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# July 29, 2024 Newsletter

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## FROM THE CHAIR

### Communication and Diversity

*Maroulla S. Gleaton, M.D., Chair*

As we look to solve physician shortages in our state, the legislature has turned its attention to filling the gap with internationally trained and/or practicing physicians. A more diverse workforce of physicians is coming to practice in Maine and there is more cultural diversity in our practice populations. In the past, we typically interacted with colleagues and patients who were also Mainers and culturally familiar to us. Colleagues and staff members were often from the same country, state, and even community which meant they most often had similar ways of communicating and making decisions. That is no longer the case for many of us. So, outlined below are several areas to consider as we encounter more diversity in colleagues, staff, patients, and their families.

Physicians must first of all understand their own biases, assumptions, attitudes, likes, and dislikes. We are all trained to be professional in many technical and organizational aspects of medical care but sometimes we need more education in verbal and non-verbal communication.

We could all learn more about different cultures and their values, especially in population bases we are likely to work with and take care of depending on where we practice and how our practice setting and community might change over time. This includes interactions with colleagues, staff as well as patients. Nobody practices in a vacuum.

It is usually a good idea to avoid the use of slang and jargon. Use language that is day-to-day vocabulary tailored to the ability of the particular patient and their family to understand and feel comfortable with. Resist the temptation to interrupt or paraphrase when communicating. Take time and make extra effort to allow someone to finish asking questions or offering information when answering questions. Let them describe the reasons for their visit including symptoms in their own words. Relax and be flexible. Studies have shown that when allowed to “tell their story” patients typically take only two and one-half minutes!

Close doors to exam rooms to ensure the privacy and quiet necessary for clear and comfortable communication. Don't read too much into the lack of eye contact, which is not favored in some cultures. Ask permission before examining or touching the patient. Concentrate on explicit signals and be sensitive to implicit cues. Be aware that nonverbal gestures account for about half of interactive communication.

Verbalize and be sure you and the patient establish common goals for the visit. Encourage feedback about what you feel you are told by the patient or family member to allow for correction and adjustment of the message. Listen attentively to questions and responses.

Lastly, remember that empathetic understanding and appreciating the worldview of others can be a powerful influence on the degree of success you will have interacting with almost anyone. Quite simply, treat others as you would want you or your loved ones to be treated.

## WHAT EVERYONE SHOULD KNOW

### Scam Alert

We continue to receive reports of licensees receiving calls from scammers who identify themselves as either from BOLIM or from the DEA in connection with BOLIM. 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.

If you receive a suspicious call, 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/>.

## ADVERSE ACTIONS

### Adverse Actions

In 2023 the Board reviewed approximately 300 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 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> and videos at <https://www.maine.gov/md/complaint/file-complaint>.

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.

**Steven W. Powell, M.D. License #MD21852 (Date of Action 06/20/2024)** On June 20, 2024, Dr. Powell failed to renew his medical license while under investigation for allegations associated with his guilty plea in United States v. Steven W. Powell filed in the United States District Court of New Hampshire, Dkt. No. 23-cr-36-PC-01.

**Aaron Betz, P.A. License #PA2671 (Date of Action 06/24/2024)** Effective June 24, 2024, Mr. Betz and the Board entered into a Consent Agreement for Licensure requiring that Mr. Betz comply with all terms of the reentry to practice plan.

**Byron Alan Velander, M.D. License #MD23806 (Date of Action 06/11/2024)** On June 11, 2024, the Board and Dr. Velander entered into a Consent Agreement for unprofessional conduct and violation of Board rules. The Consent Agreement imposes a period of probation for not less than two (2) years with conditions including: 1) engaging a Physician Practice Mentor who will conduct review of patient charts and report to the Board; 2) participation in the Community Care Partnership of Maine ("CCPM") Controlled Substances Stewardship Program (CSS Program) to provide regular ongoing expert review of patients prescribed controlled substances with reports to the Board; and 3) completion of four (4) continuing medical education courses on the subjects of pain management, medical record-keeping, provider-patient communication, and internal medicine updates.

