

Board of Licensure in Medicine  
May 9, 2023  
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**Maine Board of Licensure in Medicine  
Minutes of May 9, 2023**

**Board Members Present:** Chair Maroulla S. Gleaton, M.D.; Secretary Christopher R. Ross, P.A.; Holly Fanjoy, M.D.; Renee Fay-Leblanc, M.D.; Public Member Gregory Jamison, RPh; Noah Nesin, M.D.; Brad Waddell, M.D.; and Public Member Lynne M. Weinstein

**Board Members Absent:** Steven Blessington, P.A.

**Board Staff Present:** Executive Director Dennis E. Smith, JD; Assistant Executive Director Timothy E. Terranova; Complaint Coordinator Kelly L. McLaughlin; Consumer Assistance Specialist Savannah Okoronkwo; Investigative Secretary Faith L. McLaughlin; Administrative Assistant Maureen S. Lathrop; Licensing Specialist Tracy A. Morrison; Licensing Specialist Lisa M. Reny and Secretary Nathan Fitts

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

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In accordance with the “Board Member Remote Participation Policy” adopted by the Board on January 10, 2023, the Board Chair directed that the May 9, 2023, meeting of the Board be conducted through remote participation of all Board members pursuant to Section 2(A) of that policy. The Board posted notices of this virtual meeting on its website and on the Legislative calendar. In addition, the Board posted a copy of the agenda for the meeting on its website.

Votes were conducted by roll call with members voting “for” “against” or “abstain.”

**EXECUTIVE SESSIONS** **PURPOSE**

None

**RECESSES**

9:57 a.m. – 10:09 a.m. Recess

12:12 p.m. – 12:47 p.m. Lunch

**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 (none)**

## II. Licensing

### A. Applications for Individual Consideration

#### 1. Initial Applications

##### a. William B. Bush, M.D.

Dr. Waddell moved to schedule an interview with Dr. Bush and alternatively to offer him leave to withdraw his license application. Dr. Fay-Leblanc seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

##### b. Jessica N. Morse, M.D.

Mr. Ross moved to approve Dr. Morse's reentry to clinical practice plan and license application upon receipt of her written representation that she will comply with the reentry plan. Dr. Waddell seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

##### c. Barry T. Smith, M.D.

Dr. Fay-Leblanc moved to issue a citation to Dr. Smith for failure to answer accurately a question on his license application and to approve his license application upon receipt of payment. Ms. Weinstein seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

## 2. Reinstatement Applications

### a. Pamela J. Petrocy, M.D.

Dr. Waddell moved to table the application and request that Dr. Petrocy provide the following information: 1) an explanation for her failure to report all malpractice claims on her license application; 2) a description of her current job responsibilities and start date; 3) if she currently holds an active license in any state and when she last practiced clinically; and 4) the written job description from the facility. Alternatively, offer her leave to withdraw her application. Ms. Weinstein seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

## 3. Renewal Applications

### a. Thomas Bugbee, M.D.

Dr. Nesin moved to request a statement from Dr. Bugbee's treating specialist that he is safe to perform procedures requiring the use of sharp instruments. Mr. Ross seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For

Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**b. Julie Hall Sullivan, P.A.**

Dr. Nesin moved to approve Ms. Sullivan’s renewal application upon issuance of a letter of guidance and to delegate authority to sign the letter of guidance to the Board Chair. Dr. Fanjoy seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**4. Requests to Convert to Active Status**

**a. Tiffany L. Eisenhauer, P.A.**

Dr. Waddell moved to approve Ms. Eisenhauer’s application to convert to active status upon receipt of her written representation that she will comply with the reentry plan as modified by the Board to require review by the mentor/preceptor of a minimum of 10 randomly chosen charts per month following completion of the initial 40 hours of patient care, quarterly reports to the Board (at three and six months), and a Board review after completion of a six-month supervision period. Mr. Ross seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

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

**a. Thomas F. King, M.D.**

Mr. Ross moved to approve Dr. King's request to withdraw his license application. Dr. Fay-Leblanc seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

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

**a. Jessie Klauer, P.A.**

Mr. Ross moved to approve Ms. Klauer's practice agreement. Dr. Fanjoy seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**b. James F. Gillen, P.A.**

Dr. Fanjoy moved to approve Mr. Gillen's practice agreement. Dr. Nesin seconded the motion.

A roll call vote was taken, and the motion passed 7 in favor, 1 recused.

