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FROM THE CHAIR

Informed Consent: The Importance of Shared Decision Making

Renée Fay-LeBlanc, M.D., Board Chair

Fifteen years ago, BOLIM published its guidelines for Informed Consent. Two years in the making, those guidelines were carefully prepared because the Board had seen an increasing number of

complaints regarding informed consent. Although the document has stood the test of time, and remains relevant today, fifteen years later in 2025, BOLIM is once again seeing an increase in the number of complaints regarding informed consent.

We take this opportunity to share an example of what can happen when the informed consent process does not receive appropriate attention by the licensee. This example comes from a case which ended in the licensee receiving a Letter of Guidance, which is not disciplinary, but is intended to be educational.

A patient went to a licensee's office for an initial consultation prior to a procedure. A nurse practitioner performed the evaluation and obtained informed consent for the procedure. During the procedure a different surgical method from the one proposed was used. The patient experienced a recognized post-operative complication and, during treatment for the complication, learned that the procedure had not been done as described.

The patient filed a complaint with BOLIM. During the investigation the licensee argued that the nurse practitioner was knowledgeable about the procedure and able to reliably communicate the information to the patient even though the nurse practitioner described a method the licensee did not usually use. In addition, the licensee argued that he/she was involved in the informed consent process because he/she had helped author the consent form. The Board's expressed concern was that the physician was not adequately and directly involved in the informed consent communication process. As a result of the patient's complaint the licensee now performs all initial evaluations, and personally obtains informed consent.

As stated in the guidelines, "the primary value of documented informed consent is that it represents the existence of a relationship between physician and patient that is based upon, or at least includes, an element of shared decision making." In this case, there was no relationship between the patient and the licensee. In addition, the patient could not give truly informed consent, because incorrect information was given. Had the licensee performed the informed consent process personally, this complaint may have been avoided. As you carry out your professional duties, BOLIM urges you to read the informed consent guidelines (see below) and incorporate them into your practice.

[BOLIM Informed Consent Guidelines](#)

WHAT EVERYONE SHOULD KNOW

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

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

The Board of Licensure in Medicine (BOLIM) and the Board of Osteopathic Licensure (BOL) jointly submitted a resolve to the legislature in the most recent legislative session to consider merging the boards. In response, the legislature sent a letter to the boards asking the boards to continue studying the possibility and submit a report to the legislature no later than January 15, 2026.

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

BOLIM and BOL started a joint workgroup in January 2025 to discuss issues related to a possible merger.

The first meeting occurred on January 28, 2025, and subsequent meetings are held monthly. All meetings are open to the public and include dedicated time for public comment. Since the first meeting, the workgroup has discussed issues such as representation, budget, board processes, and licensing requirements. The workgroup has received public comment at each meeting. In addition, the workgroup has received information about what is happening in other states that have merged boards or considered merging boards.

Following these in-depth discussions, the workgroup voted to recommend that BOLIM and BOL merge. This recommendation was forwarded to both Boards, each of which discussed the recommendation at their November 2025 meetings. BOLIM agreed with the workgroup that merger would be in the interest of public safety and voted unanimously in favor of merging. However, BOLIM voted against the language in the current draft statute related to the composition of a new Board and offered alternative language for the workgroup's consideration. BOL tabled a vote on the matter until it could learn more about the alternative proposal and why it was made.

What does this mean?

The workgroup will continue to meet and work towards formulating a document that is mutually agreed upon and bring that work back to the full board meetings in December.

Regardless of the outcome, the boards will be submitting a report to the legislature outlining the work that has been done. The legislature will review the report and determine whether it wishes to take action when it convenes in January.

The proposed legislation, along with all information reviewed by the workgroup is available on the Board's website at, <https://www.maine.gov/md/about/merger>. The Board urges all of its licensees and other interested parties to review the draft legislation.

If you have a concern or comment, please submit it to BOLIM's executive director at tim.e.terranova@maine.gov.

