Summer 2021 Newsletter

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FROM THE CHAIR

Reflections Upon Retirement

Louisa Barnhart, MD, MPH, and Retiring Chair of BOLIM

Ten years have I served on the Board of Licensure in Medicine. The mission of this Board is to protect the public, which it does by investigating every complaint about a variety of issues. For example, do we want to protect the people of Maine from a physician or PA with a history of issues in another state? Is this MD/CEO doing something unethical in a business related to his practice? Is one communication difficulty cause for significant discipline of a physician/PA? We look into every complaint about every issue. Sometimes we discover the tip of an iceberg; sometimes dismissal is easy.

In addition, this Board has gone to great lengths to encourage physician improvement through more treatment, more monitoring, mentors, and educational experiences, rather than through discipline. Our aim is to resolve and prevent the issues that led to the complaint.

A special challenge has been the opiate epidemic that has spawned Board action on numerous physicians and PAs who were unable to say "no" to patients. It has been painful to watch addicted patients turn into street opiate addicts and dealers as prescription opiates became more restricted. Maine

is still struggling with the number of addicts generated from the medicine-wide culture of aggressive opiate pain management. Our Board has encouraged physicians to treat this population with compassion. Our collective management of pain continues to evolve. The Board will continue to remain in the center of this issue, support addiction treatment, and promote education.

Then the COVID-19 pandemic drove our work online to Zoom. We even had hearings on Zoom. During this time, our Executive Director Dennis Smith, Esq., along with Assistant Attorney General Michael Miller, made sure we remained in transparency compliance, and performed our deliberations in public, as they continued to offer their sage advice regarding due process. The Board could not function without them!

How much I have learned! Certainly, I felt kept at the forefront of medicine as I learned how the law was applied to the Board's procedures.

Our Board members, both physician and public, are all very much involved with the hearings, informal conferences, and complaint deliberations. I'm so proud of the way our Board respects the standards of objectivity and due process. I'm especially proud of our collaborative decisions, as MD/PA members representing diverse specialties, and public members with diverse backgrounds work together as one Board with the common purpose of protecting the public.

Maine, the Board has served you well and will continue to do so. I have deeply enjoyed this decade of public service! I will miss it.

A Clinical Note on Trauma

Adverse Childhood Experiences greatly affect health and health care utilization. (1) Common ACEs include physical abuse, sexual abuse, mental abuse, divorce, and parental incarceration. More than half of the adult population have had one or more of these experiences, while one in five have experienced four or more insults. A direct correlation exists between increasing numbers of ACE and the burden of common medical illnesses such as diabetes, hypertension, cardiac disease, and obesity, even when PTSD is not present. (2,3)

How might this appear in your practice? Some patients may present with symptoms of sympathetic hyperarousal such as pallor, diaphoresis, tachycardia, or shakiness while others may appear passive and withdrawn with poor eye contact and difficulty engaging with their provider. Regardless, establishing trust with a new provider is difficult for these patients, and it requires patience and tact on the part of the provider.

It is important to avoid behaviors that may trigger adverse responses such as abrupt movements, employing a loud voice and a brusque or hurried interviewing style. Hyperarousal negatively impacts memory of the encounter. Offering written directions and explanations with family members present can be helpful. Chaperones may help if they are supportive for the patient. The exposure to a physician who is perceived to be powerful can trigger trauma memories of old abuse dynamics. Patients can confuse the provider with their abuser. This dynamic makes sense in the light of their previous trauma.

What can busy providers do? An eleven question ACE screening questionnaire exists. (1) Consider enlisting a sensitive assistant, if possible, to administer the questionnaire. The assistant, a nurse, if possible, may find the patient needing to process briefly. Avoid going into historical detail. Processing this score is not time consuming for the provider. (4) Providers can review elevated scores with their patients very simply as a standard part of their normal evaluation and validate the history. Say something like "I'm sorry you had such rough experiences." A surprising number of patients may have never told anyone. Avoid letting the patient launch into details. Offer compassion and offer referrals for treatment. Standard PTSD psychopharmacological medications may be offered to patients to help with hyperarousal symptoms.