Dr. Gleaton: For  
Mr. Ross: Recused  
Dr. Fanjoy: For

Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**c. Joseph D. Porreco, P.A.**

Mr. Ross moved to approve Mr. Porreco's practice agreement. Ms. Weinstein seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

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

**C. Citations and Administrative Fines**

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

**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.

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

**A. AD23-13 Thomas Marks, M.D. – Consent Agreement for Permanent Surrender**

Dr. Fay-Leblanc moved to approve the consent agreement for permanent surrender.  
Dr. Fanjoy seconded the motion.



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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

#### IV. Complaints

##### 1. CR20-208 Kevin Kavookjian, M.D.

Dr. Nesin moved to dismiss the complaint with a letter of guidance. Mr. Ross seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**MOTION:** The complaint was initiated by the Board following the receipt of information from the Maine Board of Nursing (BON), which raised concerns regarding the physician's treatment of a patient and the representations that he made to BON staff regarding that patient who was a licensed nurse under investigation with the BON. Multiple entities and providers were concerned about the instability of the nurse-patient who was being treated for a substance use disorder. The complaint alleged that the physician continued to prescribe controlled drugs to the patient despite: 1) being informed that the patient had tested positive on two occasions for methamphetamines and negative for amphetamines which he had prescribed to her; 2) being informed that the patient had tested positive for methamphetamines and cocaine; 3) advising the Medical Professionals Health Program (MPHP) and/or BON staff that he would not continue to prescribe the controlled drugs after being informed that the patient had tested positive for methamphetamines and cocaine; and 4) toxicological test results showing abnormally high amphetamine levels in the patient's body. The physician responded to the complaint and explained his treatment and medical decision-making and his communications with BON staff.

The Board's investigation included obtaining an outside expert review of the physician's care and treatment of the nurse-patient as well as ten other patients. The outside expert review identified the following issues: inadequate documentation of medical decision-making to support diagnoses, disposition and treatment; and in two cases where the patients had a history of addiction, current drug-seeking behaviors, and instability among multiple domains, continuing to prescribe stimulants despite their diminished efficacy and increased risk for misuse.

The physician provided the Board with a letter from the Chief Medical Officer (CMO) of Behavioral Health where the physician was employed at the time of his care and treatment of the patients who performed an evaluation of his patient care, including a review of fifty charts. Although the review did not have significant or actionable findings, the CMO indicated that the physician took the opportunity to improve his approach (and the facility's) to ensuring higher compliance with Controlled Substance Agreements and UDS monitoring. In addition, the physician provided an expert report concerning the care provided to the patients which did not identify any "deficits or concerns."

Following receipt of all the investigative information, the Board held an informal conference with the physician on April 11, 2023.

The guidance is as follows: 1) you should strive to be as clear and accurate as possible in your communications with professional licensing boards regarding the medical condition/status of a licensee-patient; 2) you should ensure that you appropriately document your medical decision-making regarding your diagnoses and treatment of patients, especially for patients with a history of substance misuse and who display instability across multiple domains and current drug-seeking behaviors; and 3) you should monitor patient compliance with Controlled Substance Agreements and take appropriate measures following careful review of abnormal or unexpected urine drug screens, including discussing test results with the patient and considering a taper or discontinuation of use of controlled substances.

## 2. CR22-89

Dr. Nesin moved to table the matter. Dr. Fay-Leblanc seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**3. CR22-117 Lindsey E. Bourget, P.A.**

Mr. Ross moved to dismiss the complaint with a letter of guidance. Ms. Weinstein seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**MOTION:** The complaint was filed by a patient, for whom the physician assistant provides primary care, based upon the physician assistant's failure to timely and appropriately respond to the patient's attempts to communicate with her regarding her care following her treatment in an emergency department. In addition, the patient, who was not medically cleared to drive, indicated that the physician assistant's office informed her that she needed to appear for a toxicology test within twenty-four hours or she would not treat her. The physician assistant responded to the complaint. The Board's investigation included a review of the patient's medical records.

The guidance is as follows: effective clinician-patient communication is vital to the clinician-patient relationship. In this case, timely and direct communication with the patient regarding her acute injury and treatment, as well as a discussion regarding the expired chronic pain agreement related to her chronic care, would have been preferable to an ultimatum issued by your staff. While such direct clinician-patient discussions may be uncomfortable, they benefit the clinician-patient relationship.

**4. CR22-119 Douglas R. Wood, M.D.**

Dr. Fanjoy moved to dismiss the complaint with a letter of guidance. Mr. Ross seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For

Ms. Weinstein: For

**MOTION:** The complaint was filed by the parent of a child whom the physician evaluated at an urgent care center, and then referred to the local hospital emergency department. The physician responded to the complaint and explained his evaluation and medical decision-making. The Board's investigation included a review of the patient's medical records from the urgent care center and the hospital emergency department. The medical records indicated two incorrect initial diagnoses without documented decision-making regarding thought process or communication with the referral provider when the potential injuries were concerning for non-accidental trauma given the documented history.

