

Maine Board of Licensure in Medicine
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November 10, 2025

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Maine Board of Licensure in Medicine
Minutes of November 10, 2025
8:00 a.m. – 12:37 p.m.

Board Members Present: Chair Renée M. Fay-LeBlanc, MD; Secretary Christopher R. Ross, PA; Holly Fanjoy, MD; Public Member Gregory Jamison, RPh; Noah Nesin, MD; Anthony T. Ng, MD; Brad Waddell, MD; and Public Member Lynne M. Weinstein

Board Members Absent: David H. Flaherty, PA; Maroulla S. Gleaton, MD and Public Member Jonathan Sahrbeck

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

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 (*e.g.*, 1 M.R.S. § 405; 10 M.R.S. § 8003-B; 22 M.R.S. § 1711-C; 24 M.R.S. § 2510; 32 M.R.S. § 3282-A). During the public session of the meeting, actions were taken on all matters discussed during executive session. In addition, the meeting was made virtually available to the public not attending the meeting in person using the platform Zoom. A link for the public to access the Board meeting virtually was included on the Board's agenda and posted on its website.

EXECUTIVE SESSIONS

PURPOSE

None

RECESSES

9:33 a.m. – 9:43 a.m. Recess

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 AD25-253 and a Request for Stay Pending an 80C Appeal pursuant to 5 M.R.S. § 11004 onto the agenda. Ms. Weinstein seconded the motion, which passed unanimously.

B. Scheduled Agenda Items (none)

II. Licensing

A. Applications for Individual Consideration

1. Initial Applications

a. Mays Zubair, MD

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

2. Reinstatement Applications (none)

3. Renewal Applications

a. William L. Salomon, MD

Dr. Fanjoy moved to preliminarily deny Dr. Salomon's renewal application. Dr. Ng seconded the motion, which passed unanimously.

b. Anthony C. Van Dyck, MD

Dr. Nesin moved to issue a citation for failure to meet CME requirements at the time of renewal and grant the renewal upon payment of the fine. Mr. Ross seconded the motion, which passed unanimously.

c. William R. Wood, Jr., MD

Dr. Ng moved to grant the renewal upon receipt of Dr. Wood's written attestation that he will continue to practice in the current setting and notify the Board if his practice changes. Ms. Weinstein seconded the motion which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

d. Michael J. Cooney, MD

Dr. Waddell moved to grant the renewal. Dr. Ng seconded the motion, which passed unanimously.

4. Requests to Convert to Active Status

a. Elizabeth A. Held, PA

Dr. Nesin moved to approve conversion to an active status license upon receipt of PA Held's written attestation that she will comply with the terms of her reentry to practice plan. Mr. Ross seconded the motion, which passed unanimously.

5. Requests to Withdraw License/License Application

a. Julie R. Dominguez, MD

Dr. Ng moved to approve Dr. Dominguez's request to withdraw her license application. Mr. Ross seconded the motion, which passed unanimously.

6. Requests for Collaborative/Practice Agreements

a. Lindsey Bartlett, PA

Mr. Ross moved to approve PA Barlett's practice agreement. Dr. Fanjoy seconded the motion, which passed unanimously.

B. Other Items for Discussion (none)

C. Citations and Administrative Fines (none)

D. Licensing Status Report

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

E. Licensing Feedback

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

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. CR18-232 Susan D. Paul, MD – Second Amendment to Consent Agreement

Mr. Ross moved to approve the second amendment to consent agreement. Dr. Waddell seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

B. CR17-260/CR18-122 G. Paul Savidge, MD – Third Amendment to Consent Agreement

Dr. Fanjoy moved to approve the third amendment to consent agreement. Mr. Jamison seconded the motion, which passed 7-0-0-1. Dr. Nesin was recused from the matter and left the room.

