at https://nap.nationalacademies.org/catalog/27768/a-long-covid-definition-a-chronic-systemic-disease-state-with.

Alongside the work at NASEM, the RECOVER Initiative (https://recovercovid.org/) provides a multi-center collaborative research arm and provides information for clinicians, researchers, and patients. The initiative supports multiple ongoing clinical trials and observational cohort studies. For example, their Research Review R3 Seminar Series recently presented multi-center work on biomarkers and LC. These findings revealed that while there was initial promise that potential biomarkers might be useful in the diagnosis, prognosis, prevention and treatment of LC, no clinical biomarkers have been validated. Despite this setback, some researchers have continued to note an increased incidence in some inflammatory markers in patients with LC, and they are currently studying how the interaction of these inflammatory markers alters the inflammatory pathways in LC patients and whether this interaction warrants further study. In addition to learning about the research at RECOVER, clinicians may also find it helpful to familiarize themselves with some of the other work at the RECOVER Initiative which also includes opportunities for both clinician and patient community engagement.

What is happening in Maine?

Currently, there are no specialized LC centers in Maine. Patients are treated by their primary care clinician or referred to clinicians in a particular specialty. They may be referred out-of-state to specialized LC centers. There are several specialized LC Centers in Boston. The MaineHealth specialty clinic that previously provided patients with care for ongoing COVID-19 symptoms closed in November 2022.

How can you help?

In addition to continued COVID-19 surveillance, Maine CDC is looking to enhance LC Surveillance. We would like to collaborate with clinicians in this effort. Please complete this short survey by April 30, 2025: https://redcap.link/LongCOVIDSurvey.

For more information:

- U.S. CDC: Long COVID
  - https://www.cdc.gov/covid/long-term-effects/
  - https://www.cdc.gov/covid/long-term-effects/living-with-long-covid.html
- RECOVER COVID (Research):
  - https://recovercovid.org/
- National Academy of Sciences, Engineering and Medicine (Clinical and Research):
  - https://www.nationalacademies.org/event/42882_06-2024_report-release-webinar-a-long-covid-definition

New Tuberculosis Reporting System

Maine CDC is excited to announce a new Tuberculosis reporting system (https://redcap.link/Maine-TB-report) starting January 2025. With the REDCap reporting survey link located at the top of our newly-redesigned Maine CDC Tuberculosis webpage (http://www.maine.gov/dhhs/tb), this system allows the reporting physician or designated personnel to fill out an easy online form when reporting inactive (also called latent) tuberculosis, suspected active tuberculosis, or confirmed active tuberculosis. The old reporting system relied on faxes and phone calls to the TB Control Program, with frequent delays in processing; however, this new system creates an instant case report to the program that also provides the reporting person with a generated TB number associated with the patient for billing and pharmacy needs. This system is designed to make the reporting process more convenient for providers while also decreasing processing times and forming a cohesive flow of operations. For more information, please visit the Maine CDC Tuberculosis webpage or call CDC's 24-hour consultation line at 1-800-821-5821. Thank you.

HIV and Hepatitis C: Penobscot County Updates and Clinical Guidance Package

The Maine Center for Disease Control and Prevention (the Maine CDC) has been responding to an outbreak of human immunodeficiency virus (HIV) infections in people who inject drugs (PWID) in Penobscot County since February 2024. From October 1, 2023, through March 1, 2025, the Maine CDC has identified 21 new HIV diagnoses among PWID in Penobscot County. In contrast, over the previous five years in this county, there were an average of two new HIV diagnoses per year, and one per year among PWID. Most of these persons are coinfected with Hepatitis C Virus (HCV) and were unhoused in the year prior to HIV diagnosis. The Maine CDC is working with community partners and health care providers on further detection and response activities.

In collaboration with on-the-ground local partners, the Maine CDC has assembled a HCV and HIV Clinical Guidance Package containing resources for health care providers to use for screening, treatment, prevention, and patient care in a syndemic approach that addresses the intersectionality of HIV, viral hepatitis, sexually transmitted infections (STIs), and harm reduction services.

For more information, see the Maine CDC's Health Advisory, HIV and Hepatitis C: Penobscot County Updates and Clinical Guidance Package (March 18, 2025) and review the new HCV and HIV Clinical Guidance Package.