The guidance is as follows: the Board recommends that you obtain continuing medical education regarding non-accidental trauma and suspicious patterns of injury in pediatric patients, and mandated reporting laws.

**5. CR22-143 Thomas P. Mayerhofer, M.D.**

Dr. Fay-Leblanc moved to dismiss the complaint with a letter of guidance. Dr. Nesin seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**MOTION:** The complaint was filed by the spouse of a deceased patient. The patient, to whom the physician provided primary care, had an extensive and complex medical history involving multiple co-morbid medical conditions and multiple medical providers. The patient's spouse believed that the physician's decision to discontinue a certain medication that the patient had been taking for several years led to his demise from a pulmonary embolism related to deep vein thrombosis (DVT). The physician responded to the complaint and explained his treatment and medical decision-making. The Board's investigation included a review of the patient's medical records, and information that the medication he discontinued is not approved for the prevention of DVT.

The guidance is as follows: when managing the medical conditions of patients with complex medical histories and multiple co-morbid medical conditions being treated by other medical providers, it is important to coordinate and communicate with the

other medical providers regarding decisions to prescribe or discontinue existing medications.

**6. CR22-146 Karen L. Lawes, M.D.**

Dr. Nesin moved to dismiss the complaint with a letter of guidance as amended. Dr. Fay-Leblanc seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**MOTION:** The complaint was filed by the daughter of a patient who was concerned about the physician's treatment, including her: prescribing of controlled substances – in combinations and high dosages for an extended period of time; failure to discuss reducing medication dosages; and continuing to prescribe the medications despite reports of adverse effects from the patient's daughter. The physician responded to the complaint and explained her treatment and medical decision-making. The Board's investigation included a review of the patient's medical records, which raised additional concerns, including: ongoing prescribing of a controlled medication to the patient with multiple comorbid medical conditions; regular early refills of a controlled medication; failure to include active medical diagnoses by a consultant in the patient's medical record; and reliance upon a preliminary screening tool for assessing or monitoring the stability of the patient's mental health in light of her existing diagnoses.

The guidance is as follows:

- Careful consideration should be given of the use of chronic hypnotic agents, especially in elderly patients and patients with chronic underlying conditions that increase the risk of adverse side-effects, including misuse and addiction.
- It is important to utilize appropriate tools for monitoring a patient with a diagnosis of depression, which should include regular use of PHQ-9, and in patients with alcohol use disorder and opioid use disorder using validated tools for assessing for all substance use and suicidality.
- It is important to actively engage in a patient's care in the instance of an apparent significant adverse event, especially when it may be related to a medication that you have prescribed or dispensed.

- It is important to utilize the Prescription Monitoring Program to verify the dates on which prescribed medication is filled by the pharmacy in order to avoid early refills of controlled medications.
- It is important to take an accurate history of alcohol use and document that in the chart.

**7. CR22-176**

Dr. Fanjoy moved to dismiss the complaint. Dr. Nesin seconded the motion.

A roll call vote was taken, and the motion passed 7 in favor, 1 recused.

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: Recused  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**MOTION:** A woman with a history of psychiatric disease and alcohol use disorder alleges that the licensee refused to administer a prescribed medication injection and she subsequently had a relapse of her condition. The licensee cites an institution policy regarding administering external medications and indicates that this policy was communicated to the patient. The patient denies that this communication occurred. The licensee acknowledges an opportunity to improve office communications and to provide copies of the policy to clarify patient understanding and to avoid confusion. The licensee's care of the patient was appropriate.

**8. CR22-190**

Mr. Ross moved to dismiss the complaint. Ms. Weinstein seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**MOTION:** A patient complains that the physician was unprofessional and failed to document correctly in his chart. The physician responded that he covered the patient's care on six different occasions while he was inpatient. Due to the severity of the patient's disease, he has difficulties interacting with others. Review of the records revealed that the patient received reasonable care.

**9. CR22-214**

Dr. Fay-Leblanc moved to investigate further and obtain an expert review. Mr. Ross seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**10. CR22-226**

Dr. Nesin moved to dismiss the complaint. Ms. Weinstein seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**MOTION:** The complainant was a patient and asserts that:

- A non-medical professional seemed to be "in charge."
- The complainant was only able to speak to the licensee face to face once.
- The licensee did not review her case but just prescribed her existing regimen and made adjustments based on what the complainant requested.
- In November of 2022 the office called the complainant to schedule an office visit for December, even though they had monthly appointments with the

licensee, and was informed that the office would not cover prescriptions for the three months that the complainant planned to reside out of state.