IV. Complaints

1. CR23-164 Tiffany A. Frederickson, MD

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

MOTION: The Board complaint and investigation involved allegations and concerns related to the physician's clinical knowledge, medical decision making, surgical management, and follow-up related to a patient with malignant melanoma. Following an Informal Conference held on October 14, 2025, the Board discussed its concerns in this case. The Board decided that the physician sufficiently addressed their concerns regarding her clinical knowledge and ultimately appropriately responded to concerns regarding medical decision making and surgical management, including related to forward-going plans to employ National Cancer Center Network Clinical Practice guidelines to identify appropriate margins for excision of melanomas, and that the combination approach employing both nuclear lymphoscintigraphy and the use of blue dye is the agreed-to standard of care because it is most likely to yield comprehensive and useful results to identify appropriate sentinel lymph nodes for biopsy, when indicated. The Board discussed its concerns regarding the fact that the physician submitted detailed answers to the Board's concerns and questions in this case that were based on her review of a pathology report for a melanoma at a different site that was assessed on a different date than the melanoma at issue in this complaint. The Board concluded that the ensuing months of concern and confusion regarding the physician's competence, and the ongoing pendency of the complaint, could have been avoided had this error been promptly disclosed, and corrected information provided.

The guidance is as follows: Board licensees are under the legal obligation to conduct themselves with professionalism and to practice medicine competently. Attention to detail is a critical element of both professionalism and competence. Licensees must be diligent and exercise caution to ensure they are relying on correct information in their professional practice, which is important in all spheres of practice, but is particularly essential when making clinical management decisions and communicating with patients and other practitioners. In addition, timely, clear, and accurate communication with the Board can avoid creating misunderstandings and more quickly resolve pending allegations or investigations.

2. CR24-20

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

MOTION: The patient underwent breast ultrasound (US) as part of a workup for a suspicious, palpable breast mass. She alleges that the ultrasound was misinterpreted as normal which led directly to a delay in diagnosis of her breast cancer. The licensee believes the US images were properly interpreted and points out that management of a palpable breast mass should be based on clinical grounds even if breast imaging appears normal. External peer review identifies some concern that the initial ultrasound did not include physical examination and direct imaging performed by the radiologist; and also suggests that the report language could have suggested tissue biopsy more clearly. However, the idealized imaging practice model suggested by the peer review may not be feasible in all radiology practices.

3. CR24-197 4. CR24-222

Motion Regarding CR24-197 and CR24-222

Dr. Nesin moved to table the complaints and offer to allow the physician to permanently surrender his license while under investigation and issue a complaint (**CR25-259**) based on concerns

regarding clinical competence issues. Dr. Ng seconded the motion, which passed 7-0-0-1. Dr. Waddell was recused from the matters and left the room.

5. CR24-205 Lisa A. Rutstein, MD

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

MOTION: The complaint related to the lymph node dissection performed on July 31, 2024, to obtain tissue for testing for recurrence of mantle cell lymphoma. The patient alleged that she learned that the lymph node dissection was not guided and that the tissue sampled was not cervical lymph node tissue but was in fact salivary gland tissue with no lymph node tissue present according to pathology. The patient had to undergo an additional biopsy as a result. In addition, the patient alleged she was not aware that a different surgeon would be involved in the procedure. In the physician's response she provided information regarding the informed consent and explained that in her practice two surgeons regularly perform this procedure in tandem. The Board followed up on this information and requested the physician provide further information regarding the informed consent procedure and forms, the two-surgeon practice, and the obtained informed consent. The Board also obtained an independent expert review, which expressed concerns regarding the informed consent obtained in this case and the practice's consent form.

The guidance is as follows: It is important that the informed consent process be documented thoroughly in the medical record to prevent confusion for patients. It is important that the procedural consent form be properly completed to mitigate confusion for patients and staff. These elements of informed consent are especially important when the patient may be cared for by a "team" of providers.

6. CR24-228

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

MOTION: The patient suffered apparent post-procedural complications related to a pacemaker revision procedure performed by the licensee. External peer review opines that appropriate clinical care was provided by the licensee.

7. CR25-12

Dr. Nesin moved to investigate further and issue a letter of guidance. Dr. Ng seconded the motion, which passed unanimously.

8. CR25-15 Julie M. Gray, PA

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

MOTION: The complaint concerned the physician associate's management of urgently needed medical imaging for a minor patient with non-English-speaking parents. The patient had a chest mass with a very serious condition on the differential diagnosis and, following consultation with

the clinic physician, the physician associate was instructed to schedule an MRI immediately and to do so by calling the on-call radiologist. The physician associate opted not to call the radiologist, because she did not think that would be helpful. The MRI was then delayed when administrative staff did not place the order when she expected, as well as by the need for parental consent and an interpreter prior to the imaging. In addition, the physician associate did not timely document her communications with the patient or the plan of care in the patient's chart.

In response to the complaint, the physician associate explained her decision-making and identified three areas where she would now act differently, including communicating more directly with the physician and administrative staff, and contacting the patient's parents for consent sooner.