Physicians who treat every initial patient encounter carefully can best catch the behaviors and dynamics noted above and can identify those for whom further treatment may be beneficial. Our time constraints do tend to pressure our behaviors which can be difficult for this population. Tread lightly.

1. Original ACE study: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6220625/
2. Adverse Childhood Experiences and Their Effect on a Low-Income Population: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6833954/
3. The Relation Between Adverse Childhood Experiences and Adult Health: Turning Gold into Lead: https://www.mainehealth.org/Services/Kids-Health/Adverse-Childhood-Experiences-and-Trauma#
4. Screening for Adverse Childhood Experiences in a Family Medicine Setting: A Feasibility Study. *The Journal of the American Board of Family Medicine*, May 2016, 29 (3) 303-307; DOI: https://doi.org/10.3122/jabfm.2016.03.150310. See also the MaineHealth website for more information.

WHAT EVERYONE SHOULD KNOW

Community Care Clinicians Can Take an Online Training Program to Learn How to Better Serve Women Veterans

VA is dedicated to ensuring that women Veterans get the gender-specific care they need, no matter where they receive their health care. Women Veterans have unique health care needs that may require different assessments, care and resources. For example, issues such as military sexual trauma, musculoskeletal pain and post-deployment readjustment can differently impact women Veterans. To get the highest-quality care, women Veterans must have access to clinicians who are trained in women's health.

Community health care clinicians may not be aware of special areas of concern that need to be addressed when caring for women Veterans. To address this need, the VA Office of Women's Health has created a training module "Caring for Women Veterans," which trains community care clinicians to provide Veteran and gender-specific care. Clinicians who take this course will learn to:

- Recognize how the evolving role, increasing number, and diversity of females in military service impacts their changing medical care needs.
- List the key components of a military history while understanding how a woman Veteran's service might affect her current or future health.
- Recognize the gender-specific, clinical manifestations of common Veteran health issues including pain syndromes and mental health disorders.

- Apply strategies for integrating patient-centered, sensitive care into the pelvic exam of a woman Veteran who has experienced military sexual trauma.

This web-based course is one-hour, available 24/7 and offers JA-IPCE, ACCME, ACCME-NP, ANCC, ASWB, AAPA, ACPE accreditation to health care teams, doctors, nurses, social workers, pharmacists, nurse practitioners and physician assistants.

If you care for women Veterans, take this training to learn more about the unique health needs of women Veterans: Access the course now by clicking here.

The Continuing Opioid Crisis & New Legislation

1. The Office of the Attorney General (OAG) recently released the April 2021 "Maine Monthly Overdose Report."
https://www.maine.gov/ag/news/article.shtml?id=5041404 The report indicates that the overwhelming majority of drug overdoses were ruled as accidental manner of death and involved pharmaceutical opioids, non-pharmaceutical drugs, including combinations of fentanyl or fentanyl analogs, heroin, cocaine and methamphetamine.

2. Mills Administration Statement on Drug Overdose Death Report
June 23, 2021: https://www.maine.gov/governor/mills/news/mills-administration-statement-drug-overdose-death-report-2021-06-23

Governor Mills signs emergency legislation establishing Accidental Drug Overdose Death Review Panel

Governor Janet Mills, Director of Opioid Response Gordon Smith, and Commissioner of the Department of Health and Human Services Jeanne Lambrew responded to the report released by the Maine Attorney General's Office on drug overdose deaths in 2020. The annual report showed that 504 deaths were caused by drugs in 2020, which is a 33% increase over 380 in 2019. 336 of the 2020 deaths were due to non-pharmaceutical fentanyl, a 30% increase over 2019.

The Governor signed into law emergency legislation establishing an Accidental Drug Overdose Death Review Panel. The new law comes after the Office of the Maine Attorney General released its annual report of drug overdose fatalities, showing that 2020 was the deadliest year on record for drug overdoses.