- The licensee dismissed the complainant from the practice due to the complainant's abusive behavior toward staff.

In December 2022 the complainant sent an email stating that they wished to withdraw the complaint.

The licensee responded that:

- The licensee saw the complainant for a total of four appointments, first face to face, then by telephone.
- The licensee did discharge the patient after the patient became abusive toward the staff when informed that the practice would not prescribe medication for refills out of state.
- The complainant signed an informed consent which includes the requirement for filling controlled substance prescriptions at one pharmacy only.
- The licensee was concerned about the level of acuity for this patient and about the combination and doses of medications but also sympathetic to the need for prescription fills while a treatment plan was created, and made a plan to discuss care with the previous treating psychiatrist, which the licensee did on the next day
- The first the practice learned of the complainant's plan to winter out of state was in a phone call with staff on 11/16/22. When informed of the practice policy regarding out of state prescriptions the patient began yelling and was told that the practice manager would call. The practice manager called the same day and the patient's interaction remained escalated and included name calling.
- The licensee then spoke with the complainant, who was calm until told that abuse of the staff was not acceptable, when she became "very angry." Details of that conversation are not included in the response. The licensee offered to help to find new psychiatrists for the patient and to provide bridging prescriptions.

Care was appropriate and properly documented.

#### 11. CR22-227

Dr. Fanjoy moved to dismiss the complaint. Dr. Fay-Leblanc seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For



Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**MOTION:** A patient with a history of throat cancer in remission and chronic pain on chronic opioid therapy alleges that the licensee inappropriately weaned his oxycodone as a result of a falsified abnormal urine drug screen. The licensee's response and medical records corroborate that the patient had two positive urine drug screens and the subsequent wean of his medication was safe and appropriate. The patient was offered several alternative modalities for pain control which were declined. The patient's concerns regarding his medical condition were addressed with appropriate testing and referrals. Treatment of the patient was appropriate and within the standard of care.

**12. CR22-228**

Dr. Fay-Leblanc moved to dismiss the complaint. Mr. Ross seconded the motion.

A roll call vote was taken, and the motion passed 7 in favor, 1 recused.

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: Recused  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**MOTION:** The patient is a 57-year-old man with a history of rheumatoid arthritis on 9 mg of prednisone for many years. The patient presented to the emergency room with a number of symptoms and was concerned he was experiencing an adrenal crisis. Review of the records show the licensee did a thorough work-up in the emergency room and that work-up did not indicate an adrenal crisis. The patient was discharged with three days of stress dose steroids and was then to restart a taper. The patient had follow-up with rheumatology and endocrinology. Review of the records indicates that appropriate care was provided.

**13. CR22-230**

Ms. Weinstein moved to table the matter. Mr. Ross seconded the motion.

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

Dr. Gleaton: For

Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**14. CR22-235**

Mr. Jamison moved to dismiss the complaint. Dr. Fay-Leblanc seconded the motion.

A roll call vote was taken, and the motion passed 6 in favor, 2 recused.

Dr. Gleaton: Recused  
Mr. Ross: Recused  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**MOTION:** This complaint arises due to communication issues and alleged complainant behavior at a medical practice. The complainant was scheduled for a July appointment but did not keep the appointment. Due to miscommunication, a provider leaving the practice and office cancellations by the practice, the complainant was not seen again until December. The December visit did not go well. The complainant alleges the practice neglected her care and the licensee thru staff alleges significant behavior problems on the part of the complainant. The licensee acknowledges practice difficulties in communications, provider scheduling and availability and appropriate notification to patients. There would appear to be “fault” enough to go around. The complainant has established care at another practice although has not been seen there yet. The complainant was discharged from the licensee’s practice due to a broken therapeutic relationship and staff concerns about complainant’s behavior. The licensee acknowledges some practice difficulties with communication and has some plans to address them.

**15. CR22-236**

Dr. Fanjoy moved to dismiss the complaint. Dr. Nesin seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For

Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**MOTION:** A patient presented to the emergency department for non-specific symptoms of intermittent severe headaches, fatigue, and subjective fevers. The patient alleges that the licensee inappropriately managed his condition with unnecessary testing and emergency department follow-up. The records support the workup to rule out life-threatening causes of his symptoms, and his abnormal laboratory testing necessitated close follow-up. His tick panels were correctly ordered and the diagnosis of anaplasmosis was confirmed by the lab several days later. The patient was appropriately treated with medication and clinically improved. The licensee's care of the patient was appropriate.