The guidance is as follows: In order to meet their obligations of professionalism and to provide competent care to patients, clinicians must maintain open, effective, and timely communication with all health care team members to ensure prompt delivery of care, particularly in urgent situations. This includes either following directions as given, or promptly sharing reservations and alternate solutions, to avoid potential miscommunications, unnecessary delays in delivery of care, or negative outcomes for patients. All members of a health care team need to have timely access to accurate information, which includes responsible team members making accurate and prompt entries in patient charts regarding their care plans and patient communications.

9. CR25-16

Dr. Nesin moved to investigate further and request that the physician complete a Board-approved CME course regarding professional communications within ninety days and report to the Board the insights gained. In addition, the Board encourages the physician to undertake treatment recommended by the evaluator. Dr. Ng seconded the motion, which passed unanimously.

10. CR25-22 Kirby R. Walker, MD

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

MOTION: This Board-issued complaint was generated upon review of a patient-filed complaint related to the lymph node dissection the physician performed on July 31, 2024, to obtain tissue for testing for recurrence of mantle cell lymphoma. The patient alleged that she learned that the lymph node dissection was not guided and that the tissue sampled was not cervical lymph node tissue but was in fact salivary gland tissue with no lymph node tissue present according to pathology. The patient had to undergo an additional biopsy as a result. In addition, the patient alleged she was not aware that the physician would be involved in the procedure. The physician provided a response to the complaint and answered additional Board questions explaining her practices regarding informed consent, personal examination of the patient and review of the patient's preoperative imaging, and her practice's two-surgeon approach.

The guidance is as follows: It is important that the informed consent process be documented thoroughly in the medical record to prevent confusion for patients. It is important that the procedural consent form be properly completed to mitigate confusion for patients and staff. These elements of informed consent are especially important when the patient may be cared for by a "team" of providers.

11. CR25-46 Susan L. Luthin, MD

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

MOTION: The complaint arose related to the physician's refusal to see a patient when the patient would not take an additional COVID-19 test immediately prior to her appointment to see the physician. On October 28, 2024, the patient called the physician's clinic complaining of symptoms commonly associated with respiratory illness. She was scheduled to see the physician the following day. A medical assistant asked the patient to mask and to test for COVID-19 prior to arriving for the appointment. The patient took a test at home that day and again the following morning, both were negative. When she arrived at the physician's clinic, she was told she would need to have another test, and she initially refused because she saw that as redundant and unnecessary. The physician did not speak with the patient and misunderstood the nature of her actions. At the time of her appointment, she spoke only with clinic staff. After some discussion she was told that her refusal to test resulted in the cancellation of her appointment. When she protested, she was told she must leave, or the clinic staff would call the police. The patient contacted a neighboring office and was seen the following day. The Board considered the physician's response to this complaint and her description of events. The Board requested that the physician voluntarily attend a course on professional communication, and she did so. The Board noted and appreciated the physician's willingness to acknowledge and address her own biases, the role bias may have played in this case, and her positive self-reflection about improving her professionalism in this area.

The guidance is as follows: Licensees owe a duty to patients to behave professionally and compassionately when rendering care and when making decisions about which patients to see and under what circumstances. Staff communications on behalf of a physician should also be appropriately professional and compassionate. Direct dialogue between the physician and patient can help minimize misunderstandings and can help assure patients receive the care and compassion they are owed by their physicians.

12. CR25-63

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

MOTION: A patient's wife complains that the physician did not refer her husband to hospice when it was needed. The patient's wife also complains that the physician did not provide help, choices or resources even though the patient stated he didn't want to do treatment to extend his life. The physician responded that he had multiple conversations about the patient's elevated test results and the patient made it clear that he didn't want to do anything further about it. The physician states that he was unable to certify hospice because he didn't have staging information and couldn't say that the patient had only six months to live. The physician responded to additional questions from the Board indicating that it sounded like the patient had deteriorated since the last time he saw him, and he had left it open if things changed that hospice could be an option, but at the time didn't feel the patient would meet hospice criteria.

13. CR25-66

Dr. Fanjoy moved to investigate further and issue a letter of guidance. Mr. Ross seconded the motion, which passed unanimously.

Following further discussion, Dr. Fanjoy moved to amend the previous motion to also issue a citation for failure to report a pending matter on her LOQ application for IMLC licensure. Dr. Nesin seconded the motion, which passed unanimously.

