

**Board of Licensure in Medicine**  
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**May 14, 2024**

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**Maine Board of Licensure in Medicine  
Minutes of May 14, 2024  
8:02 a.m. – 3:30 p.m.**

**Board Members Present:** Chair Maroulla S. Gleaton, M.D. (excused at 1:43 p.m.); Secretary Christopher R. Ross, P.A.; Renee M. Fay-LeBlanc, M.D.; Public Member Gregory Jamison, RPh; Noah Nesen, M.D.; Anthony T. Ng, M.D.; Public Member Jonathan Sahrbeck (excused at 2:43 p.m.); and Brad Waddell, M.D

**Board Members Absent:** Holly Fanjoy, M.D. and Public Member Lynne M. Weinstein

**Board Staff Present:** Executive Director Timothy E. Terranova; Assistant Executive Director Eric Austin; Medical Director Paul N. Smith, M.D.; Complaint Coordinator Kelly McLaughlin; Consumer Assistance Specialist Faith McLaughlin; Investigative Secretary Nathan Fitts; Administrative Assistant Maureen S. Lathrop; Licensing Specialist Tracy Morrison; and Licensing Specialist Savannah Okoronkwo

**Attorney General’s Office Staff Present:** Assistant Attorney General Michael Miller

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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). The Board moved, seconded, and voted the following executive session times. During the public session of the meeting, actions were taken on all matters discussed during executive session. In addition, though not required by law, the meeting was made virtually available to the public not attending the meeting in person using the platform Zoom. A link for the public to access the Board meeting virtually was included on the Board’s agenda and posted on its website.

**EXECUTIVE SESSIONS**

**PURPOSE**

1:52 p.m. – 3:23 p.m.

Pursuant to 32 M.R.S. § 3282-A(1) to conduct an informal conference

**RECESSES**

9:35 a.m. – 9:48 a.m.

Recess

11:55 a.m. – 12:10 p.m.

Lunch

1:43 p.m. – 1:50 p.m.

Recess

3:23 p.m. – 3:29 p.m.

Technical difficulties with audio-visual equipment

**I. Call to Order**

Dr. Gleaton called the meeting to order at 8:02 a.m.

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

**B. Scheduled Agenda Items**

- 1. 1:00 p.m. Medical Professionals Health Program Presentation**
- 2. 1:30 p.m. Informal Conference CR23-126**

**II. Licensing**

**A. Applications for Individual Consideration**

**1. Initial Applications**

**a. Belsis Rodriguez, P.A.**

Dr. Fay-LeBlanc moved to grant PA Rodriguez's license. Dr. Nesin seconded the motion, which passed unanimously.

**2. Reinstatement Applications (none)**

**3. Renewal Applications**

**a. Joshua Norman Moss, M.D.**

Dr. Fay-LeBlanc moved to grant Dr. Moss's request to reduce his renewal fee to \$150.00 upon receipt of his written representation that his employer does not pay the cost of his license renewal. Dr. Moss's request was granted since he is currently in fellowship training and his initial license was granted seven months ago. Mr. Sahrbeck seconded the motion, which passed unanimously.

**b. John T. Bielecki, M.D.**

Dr. Nesin moved to grant Dr. Bielecki's renewal upon issuance of a letter of guidance approved by the Board Chair. Dr. Waddell seconded the motion, which passed unanimously.

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

**5. Requests to Withdraw License/License Application**

**a. Doron Ferdman, M.D.**

Mr. Ross moved to approve Dr. Ferdman's request to withdraw his license application. Mr. Jamison seconded the motion, which passed unanimously.

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

**a. Jaime R. Knowlton, P.A.**

Dr. Waddell moved to table the request and ask the collaborating physician to provide additional information regarding her training and experience relative to the practice agreement. Mr. Sahrbeck seconded the motion, which passed unanimously.

**b. Lucas T. Knowlton, P.A.**

Dr. Waddell moved to table the request and ask the collaborating physician to provide additional information regarding her training and experience relative to the practice agreement. Mr. Sahrbeck 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 (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. CR21-51 Cathleen G. London, M.D. – Decision and Order**

Mr. Ross moved to ratify and approve the Decision and Order. Dr. Fay-LeBlanc seconded the motion, which passed 6-0-0-2. Dr. Nesin and Mr. Sahrbeck were recused from the matter and left the room.