**16. CR22-241**

Dr. Waddell moved to dismiss the complaint. Dr. Nesin seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**MOTION:** The complainant alleges that the licensee failed to properly consider lung cancer as a potential cause of the patient's chronic respiratory symptoms and failed to order appropriate imaging and referrals. Review of the medical records indicates that reasonable care was provided by the licensee. The patient was under the concurrent care of appropriate consultants although it appears that he was lost to consultant follow up during the pandemic. There appears to have been a gap in follow up from a CT scan in November of 2019 but the cause of this is likely multifactorial. The clinical consequences of this gap are uncertain.

**17. CR23-4**

Ms. Weinstein moved to dismiss the complaint. Dr. Fay-Leblanc seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**MOTION:** A patient complains the licensee engaged in unprofessional behavior by cancelling two office visits with her. The patient was offered a telehealth visit as well as early morning office visits however declined both due to her work schedule. Appropriate steps were taken to attempt to accommodate the patient who then chose to transfer care to another provider.

**18. CR23-5**

Dr. Waddell moved to dismiss the complaint. Mr. Ross seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**MOTION:** The patient complains that the licensee did not perform the proper procedure for her condition. She also alleges that the licensee did not properly follow her and address complications from the procedure. Finally, she alleges that the licensee “blacklisted” her with his peers making it difficult for her to get proper care elsewhere. Review of the complaint, response and medical records does not support the allegations.

**19. CR23-6**

Dr. Fay-Leblanc moved to dismiss the complaint. Dr. Nesin seconded the motion.

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

Dr. Gleaton: For

Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**MOTION:** The patient is an 80-year-old man status post cystoscopy three days prior who presents to the emergency department with urinary retention and fever. The patient was admitted for a urinary tract infection. Nursing staff was unable to place a foley after several attempts and the licensee is the on-call urologist who was covering the hospital at that time. The licensee also tried to place the catheter at the bedside without success. The licensee ended up placing the catheter via cystoscopy. He reported the prostate appeared obstructive and there was a “ridge” possibly scar tissue. The patient found the multiple attempts to place the foley very painful and was alarmed by the amount of blood in the foley bag. There was also a complaint about the inappropriate billing code being used. In reviewing the record, the licensee indicated this was a mistake and has been in touch with the hospital billing department in an effort to rectify it. Review of the records reveals appropriate care.

**20. CR23-8**

Dr. Fay-Leblanc moved to dismiss the complaint. Ms. Weinstein seconded the motion.

A roll call vote was taken, and the motion passed 6 in favor, 2 recused.

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: Recused  
Dr. Waddell: Recused  
Ms. Weinstein: For

**MOTION:** The licensee is a physician assistant working in an urgent care center. On the day of the incident the other provider scheduled to work called out and the licensee was overwhelmed by the volume of patients without adequate help. In this context the licensee expressed frustration and used inappropriate language with a medical assistant staff member. This was reported confidentially. After being spoken with by human resources and his supervisor and advised not to discuss the meeting, he did discuss what had happened with staff. The licensee reports he did this not in retaliation, but because he was trying to apologize as he did not intend to offend anyone. The licensee reported his termination to the Board, has engaged with a

therapist and has taken continuing medical education courses on professional boundaries. His psychiatric evaluation supports this was a single incident and not a pattern, that he has grown from the experience, and taken it upon himself to work to make sure it doesn't happen again.

**21. CR23-10**

Dr. Nesin moved to dismiss the complaint. Mr. Ross seconded the motion.

A roll call vote was taken, and the motion passed 7 in favor, 1 recused.

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: Recused  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**MOTION:** The complainant was a patient and asserts that:

- The licensee did not review past medical records.
- The licensee ignored the “state board’s” decision that the medication regimen was appropriate.
- The licensee lied in stating that the “board” didn’t hear the case.
- The licensee cut the medications in half and continues to taper them.

The licensee responded that:

- The patient was on more than 400 MME daily of opioid medication when the licensee assumed care and a gradual tapering plan was discussed and a referral was made for specialty evaluation.
- A surgical procedure was planned for the patient (by the specialty practice) and taper was held pending that surgery.
- The patient was closely monitored with Prescription Monitoring Program (PMP) reviews, urine drug screens and risk assessment tools.
- Following the surgery, the licensee reviewed the PMP and notes non-reassuring patterns of drug refills, multiple prescribers, dose changes and multiple pharmacies. The licensee coordinated care with the specialty providers and planned to resume tapering, though due to postoperative pain that was deferred. The patient was experiencing frequent falls as well.
- In October 2022 the patient was past the six months interval allowed for the tapering exemption code for doses over 100 MME and referral was made to palliative care, but the patient was not considered appropriate for that evaluation. Ultimately it was decided to resume the taper.

