Maine Board of Licensure in Medicine
Minutes Index
May 12, 2026

Maine Board of Licensure in Medicine
Minutes of May 12, 2026

Board Members Present: Chair Renée Fay-LeBlanc, MD; Secretary Christopher Ross, PA; Holly Fanjoy, MD; David Flaherty, PA; Noah Nesin, MD; Anthony Ng, MD; Public Member Jonathan Sahrbeck; and Public Member Lynne Weinstein

Board Members Absent: Maroulla Gleaton, MD and Public Member Gregory Jamison, RPh

Board Staff Present: Executive Director Timothy E. Terranova; Assistant Executive Director Valerie Hunt; Medical Director Paul N. Smith, MD; Complaint Coordinator Kelly McLaughlin; Consumer Assistance Specialist Faith McLaughlin; Administrative Assistant Maureen S. Lathrop; Licensing Supervisor Tracy Morrison; Licensing Specialist Savannah Okoronkwo and Licensing Specialist Sarah R. Gagne

Attorney General's Office Staff Present: Assistant Attorney General Jennifer Willis

The meeting was held at the Board's Offices in Augusta, Maine with Board members participating in person. The Board met in public session except during the times listed below which were held in executive session. Executive sessions are held to consider matters which, under statute, are confidential. During the public session of the meeting, actions were taken on all matters discussed during executive session. 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**
9:07 a.m. – 9:16 a.m.	Pursuant to 1 M.R.S. § 405(6)(F) and 22 M.R.S. § 1711-C to maintain confidentiality of protected health information
11:11 a.m. – 11:24 a.m.	Pursuant to 1 M.R.S. 405(6)(F) and 10 M.R.S. § 8003-B(1) to protect the identity of a licensee during the pendency of an investigation

RECESSES	
10:00 a.m. – 10:12 a.m.	Recess
12:01 p.m. – 12:30 p.m.	Lunch

I. Call to Order

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

A. Amendments to Agenda

Mr. Ross moved to amend the Tuition Reimbursement Policy off the agenda. Dr. Nesin seconded the motion, which passed unanimously.

B. Scheduled Agenda Items (none)

II. Licensing

A. Applications for Individual Consideration

1. Initial Applications

a. Alison Christina Schmeck, MD

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

2. Reinstatement Applications (none)

3. Renewal Applications (none)

4. Requests to Convert to Active Status (none)

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

6. Requests for Collaborative Agreements (none)

B. Other Items for Discussion

1. Daniel Nam, MD

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

MOTION: As part of his application, the physician answered questions for the Federation Credentials Verification Service (FCVS) regarding his post graduate training. The physician and the program director for his internship answered these questions differently. The FCVS identified this discrepancy in the physician's answers to the Unusual Circumstances questions. The Board reviewed and considered the physician's statements regarding his interpretation of the FCVS questions, his experiences in that internship program, and recollection of events in 1998.

The guidance is as follows: Please review carefully the materials related to the discrepancies in your FCVS reporting and the internship director's FCVS reporting that surfaced during your current application process. Pursuant to 32 M.R.S. § 3282-A(2)(A), the Board may impose discipline on applicants and licensees for engaging in fraud, deceit, or misrepresentation in obtaining a license or rendering services under that license. Maine case law defines misrepresentation to include a simple misstatement of fact. Accordingly, the Board advises all applicants and licensees to carefully phrase their answers to application questions to ensure the information they provide to the Board is factually accurate.

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. Jake N. Cho, MD – First Amendment to Consent Agreement (CR23-165)

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

B. Allan S. Teel, MD – First Amendment to Consent Agreement (CR24-126)

Dr. Fanjoy moved to approve the first amendment to consent agreement. Mr. Flaherty seconded the motion, which passed unanimously.