**David B. Nagler, M.D. License #MD13521 (Date of Action 06/11/2024)** On June 11, 2024, after considering Dr. Nagler's compliance and his request to modify the monitoring frequency of the Physician Practice Monitor, the Board and Dr. Nagler entered into a First Amendment to Consent Agreement modifying the monitoring frequency required by paragraph 14(a) of the Consent Agreement to quarterly as requested by Dr. Nagler.

**Dashiell Jordan, M.D. License #MD21839 (Date of Action 06/11/2024)** On June 11, 2024, the Board and Dr. Jordan entered into a consent agreement for unprofessional conduct, violation of Board rules, and substance misuse. The Consent Agreement imposes a period of probation for not less than two (2) years with conditions including: 1) engaging a Physician Practice Mentor who will conduct review of patient charts and report to the Board; 2) participation in the Community Care Partnership of Maine

("CCPM") Controlled Substances Stewardship Program (CSS Program) to provide regular ongoing expert review of patients prescribed controlled substances with reports to the Board; 3) completion of continuing medical education on the subject of managing chronic pain; 4) abstinence from alcohol, cannabis, and illicit substances; 5) enrollment in and compliance with the Maine Professionals Health Program (MPHP) with reports to the Board; 6) certain notification requirements; 7) continuing psychiatric treatment with reports to the Board; and 8) payment of a \$400 civil penalty.

**Wade T. Hamilton, M.D. License #MD13045 (Date of Action 06/11/2024)** On June 11, 2024, the Board voted to accept Dr. Hamilton's request to withdraw his late renewal application while under investigation for allegations of unprofessional conduct and continuing to act in a capacity requiring a license after expiration based upon his permanent representation that he will never apply for a medical or other health care related license in Maine.

**Michael V. Delahunt, M.D. License #MD12168 (Date of Action 06/11/2024)** On June 11, 2024, Michael V. Delahunt, M.D., and the Board entered into a Consent Agreement for unprofessional conduct and violation of Board rules. The Consent Agreement imposes a period of probation for not less than two (2) years with conditions including: 1) engaging a Physician Practice Mentor who will conduct review of patient charts and report to the Board; 2) participation in the Community Care Partnership of Maine ("CCPM") Controlled Substances Stewardship Program (CSS Program) to provide regular ongoing expert review of patients prescribed controlled substances with reports to the Board; and 3) completion of the continuing medical education course entitled Competencies Curriculum for PALTC Medicine and continuing medical education courses for medical record-keeping and professional communications.

**John Louis Davis Jr., M.D. License #MD23569 (Date of Action 06/11/2024)** On June 11, 2024, after considering Dr. Davis's compliance and the request from the psychologist to modify the psychotherapy requirements contained in paragraph 11(b) of the Consent Agreement, the Board and Dr. Davis entered into a First Amendment Consent Agreement modifying the psychotherapy requirement.

**Ramon E. Cheleuitte, M.D. License #MD14451 (Date of Action 05/21/2024)** On May 21, 2024, the Board and Dr. Cheleuitte entered into a Consent Agreement for unprofessional conduct and violation of Board rules arising out of a referral from the Maine Prescription Monitoring Program identifying concerns regarding his controlled substance prescribing. The Consent Agreement imposes probation for a period of not less than two (2) years, during which Dr. Cheleuitte must: 1) engage a Physician Practice Mentor with quarterly reports to the Board; 2) establish a relationship with the Community Care Partnership of Maine ("CCPM") Controlled Substances Stewardship Program (CSS Program) and comply with that program's recommendations with quarterly reports to the Board; and 3) complete Board-approved continuing medical education courses on managing anxiety and managing chronic pain.

**Elmer H. Lommler, M.D. License #MD9862 (Date of Action 05/21/2024)** On May 21, 2024, as authorized by the Board, Dr. Lommler permanently converted his medical license to an Emeritus License while under investigation for unprofessional conduct and noncompliance with a Board Decision and Order.

**Cathleen G. London, M.D. License #MD20645 (Date of Action 05/14/2024)** On May 14, 2024, the Board issued a Decision and Order following an adjudicatory hearing held on February 13, 2024, and March 12, 2024. The Board found that Dr. London engaged in unprofessional conduct by violating a standard of professional behavior that has been established in the practice of medicine by engaging in "disruptive behavior," which consisted of aberrant behavior that was likely to interfere with the delivery of care and has a diagnosis of a health condition that may result in the Licensee performing services in a manner which endangers the health or safety of patients. The Board determined that if the Licensee sought to change her licensure status from inactive to active before the expiration of the license on August 31, 2024, she would be subject to a one-year term of probation with conditions to include treatment with a psychiatrist and completion of two pre-approved courses in anger management. The Board also imposed the costs of hearing of \$7,550.00 to be paid within three months.