The legislation, submitted by the Mills Administration and approved overwhelmingly by the Legislature, creates an Accidental Drug Overdose Death Review Panel within the Office of the Attorney General charged with reviewing a subset of overdose deaths in order to learn from the circumstances surrounding the deaths and adjust policies when needed, with the goal of reducing more overdose deaths.

3. HIPAA and the Opioid Crisis.
The U.S. department of Health and Human Services has developed a guide for clinicians about how the Health Insurance Portability and Accountability Act (HIPAA) allows clinicians to respond to the opioid crisis. The guide provides information regarding the circumstances under which clinicians can disclose some health information without a patient's permission, including: sharing health information with family and close friends who are involved in the care of an incapacitated or unconscious patient; or disclosing health information to persons to prevent or lessen a serious and imminent threat to a patient's health or safety.

The guide is attached below, and is available at: https://www.hhs.gov/sites/default/files/hipaa-opioid-crisis.pdf

How HIPAA Allows Doctors to Respond to the Opioid Crisis

ADVERSE ACTIONS

Adverse Actions

In 2020 the Board reviewed 303 complaints and investigative reports – an average of 25 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 majority of complaints received by the Board continue to center around patient dissatisfaction with the communication of the physician/physician assistant. Patients who feel that they were not listened to, ignored, or disrespected (talked down to) are more likely to file a complaint with the Board than patients who may believe their treatment was not optimal but have a good relationship with their physician/physician assistant. The Board developed guidelines entitled "Communication with Patients" (recently published in the *Journal of Medical Regulation* and reproduced in this issue of BOLIM), which licensees are encouraged to review: https://www.maine.gov/md/sites/maine.gov.md/files/inline-files/COMM_WITH_PTS.pdf.

The Board's complaint process is relatively straight-forward. FAQs about the complaint process are available on the Board's website: https://www.maine.gov/md/complaint/discipline-faq. Brochures regarding the complaint process are also available on the Board's website: https://www.maine.gov/md/resources/forms.

Upon receipt of a complaint, it is forwarded to the licensee for a written response and a copy of the medical records. In general, the licensee's response is shared with the complainant, who may 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
- Further investigate
- 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 scope of practice.

Bart J. DeCristoforo, P.A. License #PA734 (Date of Action 06/09/2021)
On June 8, 2021, the Board and Mr. DeCristoforo entered into a Consent Agreement for unprofessional conduct requiring that Mr. DeCristoforo continue treatment with a speech pathologist, engage in individual psychotherapy, complete a medical evaluation with a neuropsychiatrist and follow treatment recommendations, and for at least one year he must engage a Board-approved Physician Practice Monitor who will submit reports to the Board.

Richard J. Dubocq, M.D. License #MD12257 (Date of Action 06/04/2021)
Withdrawal of renewal application while under investigation.

Cameron R. Bonney, M.D. License #MD20582 (Date of Action 05/12/2021)
On May 12, 2021, the Board and Dr. Bonney entered into a Consent Agreement for substance misuse and unprofessional conduct. Dr. Bonney's license is placed on probation for a period of five years with several requirements including that he must complete an Intensive Outpatient Program, maintain enrollment in the Medical Professional Health Program (MPHP), and engage in individual therapy with reports to the Board. Dr. Bonney's medical license will remain in inactive status for at least six months and until the Board votes to reactivate it.

James F. Gillen, Jr., P.A. License #PA578 (Date of Action 04/16/2021)
On April 16, 2021, the Board and Mr. Gillen entered into a Consent Agreement for substance misuse and unprofessional conduct requiring that Mr. Gillen maintain enrollment in the Medical Professional Health Program (MPHP) and engage in individual therapy for a period of at least two years with reports to the Board.

David B. Nagler, M.D. License #MD13521 (Date of Action 04/14/2021)
On April 14, 2021, the Board and Dr. Nagler entered into a Consent Agreement for unprofessional conduct imposing a requirement that Dr. Nagler engage a Board-approved Physician Practice Monitor for at least two years who shall submit written reports to the Board.