C. Bruce G. Manley, PA – Consent Agreement (CR25-235)

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

IV. Complaints

1. CR24-278

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

MOTION: A 73-year-old female was seen in the emergency department for an acute headache and hypertension. The patient's daughter alleges that a brain MRA scan was misinterpreted by the licensee which resulted in delayed diagnosis of an aneurysm. The patient ultimately was diagnosed with a carotid-cavernous fistula for which she underwent intervention one month later. She developed post-operative complications including a hemorrhagic stroke with significant functional deficits. She did poorly following this and ultimately was placed on hospice and passed away several months later. The licensee indicates that she did not have an aneurysm identified on the initial MRA and that the emergency medicine physician attributed her headache and symptoms to hypertension. The radiology report of the MRA indicated some abnormality for which the licensee did not provide a differential diagnosis, and further workup of this abnormality did not occur on the initial visit. The licensee feels that his interpretation was appropriate and within the standard of care. The board obtained an expert review of the case by a neuroradiologist including evaluation of the imaging study which determined that the licensee's care was appropriate and within the standard of care.

2. CR25-106

Dr. Fanjoy moved to investigate further and request that the physician respond to concerns identified in the expert review and questions from the Board. Mr. Ross seconded the motion, which passed unanimously.

3. CR25-163

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

MOTION: The complainant is a patient who alleges that the licensee was neglectful and did not effectively treat her pain or reassess her when she was admitted to the hospital. The patient was experiencing severe abdominal pain and alleges that the nursing staff was not able to contact the licensee overnight for additional medication or treatment. The patient ultimately was assessed by another surgeon at change of shift and required emergent surgery for small bowel volvulus with obstruction and bowel ischemia. The licensee responds with his rationale for not ordering Dilaudid and feels that he provided appropriate care. The Board ordered an expert review of the case which identified an opportunity for improvement in timely communication and responsiveness to patient care. The licensee was asked to complete a course on communication and documentation and he completed the PBI course on risk management. He provided an insightful and appropriate response regarding what he has learned from this case.

4. **CR25-209 David H. Otto, MD**

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

MOTION: The Board initiated a complaint after receiving a report that the physician attempted to prescribe for himself several medications and were unaware of the ethical limitations on self-prescribing. The physician completed an American Medical Association course on medical ethics and submitted a response to the Board after that course indicating that he now has a clear understanding of the issues and concerns related to this complaint. The physician also attested to the fact that going forward he will maintain current knowledge of, and comport his professional conduct with, the AMA Code of Ethics.

The guidance is as follows: It is important for clinicians to understand and maintain professional boundaries in their clinical practice. Failure to do so can interfere with unbiased judgment and can compromise both safety and quality of care.

5. **CR25-215**

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

Following further discussion, Dr. Nesin moved to withdraw his motion to dismiss and moved to investigate further. Mr. Ross seconded the motion, which passed unanimously.

Dr. Nesin moved to refer information to the State Board of Nursing. Mr. Flaherty seconded the motion, which passed unanimously.

6. **CR25-236**

Mr. Ross moved to investigate further and request that the physician complete a minimum of three hours of continuing medical education preapproved by the case reporter regarding recognition of stroke. Dr. Ng seconded the motion, which passed unanimously.

7. **CR25-277**

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

8. **CR25-279**
   Ms. Weinstein moved to investigate further and issue a letter of guidance. Dr. Ng seconded the motion, which passed unanimously.

9. **CR25-287**
   Dr. Fanjoy moved to dismiss the complaint. Mr. Ross seconded the motion, which passed unanimously.

   MOTION: The complainant is a patient who alleges that the licensee was judgmental and unprofessional during two encounters in the emergency department for alcohol use disorder. The patient also alleges that the licensee refused to provide him with a work note over a year later out of spite. The patient was seen for a lower extremity superficial venous thrombosis by another provider and contacted the emergency department the following day to obtain a work note. The licensee was on shift at that time and did not feel comfortable providing a work note based on the diagnosis and the fact that he had not seen the patient for this issue. The licensee denies that he was judgmental and indicates that he personally had not seen the patient for over a year, nor would he deny a work note in retaliation. The licensee summarizes the patient's prior visits for alcohol use disorder and states that he provided empathetic and appropriate care. The medical record corroborates that the patient received reasonable treatment for recurrent alcohol use and requests for detoxification including multiple prescriptions, provision of resources, and attempts to refer for outpatient treatment. The licensee's treatment of the patient appears to be appropriate and within the standard of care.