Scams

Despite our repeated notices in these newsletters and on our website, we continue to receive reports of licensees receiving calls from scammers who identify themselves as either from BOLIM or the DEA in connection with BOLIM. In some cases, licensees are, at least initially, taken in by these scammers. The scammers often sound official, and work using fear and threats. BOLIM does not want any licensee to be taken advantage of by scammers. **If there are any doubts about the legitimacy of a call, hang up the phone, look up our number and call the BOLIM offices directly to verify the status of your license.**

Scammers who obtain personal information such as date of birth, social security number, and home address can use that information to commit identity theft and cause significant financial problems for the victim. Money sent to scammers will not be "refunded."

If you receive a suspicious call or letter, you should not share any personal information over the phone or by email. Licensees who think they may be a victim of a scam or attempted fraud should contact the Consumer Protection Division of the Office of the Attorney General toll-free at 800-436-2131 (TTY 711) or online at: <https://www.maine.gov/ag/consumer/>

In addition, the Federal Bureau of Investigation (FBI) provides the following tips about how to avoid becoming a victim of a scam:

How to Avoid Being Victimized by Impostors Posing as Regulators

The FBI lists four best practices for licensees to avoid becoming a victim of an extortion scheme:

- Use official websites and official phone numbers to independently verify the authenticity of communications from alleged law enforcement or medical board officials.
- Independently contact those boards or law enforcement agencies to confirm the identity of the person(s) contacting the provider.
- Do not provide personal identifying information (Social Security Number, date of birth, or financial information) in response to suspicious emails, phone calls, or letters, and do not provide professional information (medical license number, NPI number, or DEA license number).
- Be wary of any request for money or other forms of payment regarding supposed criminal investigations by alleged law enforcement agencies or regulatory entities.

For more information, visit this link to the FBI's website: <https://professionallicensingreport.org/fbi-impostors-posing-as-regulators-threaten-medical-licensees-nationwide-with-license-suspension/>.

Rulemaking Updates

BOLIM is currently in the process of amending Chapters 1 and 2 and drafting two other possible rules.

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

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

Chapter 1 was posted for public comment. Only two were received, and then the amendment was officially adopted by BOLIM on October 14, 2025. The rule now needs final review and approval by the Attorney General's Office and the Secretary of State's Office. Once it is approved and becomes effective it will be posted on BOLIM's website.

Chapter 2 is the rule that covers PA licensing. The amendment will change the title of PA from "physician assistant" to "physician associate," as well as other minor updates. The change is necessary as the legislature approved the title change effective September 24, 2025.

Chapter 2 is a joint rule and has been approved by both BOLIM and the Board of Osteopathic Licensure. The rule is expected to be posted for public comment by the end of the year. The draft will be posted on our homepage at www.maine.gov/md. We recommend all licensees review the changes and submit comments as appropriate.

BOLIM is working with the Board of Osteopathic Licensure and the Board of Nursing on a rule regarding IV Hydration and Medical Spas. A work group comprising members of each organization met to discuss issues and create a draft rule. That document has been accepted by all three boards and is expected to be posted for public comment by the end of the year. The draft will be posted on our homepage at www.maine.gov/md. We recommend all licensees review the changes and submit comments as appropriate.

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

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

Free Continuing Education Relating to Certain Infection-Associated Chronic Conditions

LD 1688, An Act to Encourage Continuing Education Relating to Certain Infection-Associated Chronic Conditions for Physicians and Nurses, was introduced in the 132nd legislature.

As part of its testimony, BOLIM educated the legislature on the free online CME modules it sponsors each year and indicated that it would dedicate one of those modules to this important topic.

The module, Infection-Associated Chronic Conditions: Clinical Insights for Long COVID, Lyme Disease, ME/CFS, POTS, and Dysautonomia, is now live and offers 1.5 hours of Category 1 credits. The course can be found at <https://qclearninglab.org/course/infection-associated-chronic-conditions-clinical-insights-for-long-covid-lyme-disease-me-cfs-pots-and-dysautonomia/>.

BOLIM currently sponsors 15 free online CME modules covering a range of topics. All courses are created in partnership with the MMA Center for Quality Improvement and can be found at <https://qclearninglab.org/>.