Emily C. Kumagae, P.A. License #PA1283 (Date of Action 04/14/2021)
On April 14, 2021, the Board and Ms. Kumagae entered into a Consent Agreement for substance misuse requiring that Ms. Kumagae maintain enrollment in the Medical Professional Health Program (MPHP) and continue individual therapy for a period of at least two years with reports to the Board.

Elmer H. Lommler, M.D. License #MD9862 (Date of Action 03/12/21)
On March 12, 2021, the Board issued a Decision and Order following an Adjudicatory Hearing held on December 8, 2020, January 12, 2021, and February 9, 2021. The Board found seven violations including that Dr. Lommler engaged in unprofessional conduct, engaged in misrepresentation in connection with a service rendered within the scope of the license issued in his communications with the Board and Board staff, violated Board statutes and rules, and has a diagnosis of a health condition that has resulted or may result in his performing services in a manner that endangers the health or safety of patients. The Board imposed a reprimand, a suspension of licensure for 90 days for each of seven violations to run consecutively with all but 14 days stayed, and a period of probation of five years requiring Dr. Lommler to respond timely to all Board requests, obtain a pharmacologic evaluation within three months by a Board approved evaluator (and implement all recommendations), obtain a neuropsychological evaluation in one year, and either join a Board-approved group practice or partner with a physician with sufficient administrative and clinical support with monitoring reports within six months or close his current practice and convert his license to an emeritus license. Violation of any condition of probation will result in the stay of suspension being lifted and the remainder of the suspension going into effect until the condition of probation is met.

Cameron R. Bonney, M.D. License #MD20582 (Date of Action 03/10/21)
On March 10, 2021, Dr. Cameron's Maine physician license was converted to inactive status while under investigation for allegations of misuse of alcohol, drugs, or other substances that has resulted or may result in the licensee performing services in a manner that endangers the health or safety of patients, and unprofessional conduct.

Kara K. Duffy, P.A. License #PA1932 (Date of Action 03/09/21)
On March 10, 2021, Ms. Duffy and the Board entered into a Consent Agreement for Licensure for an active physician assistant license. The consent agreement incorporates a reentry to practice plan that includes a specific practice location and a preceptor who will provide reports to the Board.

Communicating with Patients Guidelines

The Journal of Medical Regulation has published “Communicating with Patients: Guidelines from the Maine Board of Licensure in Medicine.” The article is available online at: https://meridian.allenpress.com/jmr/issue/106/4.

FROM THE EDITOR

Book Review: *Law, History, and Epidemics*

Salus populi suprema lex esto. (The health/safety of the people is the supreme law.) Cicero, De Legibus

If you are among myriad health professionals with lots of spare time on hand these pandemic days, and if you are looking for a concise book to provide an historical and legal perspective on the pandemic we are living through, in order to enrich conversation with colleagues and patients (both compliant and reluctant) regarding vaccination and masking recommendations, then I suggest you have a look at John Fabian Witt’s *American Contagions: Epidemics and the Law from Smallpox to COVID-19* (Yale University Press, 2020).

The author is a professor of law and history at Yale who is, if this book is any indication, a master teacher and expositor of complex issues in language familiar to non-lawyers and lawyers alike. Professor Witt has provided a reliable, judicious, accessible narrative of an issue that has plagued the USA for centuries: Will there ever be a happy congruence of civil liberties and public health? Given there are tensions, must they be at odds?

The book begins with this introduction:

> "Not long ago, and for most of American history, infection was an everyday crisis. Infectious diseases like smallpox, bubonic plague, yellow fever, polio, cholera, typhoid fever, malaria, and influenza helped produce many of the defining features of the modern world: street cleaning, the shape of city neighborhoods, the clean water piped to our kitchens, and the pediatrician visits that mark the lives of our young children. Even how people behave in the bedroom in their most intimate moments reflects the risk of infectious disease.
> "Less tangibly, perhaps, but just as profoundly, laws and government have shaped and been shaped by recurrent crises of infectious disease."

