State of Maine  
Board of Licensure in Medicine  
137 SHS, 161 Capitol Street  
Augusta, Maine 04333-0437  
May 14, 2019  
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State of Maine  
Board of Licensure in Medicine  
137 SHS, 161 Capitol Street  
Augusta, Maine 04333-0137  
Minutes of May 14, 2019

Board Members Present: Maroulla S. Gleaton, M.D., Chair; Louisa Barnhart, M.D., Secretary; Susan Dench; Timothy R. Fox, M.D.; Peter J. Sacchetti, M.D. (arrived at 8:34 a.m.); Brad E. Waddell, M.D.; Lynne M. Weinstein; and Miriam S. Wetzel, Ph.D.

Board Members Absent: Christopher R. Ross, P.A. and Michael P. Sullivan, M.D.

Board Staff Present: Dennis E. Smith, Executive Director; Timothy E. Terranova, Assistant Executive Director; Gregory A. Kelly, M.D., Medical Director; Julie Best, Complaint Coordinator; Savannah Okoronkwo, Consumer Assistance Specialist; Nikolette P. Alexander, Investigative Secretary; Maureen S. Lathrop, Administrative Assistant; Tracy Morrison, Licensing Specialist; and Elena I. Crowley, Licensing Specialist

Attorney General’s Office Staff Present: Michael Miller, Assistant Attorney General and Lisa Wilson, Assistant Attorney General

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). The Board moved, seconded, and voted the following executive session times. During the public session of the meeting, actions were taken on all matters discussed during executive session.

**EXECUTIVE SESSIONS**

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<thead>
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<tbody>
<tr>
<td>8:34 a.m. – 8:44 a.m.</td>
<td>Pursuant to 1 M.R.S. § 405(6)(F) and 32 M.R.S. 3300-A to discuss confidential information</td>
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<tr>
<td>11:46 a.m. – 11:59</td>
<td>Pursuant to 1 M.R.S. § 405(6)(F) to discuss confidential information</td>
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**RECESSES**

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<td>9:15 a.m. – 9:26 a.m.</td>
<td>Recess</td>
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<td>Recess</td>
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<tr>
<td>12:35 p.m. – 1:07 p.m.</td>
<td>Lunch</td>
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<td>2:59 p.m. – 3:09 p.m.</td>
<td>Recess</td>
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<tr>
<td>3:58 p.m. – 4:04 p.m.</td>
<td>Recess</td>
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</table>
I. Call to Order

Dr. Gleaton called the meeting to order at 8:32 a.m.

A. Amendments to Agenda

Ms. Weinstein moved to amend Dr. William Salomon’s license renewal application off the agenda. Dr. Barnhart seconded the motion, which passed unanimously.

B. Scheduled Agenda Items

1. 1:00 p.m. Adjudicatory Hearing Marc J. Gorayeb, M.D. (Preliminary Denial of License Renewal Application)

II. Licensing

A. Applications for Individual Consideration

1. Initial Applications

   a. Anthony Thijssen, M.D.

      At 8:34 a.m. Ms. Weinstein moved to enter executive session pursuant to 1 M.R.S. § 405(6)(F) and 32 M.R.S. § 3300-A. Ms. Dench seconded the motion, which passed unanimously.

      At 8:44 a.m. Ms. Dench moved to come out of executive session. Dr. Sacchetti seconded the motion, which passed unanimously.

      Dr. Barnhart moved to approve Dr. Thijssen’s license application upon receipt of his representation that he will not perform any procedures involving foot pedals and will inform the Board of any changes in his condition. Dr. Waddell seconded the motion, which passed unanimously.

   b. Nabeel Qureshi, M.D.

      Dr. Waddell moved to table the application pending receipt of additional information. Dr. Wetzel seconded the motion, which passed unanimously.

2. Reinstatement Applications (none)

3. Renewal Applications
a. Michael Moore, M.D.

Ms. Weinstein moved to issue a complaint. Dr. Barnhart seconded the motion, which passed unanimously.

b. Jack Tuchman, P.A.