HEALTH AND WELLNESS

MPHP Advice on Finding Community and Paying It Forward

The Medical Professionals Health Program promotes the health and well-being of Maine's healthcare professionals by providing monitoring, resources, education, and advocacy for those challenged with substance misuse, mental health, and behavioral issues that may adversely affect their ability to practice safely.

The Substance Abuse Mental Health Services Administration's (SAMHSA) definition of wellness is that it is a process through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions:

- Home
- Health
- Purpose
- Community

One of the more challenging dimensions when finding a pathway to recovery is building a community. Former Surgeon General Dr. Vivek Murthy made the case in his book *Together: The Healing Power of Human Connection in a Sometimes Lonely World* of how we humans have it coded in our DNA to be in community for our survival. Initially, it was for our survival as we were hunters and gatherers. In today's world, it's about surviving the disconnections and polarization that we are now experiencing. Substance misuse is often a self-medicating activity that helps individuals cope with their traumas, their mental health challenges, and their feelings of isolation and disconnection.

In this journey of finding a pathway to wellness/recovery, community is essential. There are a variety of ways we can build community. One way to develop connections to communities is to find ways to pay it forward. The elusive "it" is typically an attitude of gratitude that a person finds in their journey. They also begin to realize that in order to keep "it" they have to give it away or pay it forward.

In our world today, the concept of paying it forward has lost some of its visibility. Doing a kind act for someone else in response to receiving kindness from another person is a way to keep the cycle of kindness going.

There are several ways to pay it forward on your pathway of recovery:

- Be a Mentor to others. One of the ways to give back is to mentor others who are just starting their journey. Share your experiences and provide guidance and support to those who need it. It is important that you are at a good place in your own recovery before making a commitment like this.
- Volunteer in community service projects. A lot of communities have service projects that need volunteers. Get involved and give back.
- Be a face and a voice of recovery. Share your story and experiences with others. This can provide hope and inspiration to those who are struggling.
- Donate to a cause close to your heart. If you are unable to volunteer your time, consider donating clothing or other items to programs that support the many pathways to recovery or additional causes that are important to you.

The MPHP works to support medical professionals in building community as part of their pathway of recovery. Please reach out to us if you need assistance: https://www.mainemphp.org/ or (207) 623-9266.

BOARD NEWS

New Board Staff Danielle Magioncalda

Danielle is the Investigative Secretary at the Board of Licensure of Medicine.

Before joining the BOLIM staff, Danielle worked in the medical and dental fields, helping those in need. Danielle appreciates being outdoors in nature with her family and her dog or exploring new areas and

activities.

New Video Guides

The State of Maine Board of Licensure in Medicine (BOLIM) has published two new "Guide To" videos. The videos are part of an ongoing effort to provide an alternative format for BOLIM's paper brochures. BOLIM would like to thank the Federation of State Medical Boards Foundation for its financial support in creating these newest videos.

The newest videos are:

- Guide to the Informal Conference; and
- Guide to the Adjudicatory Hearing Process

The videos can be found at https://www.maine.gov/md/complaint/file-complaint.

All videos can also be found at https://www.maine.gov/md/resources/forms.

2024 Annual Reports

Each year Board staff prepares reports of licensing activities that have occurred during the past year. The 2024 Annual Licensing Report as well as the 2024 Annual Report to the Legislature can be downloaded using the following links:

- 2024 Annual Licensing Report
- 2024 Annual Report to the Legislature

Bona Librorum

Mary Roach. ***Stiff: The Curious Lives of Human Cadavers*** (2003). “As fascinating as it is funny, as sensitive as it is probing, Mary Roach’s *Stiff* is above all an important account of how we treat the dead – literally. The research is admirable, the anecdotes carefully chosen, and the prose lively.”

Anupam B. Jena, M.D., Ph.D. and Christopher Worsham, M.D. ***Random Acts of Medicine: The Hidden Forces That Sway Doctors, Impact Patients, and Shape Our Health*** (2023). This book is unusual for its focus on “natural experiments” instead of randomized clinical trials in generating knowledge about how medicine works. The authors explore and explain decision heuristics such as the availability, anchoring, left digit, and relative age biases while narrating familiar vignettes in clinical practice. They pose surprising questions such as “Why do kids born in the summer get diagnosed more often with ADHD?” “What do surgeons and salespeople have in common?” And many more.

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