Witt provides a narrative analysis of our responses to infectious disease over the centuries by highlighting two persistent tensions: sanitation efforts versus "quarantinism"; and the libertarian interpretation of individual freedom (without restriction or regulation) versus the communitarian interpretation of freedom with responsibility (legitimate restraints for the common good).

The book is a citizen's guide to American law in the face of contagion. It begins in the 18th century and concludes with the COVID-19 pandemic and its current ramifications to do with policing and violence against Asian Americans.

While public discourse around contagion and vaccination is subject to confusion and even hysteria, courts have been a steadying influence since at least the early 19th century with a Massachusetts law mandating vaccination against smallpox. Starting then, and ever since then, there has been organized resistance to mandatory vaccination based on libertarian arguments. However, as Witt explains:

> "Despite its persistence, the libertarian thread in American popular reaction to public health law has historically had little uptake in formal constitutional law, at either the state or federal level. Judges have been willing to give public health orders a hard second look. They have been willing to strike some orders down. But rarely have courts interfered with the basic power to keep people safe in a moment of contagion."

We have a pretty unform jurisprudential history of response to the challenge of contagion, and the history is in favor of social hygiene over individual liberty. To paraphrase Justice John Marshall Harlan, 'real liberty' is not an absolute right of personal freedom, but a world of 'manifold restraints' imposed 'for the common good.'

Editor's Choice: The Ten Year War: Obamacare . . .

The Ten Year War: Obamacare and the Unfinished Crusade for Universal Coverage, by Jonathan Cohn (St. Martin's Press, 2021), is a comprehensive and accessible political history of how the ACA came to life against strong (and enduring) odds.

From the book jacket: ". . . veteran journalist Jonathan Cohn offers the compelling, authoritative history of how the law came to be, why it looks like it does, and what it's meant for average Americans. Drawn from hundreds of hours of interviews, plus private diaries, emails, and memos, *The Ten Year War* takes readers to Capitol Hill and town hall meetings, inside the West Wing, and, eventually into Trump Tower, as the nation's most powerful leaders try to reconcile pragmatism and idealism, self-interest and the public good, and ultimately two very different visions for what the country should look like."

BOARD NEWS

Board Operations During the Pandemic: A Brief Reflection

The COVID-19 pandemic affected nearly all aspects of life in Maine and the United States for a year and a half. It forced us to make many rapid changes to the way we lived and worked. The deployment of vaccines, dropping COVID-19 infection rates, and the recent lifting of restrictions signal a return to normalcy and hope for the future. It also allows us a moment to catch our breath and reflect upon the previous 15 months. As staff return to working in the office, we will be reviewing the changes implemented during the pandemic and evaluating what went well and what did not; lessons we learned; what we accomplished; and what we can do better next time we are required to make radical alterations to our workplace and routines.

Although this work is just beginning, here are some reflections:

1. Protecting Maine citizens by supporting Maine physicians and physician assistants.
    - Maine physicians and physician assistants continued caring for Maine patients, ensuring continuity of care and emergency services when necessary. Many provided care and treatment at great personal risk and under extremely difficult circumstances. To support these heroic licensees, the Board:
        - Coordinated with the Governor's Office to develop an executive order that kept licenses from expiring, permitted the issuance of Emergency Licenses to recently retired licensees, and suspended the collaboration requirements for physician assistants. Board staff extended the expiration date of licenses due to expire during the pandemic 3,351 times and issued over 900 free COVID-19 Emergency Licenses.
        - Issued multiple email blasts in coordination with Maine CDC regarding emerging COVID-19 issues and information.
        - Disseminated information regarding the warm line (hotline) developed for front line COVID-19 clinicians.
        - Continued to provide licensure and re-licensure support to physicians and physician assistants seeking initial licensure and re-licensure during the pandemic.
2. Developing and enhancing electronic processes.
    - Virtual Board meetings.
        - Prior to the pandemic, State law required the Board meet in-person. The pandemic caused the Legislature to enact an emergency law allowing State agencies like the Board to conduct virtual meetings. The Board joined the "Zoom migration" and held its first virtual meeting in April 2020 allowing it to conduct business without interruption. These virtual meetings provided greater public access to