14. CR25-106

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

15. CR25-108

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

MOTION: The complainant received a treatment from the licensee with little benefit but believed that due to the nature of her underlying illness, it might take multiple treatments to gain benefit, and she called to schedule a 2nd treatment. That appointment was scheduled but when the licensee reviewed the chart prior to the procedure he recognized that there was not an evidence-based indication for a repeat procedure and informed the patient of this. In his response the licensee outlines the time he spent and the content of his explanation to the complainant, and he describes what should have occurred when the patient called to schedule the 2nd appointment. The licensee met twice with the complainant to explain the reasoning and the office manager also met with the complainant, and an apology was offered. Unfortunately, the practice has since closed so there was no opportunity for process improvement.

16. CR25-124

Dr. Ng moved to offer the physician a consent agreement to include a reprimand and incorporate recommendations from the evaluation report. Dr. Fanjoy seconded the motion, which passed unanimously.

17. CR25-146

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

MOTION: A patient complains that the physician did not bill correctly and caused her to have a \$350 bill. The patient stated that she contacted the office and was told the code could not be changed. The physician states that it was a new patient visit lasting more than 75 minutes and the visit was billed based on time. Once she was made aware that the patient was being billed because the visit wasn't being covered, a refund was processed. The patient does reply that her complaint is not stating that the exam was incomplete, just different from what she has had in the past. Also, her complaint has more to do with communication of staff with Medicare.

18. CR25-160 Mark D. Zajkowski, MD

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

MOTION: The complaint was filed by parents of a patient who alleged that the physician did not appropriately obtain informed consent for the sedation plan used in a dental procedure for their 12-year-old. The complaint alleged that the discussion of the sedation plan used for the procedure was inadequate and that, without direct questions regarding that sedation plan from one of the parents (a physician), no information would have been provided at all regarding the sedation plan or the names of the anesthetics used. The complaint also alleged that the informed consent process involved asking one parent to electronically sign a list of sedation options on which no specific option was selected. This request for a signature was preceded by no discussion about what the sedation plan was, the basis for that plan, or, what options, if any, the parents and patient had. In the physician's response to the complaint, he wrote, "I sincerely believe that the entire episode could have been prevented by either the family requesting or our office offering a preoperative consultation ... it was clearly an opportunity missed by both sides to request or offer a consultation ... almost no patient requests the mechanism of action of the specific medications used ... Again, a consult could have been requested ... opportunities were missed on both sides here ..." The physician did not provide the Board with any record from the patient's chart with either parent's signature demonstrating their informed consent.

The guidance is as follows: Physicians, and not patients or patient-representatives, bear the ethical and professional responsibility to obtain informed consent. It is not the responsibility of a patient, or a patient's representative, to initiate the informed consent discussion and process, nor is informed consent to be assumed following a referral. The process of obtaining informed consent should be a part of each procedure and a separate appointment to obtain it should not be required. In addition, it is important that informed consent be obtained in writing and adequately documented in the medical record to prevent confusion for patients, their representatives, other clinicians, and staff.

19. CR25-163

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

20. CR25-175

Mr. Ross moved to offer the physician a consent agreement to include a warning, \$250 civil penalty and completion of the jurisprudence exam within thirty days and to preliminarily deny the renewal application if the consent agreement offer is not accepted within 30 days. Dr. Fanjoy seconded the motion, which passed unanimously.

21. CR25-176

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

MOTION: The patient reports mistreatment in a facility in Maine. The patient alleges that medication side effects were not taken seriously, and she was instead accused of being intoxicated. The patient further alleges that due to prior complaints sent to this board against this licensee, retaliation is occurring including loss of accommodations. The licensee responds that at the time the patient reported the symptoms, urine testing was positive for alcohol. This was appropriately managed with a CIWA protocol. The licensee explains that the patient did not qualify for the accommodations, and that the denial was not in retaliation but was following their policy. Medical records were reviewed in the past concerning the mistreatment the patient again reports in this case. That case was reviewed and dismissed. There is no evidence in the information received that any retaliation occurred.

22. CR25-177

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

MOTION: A patient in a facility in Maine complains that they were not given their diuretic for lower extremity edema and that other medications were not given at the appropriate time. The licensee responds that he has not seen this patient personally but oversees the medical care at the facility. He reports that he reviewed the medical care and deemed it appropriate and that the timing of medication may be affected by facility rules and not in the control of the medical team. Review of the records reveals adequate medical care.