**IV. Complaints**

**1. CR22-184 Catharine M. Cadigan, M.D.**

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

**MOTION:** In this case, the Board initiated a complaint following a report of the termination of the physician's employment with a health care entity based on allegations of false documentation and unprofessional conduct. The physician responded to the complaint and described the circumstances and challenges of the practice environment. The Board conducted further investigation that included an outside expert review of two patient medical records.

The guidance is as follows: Physicians and medical directors have the ultimate responsibility to act, make, or advocate for necessary changes to ensure that proper and safe care is provided for patients.

**2. CR23-44**

Dr. Nesin moved to offer the physician a consent agreement to include a two-year probation, completion of CME courses within eighteen months regarding pain management, medical record keeping, provider-patient communication and an internal medicine update approved by the case reporter, Chair or Secretary, a Board-approved practice mentor and engagement with a controlled substance stewardship program. Dr. Ng seconded the matter, which passed unanimously.

**3. CR23-67**

Dr. Fay-LeBlanc moved to offer the physician a consent agreement requiring completion of preapproved CME within twelve months on the following topics: interpretation of urine toxicology, mechanism of action and pharmacokinetics of controlled substances and prescribing in the elderly population with a report to the Board regarding what she gained from the courses; and imposing the following requirements if she seeks to change her license status from inactive to active: a two-year probation, Board approved physician mentor and participation with a controlled substance stewardship program (within 6 months of beginning practice). Alternatively, the physician was offered leave to withdraw while under investigation. Mr. Sahrbeck seconded the motion, which passed unanimously.

**4. CR23-156**

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

**MOTION:** The unresolved aspect of the complaint is whether the licensee failed to follow system policy in responding to a patient complaint registered by one of the complainants. Additional information from the licensee and their system indicates that the licensee's actions were consistent with the system's policy and a final, summary communication was sent to the complainant in February of 2023.

**5. CR23-161**

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

**6. CR23-175 Peter H. Witham, M.D.**

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

**MOTION:** In this case, the Board received a complaint from a patient stating that notwithstanding several communications with the physician's office requesting to be evaluated for chest pain and wrist pain, an appointment was not ultimately scheduled until six weeks after his symptoms occurred which resulted in the patient seeking care elsewhere. In his response, the physician discussed the patient's care, and discussed changes that have been made to the practice to improve communications and the care and treatment of patients.

The guidance is as follows: All patient communications seeking care or treatment require an appropriate response and office policies and procedures should be designed to analyze and appropriately prioritize those messages which describe symptoms of a potentially serious nature. Office staff should receive instruction regarding how to manage messages of that nature. Even when faced with initially unsuccessful contact, efforts should continue until sufficient information is gained to assure patient safety.

**7. CR23-200**

Dr. Nesin moved to investigate further and direct that the physician undergo a CPEP evaluation and request that he voluntarily engages a practice monitor specializing in addiction medicine, approved by the case reporter or psychiatrist member of the Board, to review charts and provide quarterly reports to the Board. Mr. Ross seconded the motion, which passed unanimously.

**8. CR23-211**

Dr. Fay-LeBlanc moved to investigate further and request that the physician register for a CME course regarding professional communication within thirty days, complete the course within ninety days, and report to the Board what he gained from the course. Mr. Sahrbeck seconded the motion, which passed 7-0-0-1. Dr. Waddell was recused from the matter and left the room.

**9. CR23-240**

Mr. Jamison moved to table the matter. Mr. Ross seconded the motion, which passed unanimously.



**10. CR23-111 Damien W. Carter, M.D.**

Dr. Waddell moved to dismiss the matter with a letter of guidance. Dr. Ng seconded the motion, which passed unanimously.

**MOTION:** The Board received a complaint from one of the physician's patients who suffered burns to her neck and arm. The patient alleged that the physician's care during her recovery was not properly performed and that he was unprofessional in his communications with her. The physician responded to the complaint and explained his perspectives regarding his care for this patient.

The guidance is as follows: Patient medical records should clearly document all patient discussion, the treatment plan, and any referrals made to other clinicians. Professional and effective communications are vital to establishing and maintaining a therapeutic clinician-patient relationship and clinicians should timely and clearly respond to or address a patient's concerns.