Board meetings, which resulted in greater public attendance. This unexpected positive result has led the Board to see if monthly meetings can continue to be streamed online for the public even after it returns to in-person meetings.
    - Electronic files.
        - Prior to the pandemic both the initial licensure process and the complaint and investigation process were predominantly paper based. This changed quickly and the only items the Board will not accept electronically are documents that need to be notarized. Both licensing and complaint files are scanned and maintained and managed electronically. Unfortunately, despite changing most processes to electronic, the COVID-19 Emergency Licenses process was completely manual. The Board will be seeking to create a streamlined, electronic process for this type of emergency in the future.
    - Staff remote work.
        - Six of the nine staff members have worked from home since the beginning of the pandemic. The Board is fortunate to have staff who were able to adapt quickly to remote work to keep the Board operational during the pandemic. Although many organizations stopped answering phones and relied only on e-mail, Board staff continued to answer the main line and provide first rate customer service to licensees and applicants who wanted to talk to someone. In addition to their regular jobs, the three staff who remained in the office bore the brunt of this task as well as the tasks of receiving and scanning all overnight packages and mail. Although working remotely, staff exhibited exemplary teamwork and dedication to the work of the Board. Staff met virtually each day to check in, offer help and make sure everyone was okay and had the support and resources they needed. In addition, staff met twice outside of the office during the pandemic while following COVID-19 safety protocols.
3. New Board Members and Staff.
    - Three new members were appointed to the Board during the pandemic and were oriented and introduced virtually to the existing Board members and staff. Despite never having met other Board members or staff in person, these three newly appointed Board members quickly became active and valued participants in monthly meetings. In addition, the Board hired a new medical director who, like most of the staff, has worked remotely and effectively in supporting the Board's operations.
4. New Joint Physician Assistant Rule.
    - At the very beginning of the pandemic the Legislature enacted an emergency law that changed the paradigm for physician assistant licensure and regulation in Maine. Although the governor suspended the collaborative practice requirements during the pandemic, the Board nonetheless proceeded with the rulemaking process to repeal the old joint physician assistant rule and adopt a new and updated joint physician assistant rule. In addition, Board staff developed and implemented the technological and database changes necessary to implement the new law and rule by the first week of January 2021.

As mentioned earlier, this review and evaluation is not complete. If you have reflections about lessons learned during the pandemic and/or suggestions on how the Board and its staff can continue to improve its services, please contact Tim Terranova at tim.e.terranova@maine.gov.

Board/Board Staff Collaboration with Other Regulatory Bodies

Regulation cannot be done in a bubble. As a regulatory body in Maine, the Board understands the need to consider what is happening in other state, national, and international regulatory organizations. Board members and staff are committed to active involvement in these organizations to foster the best service to its licensees and the public. A short list of collaborative activities includes:

- Maine Association of Medical Staff Services (MeAMSS)
    - Staff sit on the Board and serve as the newsletter editor.
- New England State Medical Boards
    - Staff are involved in a quarterly meeting of New England Medical and Osteopathic Boards where regional issues are discussed.
- Federation of State Medical Boards (FSMB)
    - Board members and Staff have served and continue to sit on various committees and workgroups including:
        - Nominating Committee - In accordance with the FSMB Bylaws, membership on the Nominating Committee is by election only. Each year, the current Nominating Committee submits a roster of one or more nominees for each of the upcoming vacancies on the Board of Directors and the Nominating Committee.
        - Bylaws Committee - The Bylaws Committee assesses the FSMB Bylaws each year, including proposals for amendments and requests for interpretation.
        - Education Committee - The Education Committee assists in the development of educational programs for the FSMB. This includes the Annual Meeting program as well as webinars, teleconferences, and other educational offerings.
        - Workgroup on Physician Sexual Misconduct – This group's work resulted in the 2020 Policy on Physician Sexual Misconduct.
        - Uniform Application Group - Staff attend regular meetings to discuss improvements to the Uniform Application.
- Interstate Medical Licensure Compact (IMLC)
    - Staff have served as chair of the communications committee and the executive committee. Staff continue to represent the Board on the executive committee.
    - Staff have presented at national training meetings.
- Administrators in Medicine (AIM)
    - Staff have helped organize national training for licensing staff and have presented at that training.
- International Association of Medical Regulatory Authorities (IAMRA)
    - Staff sit on the Regulatory Best Practice Working Group whose current objectives include Presenting a symposium on Physician Health and Wellness and conducting a member needs assessment.