- Beginning in January of 2023 the patient left “derogatory, hostile, threatening and aggressive” messages with the practice. Due to explicit threats it was determined that only telehealth would be offered and that tapering to cessation would be required, since monitoring with pill counts and drug screens would not be feasible and this was conveyed to the patient during a follow up telehealth visit.

The care and care plan were appropriate and properly documented.

**22. CR23-14**

Dr. Fanjoy moved to dismiss the complaint. Dr. Fay-Leblanc seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**MOTION:** A patient alleges that his primary care physician labels him as a drug addict and forces him to take medication for his medical condition despite being allergic to the medication. The patient has a history of multiple concussions, chronic headaches, cannabis dependence and syncope and was referred to a neurologist who had recommended gabapentin. The licensee indicates that he has never discussed this medication with the patient, and he believes that the patient may have misunderstood the origins of the recommendation. The licensee has provided primary care for the patient for several years and summarizes an overview of the patient’s care in his response and his general resistance to lifestyle modification and pursuing additional testing and treatment. The medical records indicate appropriate patient care.

**23. CR23-27**

Dr. Waddell moved to table the matter. Dr. Fay-Leblanc seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For

Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**24. CR23-29**

Mr. Jamison moved to dismiss the complaint. Ms. Weinstein seconded the motion.

A roll call vote was taken, and the motion passed 7 in favor, 1 recused.

Dr. Gleaton: For  
Mr. Ross: Recused  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**MOTION:** The complainant states the licensee unreasonably decided to discontinue a medication the complainant believed was needed without notification to the complainant. There is in the record information suggesting notification and reasoning for the discontinuation which stems from an abundance of caution regarding possible side effects of long-term use of NSAIDs on kidney function. The complainant was notified but apparently did not see or did not get the notification. Kidney function tests were repeated and found to be normal, and the medication was agreed to be restarted but the licensee was away due to personal health issues and the medication as not restarted for approximately eight weeks. Given the nature of the practice site and rules and regulations therein no action on the restart was taken until the licensee returned. Additionally, another medication was not agreeing with the complainant and a trial of a different medication was initiated and was not successful. The complainant believes a different medication was more appropriate for him but was not considered. Appropriate care was provided by the licensee. It seems more care and follow up could have been taken with communication in a difficult environment, but the record does not support this was necessarily the fault of the licensee.

**25. CR23-31**

Dr. Gleaton moved to investigate further and request that the physician complete a medical record documentation course through either CPEP or PACE, as referenced in his response, submit a letter to the Board explaining what he learned from the course, and submit a letter from his current employer addressing his competency and medical record keeping. Mr. Ross seconded the motion.

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



Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**26. CR23-33**

Ms. Weinstein moved to dismiss the complaint. Dr. Fanjoy seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**MOTION:** A patient complains the note in her medical record was untrue and defamatory and the physician was difficult to reach after a procedure was performed. The record notes were documented by an echocardiogram technician not the physician, however the physician recognized how the wording in the report could be perceived and then offered to delete this from the patient's record.

The office staff reached out and set up a telehealth visit when the patient requested to speak with the physician. The patient did not answer the phone at the time of the call, nor did she answer the telephone when the physician called her again later that day.

Appropriate care has been provided.

**27. CR23-35**

Dr. Nesin moved to dismiss the complaint. Ms. Weinstein seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For

Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**MOTION:** The complainant was a patient and asserts that:

- The licensee refused to refill certain medications.
- The licensee is arrogant and condescending.
- The licensee persists in discussing smoking cessation.
- None of the complainant's providers properly diagnosed a lung infection for over a year.
- The complainant is also dissatisfied with their primary care provider.

The licensee responds that:

- Prior prescriptions were continued until insurance would not cover, and then appropriate trials of alternatives were undertaken, including filing appeals with the insurance company.
- Smoking cessation is an important part of the treatment plan for this patient's problems.
- The patient was closely monitored with Prescription Monitoring Program reviews, urine drug screens and risk assessment tools.
- Communication was challenging because the patient's voicemail was full.
- The licensee actually undertook a diagnostic workup when the patient complained of cough and offered appropriate treatment.

The licensee also denies being arrogant and condescending and the complainant does not offer specific examples. The care and care plan were appropriate and properly documented.