**Keri McFarlane Bentley, M.D. License #MD23766 (Date of Action 04/30/2024)** On April 30, 2024, Dr. Bentley failed to renew her medical license while under investigation for alleged misrepresentation

in obtaining a license, unprofessional conduct, and disciplinary action imposed by other states.

**Mahnee Dinsmore, M.D. License #MD20752 (Date of Action 04/27/2024)** On May 7, 2024, the Board sent Dr. Dinsmore Notice of Final Denial of Application for Reinstatement of License. The preliminary denial of Dr. Dinsmore's application for reinstatement was based upon failure to demonstrate clinical competency and unprofessional conduct and became final following failure to appeal the Board's determination on April 27, 2024.

**Sajad Zalzal, M.D. License #MD22589 (Date of Action 04/09/2024)** Effective April 9, 2024, Sajad Zalzal, M.D. and the Board entered into a Consent Agreement for unprofessional conduct, violation of Board rules, and disciplinary action taken by Canada. The Consent Agreement imposes the following: 1) a Warning that Dr. Zalzal must comply with Board telehealth rules; 2) completion of continuing medical education (CME) on the subjects of telehealth practice and documentation standards; and 3) undergo patient chart review three months after completion of the CME to be followed by Board determination of any additional conditions.

**Miland Gadgil, M.D. License #MDE26223 (Date of Action 04/10/2024)** On April 10, 2024, pursuant to 32 M.R.S. 18511 the Maine Board of Licensure in Medicine automatically and immediately suspended Dr. Gadgil's license for a 90-day period ending July 3, 2024, following notification that the Maryland State Board of Physicians issued an Order suspending Dr. Gadgil's license effective April 3, 2024.

**Stacy L. Anderson, M.D. License #MD22365 (Date of Action 04/11/2024)** On April 11, 2024, Dr. Anderson and the Board entered into a First Amendment to Consent Agreement for Conversion to Active Status amending the February 12, 2024, Consent Agreement with the Board. The First Amendment converts Dr. Anderson's license to active status and requires her compliance with all terms of the reentry to practice plan submitted to the Board on March 21, 2024, including supervision by an approved physician mentor.

**Scott F. Rusk, M.D. License #MD14304 (Date of Action 03/27/2024)** On March 27, 2024, Scott F. Rusk, M.D. and the Board entered into a Consent Agreement for Conversion to Active Status requiring that Dr. Rusk comply with all terms of the reentry to practice plan.

**Justin M.B. Taylor, M.D. License #MD27904 (Date of Action 03/26/2024)** Effective March 26, 2024, Dr. Taylor and the Board entered into a Consent Agreement for Licensure requiring that Dr. Taylor comply with all terms of the reentry to practice plan.

**Arthur Blake, M.D. License #MD18331 (Date of Action 03/11/2024)** On March 11, 2024, the Board voted to accept Dr. Blake's request to permanently surrender his Maine medical license while under investigation for unprofessional conduct.

**Anders Gustaf Aulen Holm, M.D. License #MD25415 (Date of Action 02/04/2024)** On February 4, 2024, the Board's denial of the renewal of Dr. Holm's medical license for unprofessional conduct and violation of Board statutes and rules became final.

## LICENSING ISSUES

### Risk of Discipline for Interstate Medical Licensure Compact (IMLC) Participants

The Interstate Medical Licensure Compact (IMLC), which created an expedited pathway to licensure for physicians, has proven extremely popular. IMLC currently includes 40 states, the District of Columbia, and the Territory of Guam. In 2023 approximately 39% of all full M.D. licenses in Maine came through the IMLC process. That number is expected to continue growing.

However, as physicians take advantage of the efficiencies the IMLC has to offer they must also remember the consequences of not keeping up with state requirements. As stated above, the IMLC is an expedited pathway. This means that physicians must meet the requirements of each state where they obtain a license.