Reflections on Retiring Board Members

Retiring Board Member Louisa Barnhart, M.D.

Some reflections on her service by Dennis E. Smith, Esq., Executive Director

After nearly a decade of dedicated service to the Maine Board of Licensure in Medicine ("Board"), Dr. Louisa Barnhart, M.D. retired from her membership on the Board effective June 8, 2021. She will be greatly missed.

Dr. Barnhart earned her medical degree from the University of Pittsburg School of Medicine and her Master's Degree in Public Health from the University of Pittsburg School of Public Health. Thereafter, Dr. Barnhart completed residency in family practice at Eastern Maine Medical Center, in which specialty she practiced for approximately 18 years.

In 2002, Dr. Barnhart completed a second residency in psychiatry at Maine Medical Center and she has practiced as a Board Certified psychiatrist for the last 19 years. During her medical career in Maine, Dr. Barnhart has been recognized on multiple occasions by her peers for her excellence in providing psychiatric care and as a teacher of psychiatry within the Maine Dartmouth Family Practice Residency Program.

Dr. Barnhart was first appointed to the Board in 2011, and later served as the Board's Secretary, which requires substantial additional work. In 2019, Dr. Barnhart was elected by her fellow Board members as Chair of the Board. In that capacity, Dr. Barnhart provided steady leadership and support of the Board (which included three newly appointed members) and of Board staff during the COVID-19 pandemic, including leading the Board through its first ever attempt at virtual meetings and routinely checking on the well-being of the staff.

During her decade on the Board, Dr. Barnhart participated in the investigation and resolution of countless numbers of complaints that entailed the review of literally thousands of pages of medical and investigative records – while also practicing medicine and mentoring medical students and residents. In addition, she provided guidance and mentoring to new Board members and regularly gave moral support to Board staff.

Dr. Barnhart helped update the Board's policies, rules, and processes – and was instrumental in the development of both Chapter 21 (joint rule regarding the use of controlled substances for the treatment of pain) and Chapter 12 (joint rule regarding office-based opioid treatment). Dr. Barnhart's specific expertise in psychiatry and generalized professionalism contributed much to the Board's mission of protecting the public, and she will be remembered for her calm demeanor and empathy in her review of all matters coming before the Board.

Thank you, Dr. Barnhart, for your service to the citizens of Maine and your many contributions to the Board and staff.

Retiring Public Board Member Miriam Wetzel, Ph.D.

After three years of dedicated service to the Maine Board of Licensure in Medicine ("Board"), Dr. Miriam Wetzel, Ph.D. is retiring from her membership on the Board. The Board and staff will miss her.

Dr. Wetzel earned her Bachelor of Science in music from Juniata College, a Master's Degree in Education Administration from the University of Maine, a Master's Degree in Education from Harvard Graduate School of Education, and her Doctorate from the University of Pennsylvania. Dr. Wetzel is a lifelong learner, teacher, and educator. She has been a teacher and principal at Maine schools, an instructor at the University of Pennsylvania, and a curriculum coordinator at Harvard University Medical School. Dr. Wetzel loves to play the trumpet and provide piano lessons.

During her three years on the Board, Dr. Wetzel brought her unique and amazing experience and insight to all matters reviewed by the Board. Her diligent preparation was evident during every meeting, and her presentations and input were always thoughtful and empathetic.

The Board and staff deeply thank Dr. Wetzel for her professionalism and service, which contributed greatly to the Board's mission of protecting the public.