## 28. CR23-41

Dr. Gleaton moved to dismiss the complaint. Mr. Ross seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**MOTION:** A patient's adult daughter complains that her father's internal medicine physician did not return her calls to discuss her father's healthcare. The record reveals discussions between the physician and the father concerning relationship stressors involving the daughter and the father's desire that the physician did not disclose any of his health information to his daughter. The physician honored his patient of fifteen years wishes.

**29. CR23-47**

Mr. Jamison moved to dismiss the complaint. Mr. Ross seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**MOTION:** This complaint is concerned chiefly with an alleged HIPAA violation. Review of the record and case file information suggests no evidence of said HIPAA violation. Rather the record suggests the licensee attempting to assist the complainant with a difficult mental health issue including offering additional visits which were declined. The complainant's information suggests a possible problem with other public service but not with the licensee. Appropriate care was provided and there is no record of a HIPAA violation.

**30. Intentionally left blank**

**31. Intentionally left blank**

**V. Assessment and Direction**

**32. AD23-19**

Dr. Nesin moved to issue a complaint (**CR23-88**), obtain five additional patient medical records, and obtain an expert review. Mr. Ross seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For

Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**33. AD23-20**

Dr. Nesin moved to issue a complaint (**CR23-89**), obtain five additional patient medical records, and obtain an expert review. Dr. Fanjoy seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**34. AD23-50**

Mr. Ross moved to issue a complaint (**CR23-90**) and refer information regarding a nurse midwife involved in the patient's care to the Board of Nursing. Dr. Fanjoy seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**35. AD23-68**

Dr. Waddell moved to offer the physician a consent agreement for the immediate surrender of her license. Dr. Fay-Leblanc seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**36. Intentionally left blank**

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

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

**38. Consumer Assistance Specialist Feedback**

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

**VI. Informal Conference (none)**

**VII. Minutes for Approval**

Mr. Ross moved to approve the minutes of the April 11, 2023, meeting. Dr. Nesin seconded the motion.

A roll call vote was taken, and the motion passed 6 in favor, 2 abstained.

Dr. Gleaton: Abstained  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: Abstained  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**VIII. Consent Agreement Monitoring**

**A. Monitoring Reports**

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

Dr. Fanjoy moved to approve the mentor/preceptor's recommendation that Dr. Richardson transition to a twelve-month period of general supervision with

quarterly reports to the Board based on completion of his direct supervision period. Dr. Fay-Leblanc seconded the motion.

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

**IX. Adjudicatory Hearing (none)**

**X. Remarks of Chair**

Dr. Gleaton and Ms. Weinstein gave brief reports on their attendance at the Federation of State Medical Boards annual meeting. Topics discussed at the meeting included the ongoing opioid crisis, the future of CME, artificial intelligence and implicit bias.

**XI. Remarks of Executive Director**

Mr. Smith reported that the process to hire a Medical Director is ongoing.

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

The Board reviewed Mr. Terranova's written report.

**A. IMLCC – PA Compact**

As reported at the January 2023 meeting, model language for a physician assistant compact was introduced by the American Academy of Physician Associates (AAPA), the National Commission on Certification of Physician Assistants (NCCPA), the Federation of State Medical Boards (FSMB) and the Council of State Governments (CSG). The model language was introduced in five states and passed in one.

Due to concerns voiced by multiple state boards, members of the Interstate Medical Licensure Compact Commission (IMLCC) drafted their own model language. IMLCC Commissioners will be asked to vote on the proposed language at the May 16<sup>th</sup> IMLCC meeting.

As the Board's representative to IMLCC, Mr. Terranova sought direction from the Board regarding his vote. The Board was not in favor of endorsing the IMLCC model.

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

**XIV. Remarks of Assistant Attorney General**

AAG Miller reported that an appeal filed by Dr. Marc Gorayeb was dismissed by the Law Court.

AAG Miller notified the Board that she will not be present for the June 13<sup>th</sup> Board meeting and that either AAG Megan Hudson or AAG Katie Johnson will serve as the Board's legal counsel at that meeting.

**XV. Rulemaking (none)**

**XVI. Policy Review (none)**

**XVII. Requests for Guidance (none)**

**XVIII. Board Correspondence (none)**

**XIX. FSMB Material (none)**

**XX. FYI (none)**

**XXI. Other Business (none)**

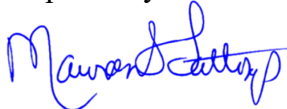
**XXII. Adjournment 1:21 p.m.**

At 1:21 p.m. Ms. Weinstein moved to adjourn the meeting. Mr. Ross seconded the motion.