**11. CR24-14**

Dr. Waddell moved to investigate further and request that the physician respond to questions from the Board. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

**12. CR24-15**

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

**13. CR23-263**

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

**MOTION:** The complaint was issued by the Board originating from a reporter who said that the licensee left a minor child unattended in a call room and was consuming alcohol on the job. The record contains a significant amount of information, including reports from the Department of Health and Human Services, Guardian ad litem, and a licensed clinical social worker that include evaluations for substance use disorder, abuse and neglect, and mental health issues. None of those reports indicate that the licensee is not qualified to have a medical license. Based on a review of the materials, dismissal of the complaint is appropriate.

**14. CR23-282**

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

**MOTION:** A patient complained about the care he received at a wound clinic from his internal medicine physician. The patient had a very difficult time to heal lower extremity abdominal and sacrum ulcers and wounds. There were extenuating medical comorbidities of diabetes, obesity, sleep apnea and peripheral vascular disease along with lack of mobility and opioid use for pain. The records reveal reasonable care was provided at the clinic by the physician, her physician colleague and nursing staff. After the patient cancelled two appointments in a row and would not come in for an eight-a.m. appointment along with writing a scathing letter questioning the treating physician about the care he was receiving, he was appropriately dismissed from the practice but given a list of alternative providers from whom to seek care.

**15. CR24-3**

Dr. Nesin moved to investigate further and obtain an outside expert review. Dr. Ng seconded the motion, which passed 7-0-0-1. Dr. Waddell was recused from the matter and left the room.

**16. CR24-4**

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

**MOTION:** The complainant asserts that they are being denied gender affirming surgery without reasonable justification and that the licensee and the licensee's office have been dishonest in communications with the complainant, and in the response to this Board. The complainant has a history of significant coronary artery disease (CAD) at a very young age and had been on dual antiplatelet therapy during initial visits with the license. Ultimately the antiplatelet regimen was reduced to just aspirin, but the complainant's cardiologist documented that aspirin should be continued throughout the perioperative period. The licensee agrees that the surgery is indicated but it entails significant bleeding risk. In addition, the licensee's hospital does not have interventional cardiology, which would mean a delay in care should the complainant have a significant cardiac complication. The complainant has a new cardiologist who suggests aspirin could be stopped in the perioperative period with an "unknown but likely small" risk of a perioperative MI. The licensee is unwilling to subject the complainant to that risk in the facility in which the surgery would be performed.

**17. CR24-6**

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

**18. CR24-10**

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

**MOTION:** A patient complained about the care she received from a general surgeon. Review of the records reveals appropriate and reasonable diagnosis and care. The patient was unhappy with a phone conversation when the physician explained results of radiologic imaging and treatment options for an abdominal mass. The physician thoughtfully reflects on this miscommunication and feels he has learned from the experience to help him with future patient communications.

**19. CR24-11**

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

**MOTION:** The complaint is from a patient who believes the licensee was unprofessional with her care, including the treatment from his medical assistant. Based on a review of the materials, although the behavior of the medical assistant may not have been as empathetic as it could have been, there is nothing that shows the licensee did not provide appropriate care. Dismissal of the complaint is appropriate.

**20. CR24-12**

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

**21. CR24-16**

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

**MOTION:** The complaint is from a patient who believes the licensee was unprofessional with her care. She alleges that the licensee was “condescending, dismissive and rude” when asking questions. The licensee responded that these are standard questions, and he uses this opportunity with younger patients to encourage healthy lifestyle choices. He apologizes that the complainant was offended, and he will be more careful in the future. Nothing in the records indicates that the licensee did not provide adequate care. Dismissal of the complaint is appropriate.

**22. CR24-19**

Mr. Jamison moved to table the matter. Dr. Ng seconded the motion, which passed unanimously.

**23. CR24-22**

Mr. Jamison moved to investigate further and ask the physician to respond to questions from the Board. Dr. Ng seconded the motion, which passed unanimously.

**24. CR24-25**

Mr. Jamison moved to table the matter. Mr. Sahrbeck seconded the motion, which passed unanimously.

**25. CR24-33**

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

**MOTION:** The complainant asserts that the licensee inappropriately arranged for a psychiatric hospitalization for suicidal ideation, and then again convinced him to be transported to the emergency department (ED) for an evaluation of mania, and that these two episodes have significantly disrupted his life and caused tension in his marriage.