Election of New Officers

Board Chair: Maroulla S. Gleaton, M.D

In June, members of the Board elected Maroulla S. Gleaton, M.D. to serve as Chair. Dr. Gleaton is the longest-serving member of the Board, having been initially appointed in 2007. Dr. Gleaton has previously served as both Board Secretary and Board Chair.

In addition to her duties with the Board, Dr. Gleaton serves on the Nominating Committee for the Federation of State Medical Boards (FSMB), which identifies and recruits individuals to serve on FSMB committees and work groups, and recently served on the FSMB Workgroup on Physician Sexual Misconduct, which developed a report and recommendations regarding this very important issue. In 2020 Dr. Gleaton received the John H. Clark, M.D. Leadership Award from the FSMB for her exemplary leadership, commitment, and contributions to advancing the public good at the state board level.

Dr. Gleaton specializes in ophthalmology, practices in Augusta, and resides with her husband in Vassalboro.

Board Secretary: Christopher Ross, P.A.

In June, members of the Board voted to reelect Christopher Ross, PA to serve a second term as Board Secretary.

Mr. Ross was born and raised in Bethlehem Pennsylvania. He graduated from the St. Francis University Physician Assistant Science program in 1999 and worked in emergency medicine at Waterbury Hospital in Waterbury, Connecticut for several years prior to moving to Maine in 2004 to work at Maine-Dartmouth's Family Medicine Residency Program in Augusta. Mr. Ross also has a master's degree in health administration from Quinnipiac University. He was first appointed to the Maine Board of Licensure in Medicine (Board) in 2014. In June 2020 his fellow members of the Board elected Mr. Ross to be the Board Secretary, a position with additional responsibilities including the review of applications and medical malpractice matters as well as serving at times as acting chair. Mr. Ross is the first physician assistant member of the Board to be elected to serve as Board Secretary.

Beyond his duties with the Board, Mr. Ross continues to work at Maine-Dartmouth's Family Medicine Residency Program where he sees and treats patients and teaches medical residents about family medicine. In addition, Mr. Ross serves his community as a volunteer firefighter. Mr. Ross lives in Winthrop with his wife and three children.

BOARD OPPORTUNITIES

An Opportunity to Join the Board

Take advantage of this opportunity to gain a broad and deeply informed perspective on the spectrum of medical practice in Maine while performing an essential public service in overseeing public safety.

The Maine Board of Licensure in Medicine ("Board") has been licensing and regulating allopathic physicians in Maine since 1895. Today, it consists of 11 members – 6 actively practicing physicians, 2 actively practicing physician assistants, and 3 public members. The Board is seeking two physician members who meet the following statutory qualifications:

> [Be a] graduate of a legally chartered medical college or university having authority to confer degrees in medicine and must have been actively engaged in the practice . . . in this State for a continuous period of 5 years preceding . . . appointment to the Board.

The Board has a current special interest in seating a psychiatrist.

In addition, the Board is seeking one public member with experience and availability relevant to the description below. (Please forward this notice to anyone you would like to recommend.) For purposes of any occupational or professional licensing boards which have a public member or members, "public member" means a person who has no financial interest in the profession regulated by the board to which that member has been appointed and who has never been licensed, certified or given a permit in this or any other state for the occupation or profession that member is appointed to regulate.

The Board meets once a month at its offices in Augusta, Maine. The members of the Board are provided with materials for an upcoming meeting 1-2 weeks in advance. A typical Board meeting commences at 8:30 am and lasts until 4:00-5:00 pm. During a meeting, the Board conducts reviews of applications for licensure, complaints and investigations, and rulemaking. In addition, the Board occasionally holds informal conferences and adjudicatory hearings to resolve complaints and investigations.

The Board is composed of motivated, hard-working individuals committed to ensuring the protection of the public. The Board is supported by a dedicated staff of professionals. Anyone who may be interested in this challenging and rewarding opportunity should contact Dennis E. Smith, Esq., Executive Director at: (207) 287-3605 or by email at dennis.smith@maine.gov ; or Tim Terranova, Assistant Executive Director at (207) 287-6930 or e-mail at tim.e.terranova@maine.gov

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