ADVERSE ACTIONS

Adverse Actions

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

The Board's complaint process is relatively straight-forward. Videos explaining the complaint process are available on our website at <https://www.maine.gov/md/complaint/file-complaint>, FAQs about the complaint process are available at <https://www.maine.gov/md/complaint/discipline-faq> and brochures regarding the complaint process are available at <https://www.maine.gov/md/resources/forms>.

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

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

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

Anthony Perrone, MD License #MDA19910 (Date of Action October 10, 2025) On October 10, 2025, the Board issued a Disciplinary Order finding Anthony Perrone, MD in substantial and material noncompliance with his December 12, 2023 Consent Agreement. For Dr. Perrone's ongoing substantial and material noncompliance with the terms of his Consent Agreement, the Board imposed a REPRIMAND.

Michael J. Bushey, MD License #MDA13151 (Date of Action September 22, 2025) On September 22, 2025, the Board's denial of the renewal of Dr. Bushey's license to practice medicine became final for failure to complete the continuing medical education required for licensure.

James B. Westmoreland, MD License #MD26493 (Date of Action September 9, 2025) On September 9, 2025, the Board and Dr. Westmoreland entered into a Consent Agreement for unprofessional conduct, substance misuse, relevant professional diagnosis, and violation of Board rules. The Consent Agreement imposes a period of probation until at least August 29, 2029. Conditions of probation include that Dr. Westmoreland shall: 1) comply with all requirements imposed by his out-of-state Physician Health Program Agreement (August 2024); 2) provide notice and a complete copy of any amendments to the PHP Agreement within no more than 10 days; 3) execute a release to permit Board staff to communicate with the out-of-state Physicians Health Program; 4) ensure the out-of-state PHP provides compliance reports biannually by enrolling in, and complying with the requirements of an agreement with the Maine Medical Professionals Health Program (MPHP); 5) notify the Board of any positive toxicology results within three (3) calendar days; and 6) notify the Board within three (3)

business days of any arrest, summons, information, or indictment for any crime or civil violation involving alcohol or drugs, or any conviction involving the same.

Colleen S. Surlyn, MD License #MD27340 (Date of Action September 9, 2025) On September 9, 2025, the Board and Dr. Surlyn entered into a Consent Agreement finding Dr. Surlyn engaged in conduct beyond the scope of her expired, and then inactive license. The Consent Agreement imposes as discipline for these violations: 1) a reprimand; and 2) a civil penalty of \$1,000.

Robert I. Mosenfelder, MD License #MD12156 (Date of Action September 9, 2025) On September 9, 2025, the Board voted to accept Dr. Mosenfelder's request to permanently convert his eligibility for Maine medical license to solely eligible for an emeritus license, while under investigation for incompetence and unprofessional conduct.

Michael V. Delahunt, MD License #MD12168 (Date of Action September 9, 2025) On September 9, 2025, the Board voted to accept Dr. Delahunt's request to permanently surrender his Maine license to practice medicine, while under investigation for incompetence and unprofessional conduct.

Sinikka L. Green, MD License #MD25351 (Date of Action September 9, 2025) On September 9, 2025, the Board and Dr. Green entered into a Consent Agreement finding Dr. Green engaged in the practice of fraud, deceit or misrepresentation, and violated Board rules. The Consent Agreement imposes as discipline for these violations: 1) a reprimand, and 2) a civil penalty of \$100.

James R. Shaw, MD License #MD29283 (Date of Action August 6, 2025) On August 6, 2025, the Board of Licensure in Medicine and Dr. Shaw entered into a Consent Agreement to grant licensure to Dr. Shaw and requiring him to comply with all terms of his reentry to practice plan.

James C. Wilson, MD License #MD20241 (Date of Action July 8, 2025) On July 8, 2025, James C. Wilson, MD and the Board entered into a Consent Agreement for unprofessional conduct and violation of Board Rules. The Consent Agreement imposes: 1) a reprimand, and 2) a civil penalty of \$1500.