The licensee responds that the complainant, who also has a serious neurologic disease, was hospitalized for mania in the past and had done well on psychiatric medications. After discharge the meds were managed by the licensee because the complainant did not wish to see a psychiatrist. In late 2023, when the complainant stopped taking his meds, he again became manic and was threatening toward his spouse. The licensee did urge an ED evaluation, which was undertaken, but the patient did not meet criteria for involuntary admission. Since that time the licensee has not had contact with the complainant, other than some inappropriate texts sent by the complainant.

**26. CR24-39**

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

**MOTION:** The patient complains that the physician conducted an unnecessarily painful physical examination which exacerbated his condition. In response, the physician explained the examination that was conducted, and the treatment provided.

**27. CR24-43**

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

**MOTION:** The patient complains that the provider is not refilling their medication. The provider responds that the patient's medications had been filled, but that the patient

was overdue for labs and an office visit. Records reveal that the office tried to contact the patient on multiple occasions, by phone, through the pharmacy, and through letters to let her know that she was overdue for an office visit and that a visit was needed in order to continue to receive refills. The patient had been to the practice receiving other services but had not seen her PCP. This may have been the cause of the patient's confusion.

**28. CR24-47**

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

**MOTION:** The patient complains that the provider ordered a test without her knowledge that was not necessary. The provider responds that the test ordered was a genital culture with "reflex for Gonorrhea" which doesn't appear to be completely correct. This lab appears to have a genital culture with Gonorrhea and one without Gonorrhea. The provider should have discussed with the patient if the culture with Gonorrhea was going to be ordered. The provider did try to reach out to the patient to talk with her after receiving feedback that she was upset, however was not able to reach the patient.

**29. CR24-53**

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

**MOTION:** The patient presented to walk in care for evaluation of a cough present for two weeks. History, physical examination, chest x-ray images all consistent with viral syndrome. The patient was appropriately prescribed an inhaler and discharged with instructions to follow up if not improved. The patient re-presented four days later, and the clinician elected to empirically treat persistent symptoms with antibiotics and a steroid burst. The patient's spouse thinks antibiotics and further testing should have been pursued at the first visit. Medical record review reveals a very thorough evaluation and appropriate stepwise treatment process for this patient with appropriate guidance to return if symptoms persist or worsen.

**30. CR24-55**

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

**MOTION:** A daughter of an elderly patient with cognitive decline and other medical comorbidities complained about the care her father received by his family practice physician. Review of the records does reveal increased difficulty with compliance with medications and concomitant cognitive decline but attempts by the licensee to get him Community Care Team home assessment and support. Ultimately, he was hospitalized

and received pulmonary, cardiac, neurologic care and medication adjustments with discharge to assisted living not home. The records revealed reasonable care by this physician and many of the complaints levied by the daughter did not involve this provider.

**31. CR24-58**

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

**MOTION:** The complainant presented to his one visit with the licensee requesting medication adjustments to his chronic conditions, most of which were being managed by clinicians with focal expertise. The licensee declined to initiate changes and submitted a referral to a dermatologist. Although the complainant was dissatisfied with this encounter, the licensee met the standard of care in addressing issues raised by the complainant, and appropriately deferred treatment changes to the clinicians already managing those issues.

**32. CR24-78**

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

**MOTION:** The licensee self-reported a malpractice settlement related to improper interpretation of x-ray images leading to a delay in diagnosis of ingested foreign body in a young patient. The licensee acknowledges the mistake and outlined in his response several ways in which he has changed his practice to mitigate the risk of similar events in the future.

**33. Intentionally left blank**

**34. Intentionally left blank**

**V. Assessment and Direction**

**35. AD23-259**

Dr. Waddell moved to issue a complaint (**CR24-125**) and direct the physician to undergo a § 3286 psychiatric and substance misuse evaluation. Dr. Ng seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

**36. AD23-287**

Dr. Nesin moved to issue a complaint (**CR24-126**) and obtain an outside expert review of the index patient and ten additional patient records. Dr. Ng seconded the motion, which passed unanimously.

**37. AD24-1**

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

**38. AD24-31**

Dr. Ng moved to issue a complaint (**CR24-127**) and obtain an outside expert review. Dr. Nesin seconded the motion, which passed unanimously.

**39. AD24-87**

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

**40. AD24-88**

Dr. Ng moved to issue a complaint (**CR24-128**), direct the physician to undergo a § 3286 psychiatric and substance misuse evaluation and provide information to the Texas Medical Board. Dr. Fay-LeBlanc seconded the motion, which passed unanimously.