10. **CR25-298**
    Mr. Ross moved to investigate further and issue a letter of guidance and refer information to the Board of Pharmacy. Dr. Nesin seconded the motion, which passed 7-0-0-1. Dr. Fay-LeBlanc was recused from the matter and left the room.

11. **CR26-3**
    Dr. Nesin moved to investigate further and obtain an outside expert review. Mr. Ross seconded the motion, which passed unanimously.

12. **CR26-4**
    Ms. Weinstein moved to dismiss the complaint. Mr. Ross seconded the motion, which passed unanimously.

    MOTION: A complex patient with many non-specific symptoms complained of the care she received from the licensee, leaving her to feel disrespected, frustrated and intimidated. Review of the records reveal sincere detailed conversation about her healthcare, referrals and recommendations. Appropriate care has been provided.

13. **CR26-5 Tanya L. Fedyshyn, PA**
    Mr. Ross moved to dismiss the complaint with a letter of guidance. Dr. Fanjoy seconded the motion, which passed unanimously.

    MOTION: Between October 3, 2022, and September 8, 2025, the physician associate rendered medical services to patients in Maine without having filed the documentation

required despite Board staff communication notifying her that she had not completed the documentation requirements necessary to render medical services in Maine.

The guidance is as follows: The Board's laws and rules outline the obligations of physician associates as licensees of the Board, including the paperwork that must be filed with or approved by the Board, depending on the physician associate's clinical practice hours and practice setting. All licensees must review these laws and rules and ensure their own compliance to avoid disciplinary action.

14. CR26-6

Mr. Sahrbeck moved to preliminarily deny the physician's license renewal application. Ms. Weinstein seconded the motion, which passed unanimously.

15. CR26-10

At 9:07 a.m. Dr. Ng moved to enter executive session pursuant to 1 M.R.S. § 405(6)(F) and 22 M.R.S. § 1711-C to maintain confidentiality of protected health information. Mr. Ross seconded the motion, which passed unanimously.

At 9:16 a.m. Mr. Ross moved to come out of executive session. Ms. Weinstein seconded the motion, which passed unanimously.

Mr. Flaherty moved to investigate further and request that the physician complete a minimum of four to six hours of continuing medical education preapproved by the case reporter regarding boundaries, self-prescribing, ethics and professionalism. Dr. Nesin seconded the motion, which passed 7-1.

16. CR26-11

Mr. Flaherty moved to investigate further and direct that the physician associate have a § 3286 evaluation, complete a minimum of 5 hours of continuing medical education specific to the federal regulations regarding management of controlled substances approved by the case reporter and report to the Board what he gained from the course, and request that the PA's employer submit an interim report regarding his progress with the performance improvement plan by June 15, 2026 and a second report three months after. Dr. Ng seconded the motion, which passed unanimously.

17. CR26-16

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

MOTION: A patient complains about the lack of communication and information provided by the licensee regarding his blood pressure, provider involvement and lack of consistent clinical guidance. Review of the record reveals appropriate care has been provided by the clinical care team.

18. CR26-18

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

MOTION: The patient complains that he waited a long time to see the provider and that his visit was then very short, not very thorough and that the documentation times in the medical record were not accurate. The patient further alleges that the licensee's treatment plan was not appropriate and that he needed to go to Boston for a second opinion where he had surgery. The licensee responds that the injury occurred two months before he saw the patient. At the time of the visit, there was already a significant amount of healing and scar tissue formation and the licensee felt that a non-operative approach was reasonable. The licensee explained the visit with the patient, the x-rays reviewed during the visit and included a paper in his response about the non-operative and operative approaches to this type of injury. The licensee also reported that the patient arrived quite early for his appointment and that he was seen initially, had x-rays and was then seen again. The licensee denies changing any time stamps in the medical record. Review of the records does not support any changes made to the documentation. The records from the licensee are clear. The records from the surgeon in Boston do not comment on any prior treatment.