LICENSING ISSUES

Improved IMLC Licensing Process

In August of 2025 BOLIM and the Interstate Medical Licensure Compact (IMLC) streamlined the process for initial IMLC applications through the use of a new Application Programming Interface (API). The use of the API has expedited the process for initial licensure through Maine so that it is virtually instantaneous. The two systems communicate on a daily basis. Licenses are issued as soon as they enter the BOLIM system and are immediately reported to the IMLC.

Prior to the implementation, BOLIM staff were required to manually enter all initial applications submitted through the IMLC. Due to the volume of applications, the processing time took an average of 5-6 days and, despite best efforts, resulted in occasional clerical errors. The use of the API will allow staff to focus on processing standard applications.

IMLC applicants are still required to complete the stipulated jurisprudence examination and must do so within 14 days of license issuance.

The benefits of this new process have a significant positive impact on physicians and Maine patients by expediting licensure and increasing access and opportunities for care.

PA Compact Update

Nineteen states have now joined the compact, and the PA Compact Commission continues working to complete the groundwork needed to make the compact a reality.

Recently, two milestones have been reached.

- The PA Compact Commission reviewed and finalized its Request for Proposal (RFP) for a data system. The RFP was published on October 22nd and proposals are due on December 19th.

Once proposals are received, the PA Compact Executive Committee will review submissions and plan a path for moving forward.

- Closer to home, BOLIM has been granted the ability to obtain fingerprint based criminal background reports on physician associates. This is a requirement for participation in the compact and all physician associates will need to go through this process. BOLIM will be creating a procedure for all currently licensed physician associates to complete the process and implement the check for all new applicants. This should be enacted early next year and will put BOLIM licensees in a position to take advantage of the compact as soon as it goes live.

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

HEALTH AND WELLNESS

A Simple Reboot

Guy R. Cousins, LCSW, LADC, CCS, Director MPHP

I was given a gently used laptop this past month and was quickly reminded of how easily I can struggle with technology— whether it's a TV, cell phone, laptop, or tablet. Like many, I've found myself troubleshooting endlessly, only to become increasingly frustrated with each failed attempt. Eventually, in exasperation, I called someone for help. And almost without fail, I hear the same advice: "*Reboot your device.*"

So, I shut the device down, waited a moment, and then hit restart. Nearly every time it works — smoothly, efficiently, as if brand new. The reboot. Such a simple act, yet so powerful.

It made me wonder: what about us as professional service providers? How do we reboot?

Over the years, medical and behavioral health professionals have faced unprecedented challenges — from pandemics to epidemics. We've been asked to do more, see more, and hold more, often with fewer resources and shrinking teams. The physical, emotional, and spiritual toll has been immense. Yet, despite fatigue and burnout, many continue showing up — because if we don't, who will?

And at the same time, we also know that stepping away — even briefly — is essential if we're going to sustain ourselves and the care we provide.

Many of us think of vacations as our opportunity to "reboot." But how well do our workplaces support that? Too often, taking time off comes with a cost — the overflowing inbox, the full clinic schedule, or the unspoken sense that we're burdening our colleagues. I've worked in organizations where taking a break felt like an act of rebellion rather than self-care.

Time away can allow us to recharge, reset, and return with renewed perspective and energy. I remain a strong advocate for rest. But what about smaller reboots — the ones that help us between vacations?

Author Julia Cameron, in *The Vein of Gold*, describes something she calls an "Artist Date" — a weekly solo adventure to explore something that interests you. It doesn't have to be overtly artistic; think *mischievous more than mastery*. These outings, she writes, "fire up the imagination, spark whimsy, encourage play," and replenish our inner well of creativity and inspiration.

What might your version of an Artist Date look like? A quiet walk, an afternoon at a museum, an impromptu road trip, a cooking class, going to a movie, or simply sitting outside watching the sunset? Whatever form it takes, your reboot matters, regardless of its size.

So, what do you do to help yourself reboot? It's always illuminating to hear how others reset — colleagues, partners, friends, and family. Consider asking someone today: "How do you reboot?"

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

Reference: Cameron, J. (1997). *The Vein of Gold*. Jeremy P. Tarcher/Penguin.

BOARD NEWS

My Role as a Public Member

My name is Lynne Weinstein, and I serve as one of three Public Members on the Maine Board of Licensure in Medicine.