**41. AD24-89**

Dr. Fay-LeBlanc moved to issue a citation to the physician for failure to make a required report to the Board and close the matter with no further action upon payment of the administrative fine. Mr. Sahrbeck seconded the motion, which passed unanimously.

**42. AD24-98**

Dr. Ng moved to issue a citation to the physician for failure to make a required report to the Board and close the matter with no further action upon payment of the administrative fine. Mr. Ross seconded the motion, which passed unanimously.

**43. Intentionally left blank**

**44. Pending Adjudicatory Hearings and Informal Conferences Report**

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

**45. Consumer Assistance Specialist Feedback**

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

**VI. Informal Conference 1:30 p.m.**

**A. CR23-126**

Dr. Gleaton was recused from the matter and excused from the meeting at 1:43 p.m. prior to the start of the informal conference.

At 1:52 p.m. Dr. Fay-LeBlanc moved to enter executive session pursuant to 32 M.R.S. § 3282-A(1) to conduct an informal conference. Dr. Nesin seconded the motion, which passed unanimously.

At 3:23 p.m. Dr. Ng moved to come out of executive session. Dr. Waddell seconded the motion, which passed unanimously.

Dr. Nesin moved to allow the physician five days to sign the proposed consent agreement imposing a two-year probation, a Board-approved practice mentor, engagement with a controlled substance stewardship program, and completion of pre-approved CME courses regarding management of anxiety and management of chronic pain. Dr. Ng seconded the motion, which passed unanimously.

**VII. Minutes for Approval**

**A. March 12, 2024 Minutes**

Mr. Ross moved to approve the minutes of the March 12, 2024, meeting. Dr. Fay-LeBlanc seconded the motion, which passed 6-0-2-0 with Dr. Nesin and Mr. Sahrbeck abstaining.

**B. April 9, 2020 Minutes**

Mr. Ross moved to approve the minutes of the April 9, 2024, meeting. Dr. Fay-LeBlanc seconded the motion, which passed 6-0-2-0 with Dr. Ng and Dr. Waddell abstaining.

**VIII. Consent Agreement Monitoring**

**A. Monitoring Reports**

**1. Albert W. Adams, M.D.**

The Board reviewed the monitoring report and took no action.

**2. Cameron R. Bonnery, M.D.**

Mr. Ross moved to offer a consent agreement amendment decreasing the frequency of urine drug screening to three times per month and to decrease the frequency of reports from the psychiatrist to quarterly. Dr. Nesin seconded the motion, which passed unanimously.



**3. David L. Conner, M.D.**

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

**4. John L. Davis, Jr., M.D.**

Mr. Ross moved to offer a consent agreement amendment to change the frequency of psychotherapy visits to at least monthly and the frequency of reports from the therapist to quarterly. Mr. Sahrbeck seconded the motion, which passed unanimously.

**5. Scott M. Davis, M.D.**

The Board reviewed the monitoring report and took no action.

**6. David B. Nagler, M.D.**

Dr. Nesein moved to offer a consent agreement amendment to decrease the frequency of practice monitoring reviews to quarterly. Mr. Ross seconded the motion, which passed unanimously.

**7. Meryl J. Nass, M.D.**

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

Dr. Gleaton moved to issue a complaint (**CR24-124**) based on noncompliance with the Board Order. Mr. Sahrbeck seconded the motion, which passed unanimously.

**8. Susan D. Paul, M.D.**

Mr. Ross moved to request that Dr. Paul resume the process to establish a relationship with the controlled substance stewardship program and continue with her practice monitor until such time as her enrollment in the program is complete. Dr. Fay-LeBlanc seconded the motion, which passed 7-0-0-1. Dr. Nesein was recused from the matter and left the room.

**9. Bernard H. Perlman, M.D.**

The Board reviewed the monitoring report and took no action.

**10. Anthony Perrone, M.D.**

Mr. Ross moved to approve the proposed psychiatrist and noted the Board's expectation that the first report from the psychiatrist is due by June 12, 2024. Dr. Ng seconded the motion, which passed unanimously.

**11. Timothy J. Richardson, M.D.**

Dr. Fay-LeBlanc moved to approve Dr. Richardson's request to terminate the consent agreement. Dr. Nesin seconded the motion, which passed unanimously.