19. CR26-21

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

MOTION: The complainant alleges that:

- The licensee was extremely rude and unprofessional;
- She requested a prescription that was not amoxicillin for her child due to allergies;
- She is allergic to amoxicillin and to avoid any reactions she requests other antibiotics for her children;
- The licensee was scrutinizing her request for a different antibiotic and made her husband feel stupid because he "googled" information; and
- The licensee mentioned her child's vaccination status in his medical record notes even though it had nothing to do with her child's ear infection.

The licensee is an emergency medicine physician. The licensee expressed distress about learning of the complaint and was apologetic that the family felt they were treated unprofessionally. The licensee states that after he diagnosed the patient with an ear infection, he prescribed Amoxicillin initially but later changed to azithromycin after a discussion with both parents in the presence of a nurse. The Licensee states that his note about the patient's immunization status was not in any way a judgment and truly regrets it being read that way. The licensee never intended any of their questions, including about immunization history, to be dismissive of the questions raised by the complainant. The medical record does not indicate the patient has an allergy to amoxicillin.

20. CR26-24

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

MOTION: The complainant reports that licensee did not provide care to her grandmother, who is older and living in an assisted living facility, and that these allegations resulted in

numerous health problems and hospitalization. The licensee responded that he provided care based on the information that he received and how the patient presented to him. The licensee believes that the medical records, including those from the ER, indicate that the patient did not have the health problems as claimed and that the ER records show the patient was asymptomatic for what is claimed by the complainant.

21. CR26-25

Mr. Flaherty moved to investigate further and request that the physician submit additional records. Ms. Weinstein seconded the motion, which passed unanimously.

22. CR26-26

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

MOTION: The complainant alleges:

- The licensee did not provide appropriate or compassionate care when she treated the complainant in early 2010;
- She attempted suicide when she was 16 years old and the licensee was the provider who treated her at a psychiatric facility;
- Her medical records indicate that the licensee thought it was appropriate for the complainant's parents to punish her after her attempted suicide by encouraging them to not allow her to attend a fashion show; and
- Because of the licensee's treatment she is unable to trust providers and believed for a long time that being suicidal made you a bad person who deserves to be punished.

The licensee is a child and adolescent psychiatrist. The licensee indicated the patient was admitted after an intentional overdose of Vicodin pills and rubbing alcohol. The licensee states the documentation reflects the support for developmentally appropriate parental limit-setting during patient's inpatient stay and does not reflect punishment. Multiple family meetings were held to provide psychoeducation, improved communication, and support for a safe discharge plan. The licensee does not question the meaning the patient has made of her childhood experiences with the benefit of time and perspective; however, the licensee indicates there was no indication that any of her disclosures met the mandated-reporting criteria during patient's hospitalization. The licensee states her care in 2010 focused on safety, stabilization, family engagement, and structured discharge planning for a teenager after intentional ingestion. On review of supporting documents, it seems the licensee was following guidelines established for an acute psychiatric hospitalization of an adolescent, which includes structure and limits setting in the context of the patient's treatment.

23. CR26-28

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

MOTION: The complainant, a patient seeking treatment for chronic left hip pain due to advanced osteoarthritis, alleged that the licensee, an orthopedic surgeon, unnecessarily delayed hip replacement surgery. The complainant claimed the licensee scheduled

redundant office visits and tests that provided little value but caused significant out-of-pocket financial burden. The licensee's evaluation, conservative management trial, informed consent process, surgical planning, and pre-operative optimization for total hip arthroplasty met or exceeded the standard of care expected of a competent orthopedic surgeon. The complaint reflects patient frustration with an administrative scheduling error, the inherent burdens of pre-operative preparation, out-of-pocket costs under the patient's insurance, and a resulting breakdown in the doctor-patient relationship rather than any clinical failing or ethical violation.

24. CR26-31

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

MOTION: The adult daughter of a patient complains a medication requiring preauthorization was not submitted. Review of the records reveal the treatment medication was ordered immediately following the patient consultation and approved within two weeks. The daughter requested the complaint be withdrawn however the licensee had already been notified.