BOLIM interacts weekly with physicians who have not met BOLIM's requirements, specifically involving the jurisprudence exam and/or CME audits. Excuses include claiming that the physician has too many licenses and can't keep track and that an employer or agency is responsible for keeping track of requirements. **This is not acceptable.**

Failure to meet all requirements could lead to disciplinary action. To date, BOLIM has worked with most of these physicians and has issued Letters of Guidance to physicians once they have completed all requirements. Some states proceed directly to discipline, which is an option available to BOLIM.

What does this mean? If a physician participating in the IMLC is disciplined, they are no longer eligible to participate. They will not be able to renew any licenses obtained using the IMLC process and, if they want to maintain licensure, will need to reapply directly with the states in which they practice.

In addition, the IMLC statute allows, and in certain circumstances requires, participating states to automatically impose the same discipline against the licensee. This leads to physicians with 20 or 30 reports to the National Practitioner Databank (NPDB) and the need to disclose every action on all future applications. Some agencies, such as BOLIM, also have notification requirements. Failure to notify BOLIM within 10 days every time a reciprocal action is taken can lead to additional action in the form of a citation or disciplinary action.

The bottom line is that physicians are responsible for meeting the requirements of every state where they hold a license. Failure to take that responsibility seriously, or to delegate it to someone else, can lead and is leading to discipline and exclusion from the IMLC.

## Physician Assistant Compact Status

This session, the legislature passed LD2043, *An Act to Add the State of Maine to the Compact for Licensing Physician Assistants*. Since that time, BOLIM has received questions from physician assistants regarding how the compact works and how they can participate.

The answer, for now, is no one can participate.

The compact required adoption by seven states to be activated. During this legislative session, the compact reached and surpassed the seven-state minimum, and currently 12 states will be participating once the legislation becomes effective. The Maine legislation becomes effective on August 9, 2024. Following that, representatives from the 12 states will meet in September to discuss the creation of the compact.

A great deal of work needs to be accomplished prior to the compact going live. This includes rulemaking and the creation of an infrastructure and database that can be used by all states. For other compacts, this process has normally taken at least 24 months.

BOLIM will keep its licensees up to date on the development and implementation of the compact and will notify all licensed physician assistants once it is fully operational.

## Opioid CME Requirements

BOLIM reminds its licensees that all active licenses, excluding emeritus, require completion of 3 hours of AMA Category 1 opioid-related CME each renewal cycle. The 3 hours can be part of the total 40-hour CME requirement.

Failure to obtain the required opioid CME is one of the most common reasons for delays in the renewal process. Failure to obtain the required CME can result in renewals being pended (causing problems with credentialing and insurance), citations, or disciplinary action.

**Don't forget that BOLIM offers free opioid-related CME, which can be found at <https://qclearinglab.org/course-cat/safe-opioid-prescribing/>.**

## HEALTH AND WELLNESS

## Clinician Health and Wellness: A Continuing Struggle

Many studies have shown that stress adversely impacts the mental and physical health of clinicians. Those stresses increased during the COVID-19 Pandemic. Unfortunately, instead of receding with the pandemic, they appear to be continually increasing. Reports of burnout, workforce shortages, and overall dissatisfaction continue to dominate conversation in healthcare.

Clinicians, and those they work for, need to remember the best way to perform the duty of care for others is by taking good care of yourself. Being responsible for your own well-being makes for better clarity, more strength, and a positive approach to myriad aspects of patient needs and safety.

If you can't take care of yourself, how can you take care of others? If you can't have sympathy for yourself, how can you have sympathy for others? If you don't get enough rest, how can you continue to provide good patient care? If you don't provide your body and mind with good nutrition, how can you convince patients to do so? Neglecting self-care is a disservice to patients and the profession and BOLIM encourages clinicians to rethink the basis of such avoidance.

Seeking help – for whatever reason – does not make a clinician unprofessional or incompetent, nor does it place their license at risk. On the contrary, it demonstrates insight, personal responsibility, and strength of character. BOLIM encourages all licensees to reflect upon how they can care for themselves with the same spirit and dedication that they demonstrate in caring for their patients. You and your patients will be the better for it.

Assistance is available through the Maine Medical Professionals Health Program (<http://www.mainemphp.org/>) or employee assistance programs.

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### Credit

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