**IX. Adjudicatory Hearing (none)**

**X. Remarks of Chair**

Dr. Gleaton reported on her attendance at the Federation of State Medical Board's annual meeting where topics such as physician wellness and workforce issues were discussed.

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

The Board reviewed Mr. Terranova's written report.

**A. FY25 Contracts**

**1. Medical Professionals Health Program (MPHP)**

Board staff recommended that the Board approve a contract with the MPHP in the amount of \$124,000 with the requirement that the MPHP join the Federation of State Physician Health Programs (FSPHP) and send one person to attend the annual conference. The MPHP has not been a member of the FSPHP in the past due to the cost of annual dues and lack of funds for travel.

Mr. Sahrbeck moved to approve a contract with the MPHP in the amount of \$124,00 with the requirement that the MPHP join the FSPHP and send one person to the annual conference. Mr. Ross seconded the motion, which passed unanimously.

**2. Maine Medical Association Center for Quality Improvement (MMA-CQI)**

The MMA-CQI submitted a proposal to develop three new educational modules on topics the Board of Licensure in Medicine deem as needed. The proposed cost for developing the new modules, maintenance of current modules and renewal of CME is unchanged from the FY24 contract.

Dr. Ng moved to approve a contract with the MMA-CQI in the amount of \$37,452. Dr. Waddell seconded the motion, which passed unanimously.

**3. Pulse Marketing**

The Board has contracted with Pulse Marketing in the past to create short instructional videos. When initially discussed, the Board planned to create videos regarding the informal conference process and the adjudicatory hearing process.

Staff applied for grant funds in the amount of \$10,000 to complete the two videos. If the grant is awarded, staff recommends the Board approve a contract with Pulse Marketing not to exceed \$12,000. If the grant is not awarded, staff recommends the Board approve a contract not to exceed \$5,000.

Dr. Ng. moved to approve a contract not to exceed \$12,000 if grant funds are received and a contract not to exceed \$5,000 if grant funds are not received. Dr. Waddell seconded the motion, which passed unanimously.

**B. Complaint Process Policy (FYI)**

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

**C. Governor’s Request Regarding CRNA’s**

The Board discussed the Governor’s request for input and consultation regarding the pursuit of an “opt-out” of the Centers for Medicaid & Medicare Services’ requirement that hospitals and ambulatory surgical centers have a physician supervise Certified Registered Nurse Anesthetists (CRNAs). Board members expressed concern regarding the potential impact that the “opt-out” might have on the quality of patient care.

Following discussion, Mr. Ross moved to respond to the Governor’s request and indicate it is unable to provide meaningful input without data or studies that demonstrate whether opting out of the requirement has increased patient access without impacting clinical outcomes in those states that have done so. Dr. Ng seconded the motion, which passed unanimously.

**D. AIM/FSMB Annual Meeting Report**

The Board reviewed Mr. Terranova’s written report.

**E. PA Compact**

Mr. Ross nominated Assistant Executive Director Eric Austin to serve as the Commissioner to the PA Compact. Mr. Sahrbeck seconded the motion, which passed unanimously.

**F. IV Hydration Workgroup**

Dr. Gleaton indicated that she is interested in serving on an IV Hydration workgroup and noted that Dr. Fanjoy expressed interest in this topic and may wish to serve on the workgroup as well.

**G. Right to Know Survey**

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

**XII. Assistant Executive Director’s Report (none)**

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

**XIV. Remarks of Assistant Attorney General**

AAG Miller updated the Board on the status of pending litigation regarding Dr. Woods and Dr. Hamilton.

**XV. Rulemaking (none)**

**XVI. Policy Review (none)**

**XVII. FSMB Material (none)**

**XVII. FYI**

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

**XIX. Other Business 1:00 p.m.**

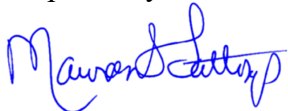
**A. Medical Professionals Health Program Presentation**

Staff from the MPHP gave a brief presentation regarding their services and answered questions from Board members.

**XX. Adjournment 3:30 p.m.**

At 3:30 p.m. Mr. Jamison moved to adjourn the meeting. Dr. Ng seconded the motion, which passed unanimously.

Respectfully submitted,



Maureen S. Lathrop  
Administrative Assistant