23. CR25-182

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

MOTION: A patient complains that the physician associate did not listen to her concerns which resulted in her baby being stillborn. The patient states that it was documented that she had 2 vessel cord and decreased fetal movement and no additional appointments were scheduled. Also, the day after she had the stillborn, she was contacted to review her ultrasound results as if she was still pregnant. The physician associate responded that she is truly sorry for making that call and is working on policies and procedures to make sure it doesn't happen again. The patient did have an ultrasound that showed all visualized assessments were within normal limits and that 2 vessel cord was noted. In addition, 2 vessel cord is the most common abnormality noted and that she followed the standard of care for follow up on that. Review of the records revealed that the patient received reasonable care.

24. CR25-183

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

MOTION: The patient complains that the licensee acted in an unprofessional manner regarding a request for medication refill. Review of the materials does not support this allegation, and the patient has requested withdrawal of the complaint.

25. CR25-184

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

26. CR25-186

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

MOTION: A patient complains that the physician did not listen to her concerns and ignored the reason she scheduled the appointment. The patient states that the physician ordered several expensive and unrelated tests. The physician responded that it was distressing to read that he lacked professionalism in treating her for a variety of issues over several months. The physician states that the patient had a syncopal episode along with her foot injury and he was evaluating both of those issues. Review of the records revealed that the patient received reasonable care.

27. CR25-188

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

MOTION: A patient complains that the physician reporting and documentation related to his workplace injury has been biased and dismissive and has delayed his recovery. The patient states that his exams were superficial and inadequate and the physician minimized his condition in a way that favored the insurance company. In addition, the physician made a comment about surveillance footage he had seen. The physician responded that he provided a specific type of workers compensation exam and that he was not superficial or rude. Also, he states he did not request surveillance of the patient and was not aware of it until he received it. Review of the records revealed that the patient received reasonable care.

28. CR25-192

Mr. Jamison moved to offer the physician a consent agreement to include a warning, \$250 civil penalty and require completion of the jurisprudence exam within thirty days. Dr. Nesin seconded the motion, which passed unanimously.

29. CR25-193

Mr. Jamison moved to offer the physician a consent agreement to include a warning, \$250 civil penalty and require completion of the jurisprudence exam within thirty days. Dr. Ng seconded the motion, which passed unanimously.

30. CR25-203

Ms. Weinstein moved to investigate further and request the physician complete a Board-approved course regarding physician-patient communication within ninety days and report insights gained to the Board. Dr. Fanjoy seconded the motion, which passed unanimously.

31. CR25-209

Dr. Nesin moved to investigate further and request the physician complete a minimum 3-hour Board-approved course regarding professional boundaries within ninety days, report insights gained to the Board and attest that he will adhere to the AMA Code of Ethics. Dr. Ng seconded the motion, which passed unanimously.

32. CR25-214

Ms. Weinstein moved to investigate further and issue a letter of guidance. Dr. Ng seconded the motion, which passed 6-0-0-2. Dr. Waddell and Dr. Nesin were recused from the matter and left the room.

33. CR25-227

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

MOTION: Due in part to some errors or omissions in communication between the licensee and BOLIM staff and the IMLC records, the licensee did not or could not receive appropriate notice until receiving the certified mail notification. Jurisprudence exam has now been successfully completed.

34. CR25-156

Ms. Weinstein moved to dismiss the complaint regarding failure to complete the jurisprudence exam as the exam was completed late, but prior to the initiation of the complaint. Dr. Fanjoy seconded the motion, which passed unanimously.

35. CR25-233

Dr. Nesin moved to decline to grant the physician's request for reconsideration of the Board's October 14, 2025, vote directing the physician to have a § 3286 evaluation and direct the physician to have the evaluation. Mr. Ross seconded the request, which passed unanimously.

36. Intentionally left blank

37. Intentionally left blank

V. Assessment and Direction

38. AD25-86

Dr. Nesin moved to table the matter pending the outcome of the physician's appeal of the facility's action. Mr. Ross seconded the motion, which passed unanimously.

39. AD25-224

Dr. Ng moved to issue a complaint (**CR25-260**) and direct the physician associate to have a § 3286 substance misuse and psychiatric evaluation or provide an equivalent evaluation for Board consideration if she has had one. Mr. Ross seconded the motion, which passed unanimously.