25. CR26-37

Dr. Nesin moved to investigate further and request that the physician complete a minimum of three hours of continuing medical education preapproved by the case reporter regarding cognitive bias/heuristics and report what she gained from the course and how it might impact future practice. Mr. Flaherty seconded the motion, which passed 7-0-0-1. Dr. Fanjoy was recused from the matter and left the room.

26. CR26-41

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

MOTION: The parent of an infant complains that the licensee reported them to DHHS unnecessarily. The licensee responds that the infant appeared to have a bruise that was not documented when the infant was discharged after delivery. In good faith the licensee was following the law which mandates reports for any injury in an infant less than six months of age. Appropriate care was provided.

27. CR26-47

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

MOTION: The complainant alleges:

- The licensee was dismissive and unprofessional when he evaluated her;
- The licensee acted “paranoid” and repeatedly questioned if she was recording because she does have an auditory processing disorder;
- The licensee told her that he was going to bill Maine Care first then bill her primary insurance and when she asked, “Is that fraud?” he did not answer and just shrugged his shoulders;

- The licensee told her she had weird ideas even though she was explaining her experiences to him;
- The licensee told her she was not autistic and did not have ADD or ADHD even though she already had a diagnosis of autism and ADD/ADHD and has a family history of autism; and
- She was very upset by this appointment and can only describe it as being abused and "mind-raped" by the licensee.

The licensee is a psychiatrist. The licensee states he saw the complainant in October 2025 for a psychiatric consultation. The licensee states the complainant was referred by her primary care provider (PCP) for assessment of post-traumatic anxiety and learning disabilities. Documentation of the visit did indicate the complainant wanted to record the session, but due to institutional policy, she was informed that this was not possible. The licensee states he is sorry that the complainant experienced this consultation as frightening and counter-therapeutic. The licensee states he used professional language in his communications with the complainant and did not share his tentative diagnosis because he needed to think through the patient's concerns. The licensee states he disagrees with the complainant's allegations regarding "fraud" as he, in an effort to be transparent, told her he was not sure if he was credentialed with Tri Care Prime Insurance. The licensee states the descriptions of grossly inappropriate behaviors and quotations of grossly inappropriate speech did not occur in her appointment but agrees with the complainant that a psychiatrist who behaves like that is outside the standard of care. Medical documentation supports the recommendations and plan outlined by the licensee.

28. CR26-48

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

29. CR26-59

Dr. Ng moved to investigate further and request that the physician respond to questions from the Board and complete a minimum of three hours of continuing medical education preapproved by the case reporter regarding affirming care of transgender patients and report to the Board what he gained from the course. Dr. Fanjoy seconded the motion, which passed unanimously.

30. CR26-61

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

Dr. Nesin moved to refer information to the Board of Pharmacy. Dr. Ng seconded the motion, which passed unanimously.

MOTION: The complainant reports the licensee failed to provide refill prescriptions and it resulted without him having medications. The licensee responds that any lapse in the ability to receive refills of the prescription was due to non-communication with the complainant from the practice. In addition, the licensee, as a physician associate, was not the prescriber of the medication.

31. CR26-54

Mr. Ross moved to investigate further and issue a letter of guidance. Mr. Sahrbeck seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

32. CR26-8 Emma M. Connelly, MD

Dr. Ng moved to dismiss the complaint with a letter of guidance. Ms. Weinstein seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

MOTION: On August 29, 2025, the physician was dismissed from the Family Medicine Residency Training Program at Eastern Maine Medical Center. She did not report her change in employment status to the Board.

The guidance is as follows: All Board licensees should be familiar with Board laws and rules and ensure their ongoing compliance with those laws and rules, including timely reporting changes in their status as required by the Board.

33. CR25-210

Mr. Ross moved to accept the physician's permanent surrender of license while under investigation. Mr. Sahrbeck seconded the motion, which passed unanimously.

34. Intentionally left blank

V. Assessment and Direction

1. AD24-130

Dr. Nesin moved to table the matter until the November Board meeting. Mr. Ross seconded the motion, which passed unanimously.