While researching a Licensee on the BOLIM website years ago, I came across a notice of vacancy for a Public Member position on the Board's homepage. Why not inquire I thought? I was somewhat aware of the public member role as many other state boards present this opportunity, and I was familiar with a similar position from my earlier career in real estate. I completed the required paperwork and submitted my application. Little did I know at that time exactly what this opportunity would lead to.

I sat rather silent in the first few meetings, taking in every bit of information from licensure experts, patient complaints, rulemaking discussions, informal conferences, and adjudicatory hearings...my head was spinning. Shortly thereafter, complaints were being assigned to me for review and presentation with recommendations to the entire Board. It was then that I realized what a difference each Board member's opinion made. Each Board member brings their professional and personal life experiences to the table, and the mix is fertile. Although Board members agree the majority of time, there are times when we disagree.

There were times I felt more compassion for, and empathy with the patient. Other times I felt the physician members and physician associate members opined quite differently from me, and with good reason. We have had cases where I felt strongly that, even though the care may have been appropriate, the interaction could have been better. Other times, I thought the care seemed appropriate but my fellow board members did not. The discussion following a motion made by the assigned case reporter on a particular complaint is robust and clearly examines many questions and concerns prior to a vote. By having these discussions in a respectful manner, we learn from each other and that sometimes changes a decision as to the best thing to do, all things considered. Taking part in these discussions can be both enlightening and humbling.

I am proud of the trust shared among Board members that each of us has a role to be taken seriously. The past 10 years have been very fulfilling, and as I begin my 11th year serving on the Board, I will continue to grow and learn from the colleagues I serve with as we work together to protect the citizens of Maine.

FROM THE EDITOR

Bona Librorum

Danielle Ofri, MD. ***What Doctors Feel: How Emotions Affect the Practice of Medicine***.

This is a graphic and often eloquent exploration of the mostly objective, rational situation in which doctors guide patients and families, a situation which can evoke a daunting range of emotions – shame, anger, sympathy, hope, pride, despair, sometimes even love. The narrative is informed by persuasive research (sporadically surprising), as well as personal experience (frequently surprising).

The first chapter is an explication of the intricacies of empathetic understanding, how it differs from sympathy, and what it takes to achieve. This is one of the best, if not *the* best, treatments of empathy I have read.

Dr. Ofri explains how many reliable studies in cognitive psychology have shown that “subjects with negative emotions are more prone to anchoring bias – that is, latching on to a single detail at the expense of others,” and this can be a source of diagnostic error. Subjects with positive emotions, on

the other hand, are prone to attribution bias. “In medicine, this is the tendency to attribute a disease to who the patient is (a drug user, say) rather than what the situation is (exposure to bacteria, for example).

Dr. Ofri has treated patients at New York’s Bellevue Hospital for three decades and teaches at the NYU School of Medicine. She also edits the *Bellevue Literary Review*. She credits Drs. Oliver Sacks, Jerome Groopman, Abraham Verghese, Sherwin Nuland, and Perri Klass, among others, as models for their approach to patient care. Dr. Ofri’s book deserves space on the same bookshelf as theirs. I would shelve it right next to Jerome Groopman’s **How Doctors Think**.

The book is reader-friendly due to Ofri’s skillful blend of personal experience and others’ research, as well as her accessible writing style. The book assumes essential traditional notions of medical detachment, or equanimity, while arguing for the importance of emotional intelligence as a complementary and equally valuable aspect of patient care. Even a strong inclination toward empathy can be stymied by a patient’s personality characteristics or physical aspects, which can arouse emotions that interfere with objective evaluation.

What makes this book exceptional is Ofri’s commitment to examining the emotional underbelly of medicine without sentimentality. She explores how doctors cope with loss, navigate the weight of life-and-death decisions, and struggle to maintain compassion in an increasingly bureaucratized healthcare system.

Her insights into physician burnout, the challenge of delivering bad news, and the balance between professional distance and human connection feel just right.

Editor-in-Chief David Nyberg, Ph.D. Graphic Design Ann Casady

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