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

Dr. Gleaton: For  
Mr. Ross: For  
Dr. Fanjoy: For  
Dr. Fay-Leblanc: For  
Mr. Jamison: For  
Dr. Nesin: For  
Dr. Waddell: For  
Ms. Weinstein: For

Respectfully submitted,



Maureen S. Lathrop  
Administrative Assistant

Dear Mr. Smith,

In accordance with the “Board Member Remote Participation Policy” adopted by the Board on January 10, 2023, I am directing that the May 9, 2023, meeting of the Board be conducted virtually through exclusively remote participation pursuant to Section 2(A) of that policy. In support of this directive, I have determined that, based on the following circumstances, there exists an emergency or urgent situation which, pursuant to the policy, requires the Board to meet by entirely remote methods on May 9, 2023:

1. The Secretary of the U.S. Department of Health and Human Services first proclaimed on January 31, 2020, and most recently renewed on February 28, 2022, the nationwide public health emergency (PHE) due to the continued consequences of the Coronavirus Disease 2019 (COVID-19) pandemic.  
(<https://aspr.hhs.gov/legal/PHE/Pages/default.aspx>)
2. The Commissioner of the Maine Department of Health and Human Services declared on July 1, 2021, a health emergency due to the continued consequences of the COVID-19 pandemic, which shall remain in effect through the duration of the PHE declared by the Secretary of the U.S. Department of Health and Human Services.  
(<https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Public%20Health%20Emergency%20Declaration%206-30-21.pdf>)
3. The acting Secretary of the U.S. Department of Health and Human Services wrote a letter to all Governors on January 22, 2021 stating, “To assure you of our commitment to the ongoing response, we have determined that the PHE will likely remain in place for the entirety of 2021, and when a decision is made to terminate the declaration or let it expire, HHS will provide states with 60 days' notice prior to its termination.”  
(<https://ccf.georgetown.edu/wp-content/uploads/2021/01/Public-Health-Emergency-Message-to-Governors.pdf>)
4. Efforts to combat the pandemic continue in Maine where, as of April 25, 2023, 322,448 residents have been infected (229,462 confirmed and 92,986 probable), 7,376 residents have been hospitalized with the virus, and 3,026 people have died from the virus since January 2020. (<https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus/data.shtml>)
5. As of April 25, 2023, the number of new COVID-19 infections in the State of Maine as confirmed by testing brings the seven-day average of new cases in the State to 43; the number of new cases (confirmed and probable) statewide is 305; the number of current hospitalizations is 60 (with 8 in critical care); the total number of deaths is 3,026.  
(<https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus/data.shtml>)
6. Viruses like SARS-CoV-2 continuously evolve. The Omicron variant of SARS-CoV-2 (including B.1.1.529, BA.1, BA.1.1, BA.2, BA.3, BA.4 and BA.5 lineages) is currently



classified as a Variant of Concern. As of April 25, 2023, the Omicron variant represents 100 percent of all sequenced samples collected in Maine.

7. As of April 25, 2023, 16 of Maine's counties are in the “low”, 0 counties are in the “medium,” and 0 counties are in the “high” transmission category as defined by the U.S. Centers for Disease Control and Prevention.  
([https://covid.cdc.gov/covid-data-tracker/#county-view?list\\_select\\_state=Maine&data-type=CommunityLevels](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Maine&data-type=CommunityLevels))
8. Seven of the Boards’ members (5 physicians and 2 physician assistants) are actively practicing medicine or rendering medical services and are potentially exposed to the COVID-19 virus while seeing and treating patients at medical facilities, including hospitals, despite taking precautionary measures.
9. An in-person meeting of the Board is foreseeably likely to result in an increased risk of exposure to the COVID-19 virus, which has an incubation period of 2-14 days before the onset of symptoms, for members of the Board, its staff, licensees, and members of the public.
10. Conducting an in-person Board meeting on May 9, 2023, is not practicable due to the widespread persistence in COVID-19 infections and the continued threat of exposure of the COVID-19 virus to Board members and to members of the public. Therefore, I have determined that there is an emergency such that the May 9, 2023, Board meeting shall be held entirely remotely as the best way to protect the safety and wellbeing of the members of the Board, its staff, licensees, and members of the public.

There will be no physical location where members of the public may attend this meeting. The Board will continue to provide members of the public a meaningful opportunity to attend the meeting remotely via Zoom as it has successfully done since April of 2020. Please post this determination to the Board website and update the agenda to include the Zoom information as soon as possible.

Maroulla S. Gleaton, M.D.  
Chair, Maine Board of Licensure in Medicine