2. AD26-36

Mr. Sahrbeck moved to issue a complaint **(CR26-115)** and request ten patient charts for review. Dr. Fanjoy seconded the motion, which passed unanimously.

3. AD26-42

Dr. Fanjoy moved to issue a complaint **(CR26-116)** and advise the physician associate that prior to requesting an active license he will be directed to undergo a § 3286 evaluation to assess fitness to practice. Mr. Sahrbeck seconded the motion, which passed unanimously.

4. AD26-46

Dr. Nesin moved to allow the physician to surrender his license while under investigation and if the offer is not accepted, issue a complaint and direct the physician to undergo a § 3286 evaluation. Dr. Fanjoy seconded the motion, which passed unanimously.

5. AD26-57

At 11:11 a.m. Dr. Ng moved to enter executive session pursuant to 1 M.R.S. 405(6)(F) and 10 M.R.S. § 8003-B(1) to protect the identity of a licensee during the pendency of an

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

At 11:24 a.m. Mr. Sahrbeck moved to come out of executive session. Mr. Ross seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

Dr. Fanjoy moved to issue a complaint **(CR26-113)** and direct staff to grant no extensions to the statutory response deadline of thirty days. Ms. Weinstein seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

6. AD26-70

Dr. Fanjoy moved to issue a complaint **(CR26-118)** and obtain an outside expert review. Dr. Ng seconded the motion, which passed unanimously.

7. Intentionally left blank

8. Intentionally left blank

9. Pending Adjudicatory Hearings and Informal Conferences report

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

10. Consumer Assistance Specialist Feedback

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

VI. Informal Conference (none)

VII. Minutes for Approval

A. April 14, 2026

Ms. Weinstein moved to approve the April 14th meeting minutes. Mr. Ross seconded the motion, which passed unanimously.

VIII. Consent Agreement Monitoring

A. Monitoring Reports

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

Mr. Sahrbeck moved not to approve the proposed expert reviewer for controlled substance prescribing and direct Dr. Adams to submit a new provider or program for approval no later than June 8th and directed staff to advise Dr. Adams that failure to comply may result in the Board finding him in substantial and material noncompliance with his consent agreement. Mr. Ross seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

Mr. Ross moved to approve the proposed continuing medical education courses and direct Dr. Adams to complete the courses and submit certificates of completion no later than June 8th and directed staff to advise Dr. Adams that failure to comply may result in the Board finding him in substantial and material noncompliance with his

consent agreement. Ms. Weinstein seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

2. **Albert W. Adams, MD (CR25-84)**
   Mr. Ross moved: 1) not to approve Dr. Adams' request to further delay enrollment in the Vanderbilt Professional Development for Distressed Physician Behaviors course until the fall and direct him to enroll in the first available course and provide proof of enrollment no later than June 8th; 2) direct Dr. Adams to schedule an appointment for his neuropsychological evaluation to occur no later than seven weeks from the date of his call and submit confirmation of the appointment no later than June 8th; and 3) directed staff to advise Dr. Adams that failure to comply may result in the Board finding him in substantial and material noncompliance with his consent agreement. Dr. Fanjoy seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

   The Board directed staff to explore whether financial assistance may be available.

3. **Susan D. Paul, MD**
   Dr. Fanjoy moved not to approve the proposed expert reviewer for controlled substance prescribing. Dr. Paul may submit a new provider or program with clinical experience in controlled substance prescribing for approval. Mr. Sahrbeck seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

   Following review of Dr. Paul's response explaining changes she has made in opioid prescribing, Mr. Sahrbeck moved to remind Dr. Paul that requirements for proper prescribing practices should apply to all controlled substances, not just opioids. Mr. Ross seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

   Following review of the three-month post recordkeeping course review, Mr. Sahrbeck moved that Dr. Paul should review and incorporate all recommendations from the record keeping course review. Mr. Ross seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

4. **Cameron R. Bonney, MD**
   The Board reviewed the monitoring report and took no action.

5. **Jake N. Cho, MD**
   Dr. Nesin moved to approve the proposed psychiatrist. Dr. Ng seconded the motion, which passed unanimously.