40. AD25-225

Dr. Waddell moved to allow the physician associate to surrender her license while not under investigation and remove reference to Maine licensure on her website within thirty days and to issue a complaint if she does not. Dr. Ng seconded the motion, which passed unanimously.

41. AD25-242

Dr. Ng moved to allow the physician to surrender her license while not under investigation with the agreement that she will not seek licensure in Maine or other jurisdiction. Dr. Waddell seconded the motion, which passed unanimously.

41A. AD25-253

Dr. Nesin moved to allow the physician to permanently surrender his license while under investigation and to issue a complaint and direct the physician to have a § 3286 substance misuse and psychiatric evaluation. Dr. Ng seconded the motion, which passed unanimously.

42. Pending Adjudicatory Hearings and Informal Conferences report

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

43. 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. October 14, 2025

Mr. Ross moved to approve the minutes of the October 14th meeting. Dr. Fanjoy seconded the motion, which passed unanimously.

VIII. Consent Agreement Monitoring

A. Monitoring Reports (none)

IX. Adjudicatory Hearing (none)

X. Remarks of Chair

A. BOLIM-BOL Workgroup Meeting

Dr. Fay-LeBlanc thanked several Board members for attending the October workgroup meeting which she was unable to attend. Board members discussed the possible merger.

B. Determination on Moving Forward with Possible Merger

In a motion by Mr. Ross and seconded by Dr. Ng, the Board voted unanimously in general favor of Board merger.

In a motion by Mr. Ross and seconded by Dr. Nesin, the Board voted 2 in favor and 6 opposed to the proposed composition of members.

In a motion by Dr. Waddell and seconded by Mr. Ross, the Board voted unanimously in favor of two proposed options for the physician composition language: (a) The Board shall consist of 12 physician members or (b) The Board shall consist of 12 physician members constituted of at least a minimum number of osteopathic physicians consistent with the proportional numbers of licensed allopathic and osteopathic physicians.

XI. Executive Director's Monthly Report

The Board reviewed Mr. Terranova's written report.

A. MMA-CQI Milestone Report

Mr. Terranova reported that a new CME module on the topic of Infection-Associated Chronic Conditions will be available shortly.

B. MEAPA Letter re: LR 2828

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

C. LD 1803 Optometry Stakeholders Group Report

Mr. Terranova gave a brief report regarding the second meeting of the stakeholders' group. Additional information is being gathered and there will be a meeting in December. Commissioner Cohen will report to the legislature in January.

D. LD 1583 Home Health Orders

The Board reviewed information at the October 2025 board meeting. The stakeholder group worked on new proposed language for an exemption to licensure which is better defined and gives enforcement ability to DHHS.

Dr. Nesin moved to accept the new proposed language. Dr. Fanjoy seconded the motion, which passed unanimously.

E. CJIS Policies and Audit MD

Ms. Weinstein moved to adopt the new policy and keep current policies. Dr. Fanjoy seconded the motion, which passed unanimously.

F. CJIS Policies and Audit PA

Mr. Ross moved to adopt the new policy and keep current policies. Dr. Ng seconded the motion, which passed unanimously.

G. 2026 Travel Memo

Mr. Ross moved to approve the proposed travel and training for Board members and staff. Dr. Ng seconded the motion, which passed unanimously.

H. 2026 Board Meeting Dates

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

XII. Assistant Executive Director's Monthly Report (none)

XIII. Medical Director's Report (none)

XIV. Remarks of Assistant Attorney General

AAG Willis gave an update on the status of pending litigation and the Superior Court's Decision regarding the 80C appeal file by Dr. Nass.

XV. Rulemaking (none)

XVI. Policy Review (none)

XVII. FSMB Material

A. Quarterly Update on USMLE – October 2025

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

A. Request for a Stay Pending an 80C Appeal, pursuant to 5 M.R.S. § 11004

APPROVED DECEMBER 9, 2025

The Board reviewed Dr. Dashiell Jordan's request for a stay. Dr. Nesin moved to grant the stay. Mr. Ross seconded the motion, which passed unanimously.

XX. Adjournment 12:37 p.m.

At 12:37 p.m. Mr. Ross moved to adjourn the meeting. Dr. Ng seconded the motion, which passed unanimously.

Respectfully submitted,



Maureen S. Lathrop
Administrative Assistant