6. **Kathleen M.H. Dosiek, PA**
   Mr. Ross moved to terminate the consent agreement based on completion of the reentry plan requirements. Dr. Nesin seconded the motion, which passed unanimously.

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

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

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

10. **George M. Wu, MD**
    The Board reviewed the monitoring report and took no action.

11. **Courtney Macleod, PA**
    Dr. Nesin moved to approve the proposed psychotherapist. Mr. Ross seconded the motion, which passed unanimously.

IX. Adjudicatory Hearing (none)

X. Remarks of Chair

Dr. Fay-LeBlanc discussed the in-person meeting of BOLIM and BOL scheduled for June 16th. She noted it is an opportunity for members of both boards to meet and get to know each other. Dr. Fay-LeBlanc said that topics for discussion will include board leadership and the meeting schedule for the new board. She encouraged board members to attend the meeting if possible and to email comments or concerns to Mr. Terranova if they are unable able to attend.

Dr. Fay-LeBlanc commented on her recent attendance at the Federation of State Medical Boards annual meeting. Topics discussed included AI in Medicine as well as medical spas and clinics offering Ketamine and Psychedelics.

A. BOLIM-BOL Workgroup

The next meeting of the workgroup will be held on May 27th. Dr. Fay-LeBlanc encouraged board members to attend workgroup meetings and review workgroup materials and notes to remain informed of progress.

B. FSMB Annual Meeting

A written report from staff members who attended the meeting was included in the board meeting material.

XI. Executive Director's Monthly Report (none)

A. MMA-CQI Milestone Report

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

B. MMA-CQI Learning Lab

Mr. Terranova reported that the MMA-CQI website has been redesigned.

XII. Assistant Executive Director's Monthly Report

Ms. Hunt reported that BOLIM and BOL staff attended a kickoff meeting for the merger. Staff discussed the upcoming changes and set up a parking lot for comments and suggestions in the office to encourage full staff participation in the process.

Ms. Hunt reported that the Consultative Telemedicine Registration was written out of the statute for the new combined board and will no longer be available to apply for starting January 1, 2027. She outlined the plan created by staff to address any applications received from now until January 1st as well as assisting physicians currently holding this registration to obtain a clinical license if they choose.

A. MMA CQI and MPHP Proposals

Ms. Hunt and Mr. Terranova reviewed the current proposals for FY27 MPHP and MMA-CQI contracts.

Mr. Ross moved to approve a contract with MPHP for FY27 in the amount of $148,000. Mr. Sahrbeck seconded the motion, which passed unanimously.

Mr. Sahrbeck moved to approve a contract with the MMA-CQI for FY27 in the amount of $37,452 and approve three new educational modules to be created covering the following topics: 1) racial disparities in health care; 2) modern approaches to substance use disorder treatment; and 3) artificial intelligence in clinical practice. Mr. Ross seconded the motion, which passed unanimously.

XIII. Medical Director's Report (none)

XIV. Remarks of Assistant Attorney General

AAG Willis gave the Board an update on the status of pending litigation.

XV. Rulemaking

A. Chapter 15 Joint Rule Regarding Standards of Practice for Intravenous (IV) Therapy Businesses, Medical Spas and Medical Aesthetic Businesses

Mr. Sahrbeck moved to adopt the BSRC with correction of minor typographical errors and the Chapter 15 Joint Rule Regarding Standards of Practice for Intravenous (IV) Therapy Businesses, Medical Spas and Medical Aesthetic Businesses. Mr. Flaherty seconded the motion, which passed unanimously.

XVI. Policy Review

A. Tuition Reimbursement Policy (amended off agenda)

XVII. FSMB Material

A. Quarterly USMLE Update

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

B. USMLE Retake Sponsorship Form Revised 2026

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

XVIII. FYI

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

XIX. Other Business (none)

XX. Adjournment 1:41 p.m.

At 1:41 p.m. Mr. Ross moved to adjourn the meeting. Dr. Ng seconded the motion, which passed unanimously.

Prepared by Maureen S. Lathrop, Administrative Assistant
Board approved: June 9, 2026