Dr. Barnhart moved to issue a citation and administrative fine to Mr. Tuchman and his primary supervising physician, and to renew Mr. Tuchman’s license upon receipt of payment. Dr. Fox seconded the motion, which passed unanimously.

c. William Salomon, M.D. (amended off agenda)

d. Charles Garabedian, M.D.

Dr. Barnhart moved to issue a complaint. Ms. Dench seconded the motion, which passed unanimously.

e. Virginia Eddy, M.D.

This matter was tabled.

4. Requests to Convert to Active Status (none)

5. Requests to Withdraw License/License Application

   a. Humaira Ashraf, M.D.

Ms. Dench moved to withdraw the preliminary denial of Dr. Ashraf’s license application and to approve her request to withdraw her license application. Dr. Sacchetti seconded the motion, which passed unanimously.

6. Requests for Supervisory Relationships

   a. Kate Grygiel, P.A.

Dr. Barnhart moved to issue a citation and administrative fine. Dr. Sacchetti seconded the motion, which passed unanimously.

B. Other Items for Discussion (none)

C. Citations and Administrative Fines

This material was provided for informational purposes. No Board action was required.
III. Election of Officers

A. Call for Nominations

Ms. Weinstein nominated Dr. Barnhart for the office of Board Chair. Dr. Barnhart accepted the nomination.

Ms. Weinstein nominated Dr. Sacchetti for the office of Board Secretary. Dr. Sacchetti accepted the nomination.

Dr. Barnhart requested to discuss Dr. Gleaton’s reappointment to the Board. Following discussion, Ms. Dench moved to submit a letter to the Governor’s Office in favor of Dr. Gleaton’s reappointment to the Board. Dr. Fox seconded the motion, which passed 7-0-0-1. Dr. Gleaton was recused from the matter and left the room.

IV. Consent Agreements/Resolution Documents for Review (none)

V. Complaints

1. CR19-18

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

MOTION: This complaint is about a comment the physician made as he was leaving the examination room which the patient reports as “completely unsolicited, inappropriate, offensive and unwelcome.” The patient was not offended by the remark the physician originally apologized for, but by the entire “joke” with the reference to “coke-bottle lenses.” In his response, the physician apologized and made it clear that he now recognizes that the entire story was offensive.

2. CR19-14

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

MOTION: A patient complains that the results from plastic surgery to correct his traumatic hand injury were suboptimal. He alleges that the surgeon did not fix his finger, ignored a skin infection, took a skin graft from an unexpected location, and became angry when he sought a second opinion. Furthermore, the patient is incensed that the surgeon advised that he be tested for human immunodeficiency virus due to an unusual finding of pustules of the hand. The medical record reflects diligence in the patient’s postoperative management. Photos provided by the patient demonstrate an excellent surgical outcome and normal healing. Though the degree of finger fusion with resulting mallet deformity was an imperfection, it was not unacceptable considering the type and extent of injury and healing required. It is also documented that the patient hit the external portion of the fixation wire forcing it deeper into
the finger which may have altered the outcome. The surgeon did refer the patient to an infectious disease specialist to further investigate the pustules. The surgeon does not take grafts from the inner thigh as the patient alleges and the consent permits him to use his best judgement when selecting graft sites to achieve the best results. Lastly, the physician demonstrates compassion and willingness to further assist the patient during a recorded phone call.

3. **CR17-254**

Dr. Barnhart moved to table the matter. Dr. Sacchetti seconded the motion, which passed unanimously.

4. **CR17-257**

Dr. Barnhart moved to table the matter. Dr. Sacchetti seconded the motion, which passed unanimously.

5. **CR18-207**

Dr. Barnhart moved to investigate further. Dr. Waddell seconded the motion, which passed unanimously.

6. **CR18-125**

Dr. Barnhart moved to investigate further. Dr. Waddell seconded the motion, which passed unanimously.

7. **CR18-262**

Dr. Barnhart moved to approve the physician’s license renewal application and issue an inactive status license. Ms. Weinstein seconded the motion, which passed 6-0-0-2. Dr. Fox and Dr. Sacchetti were recused from the matter and left the room.

8. **CR19-11**

Dr. Barnhart moved to dismiss the complaint, provide information to other licensing jurisdictions where the physician holds a license, and keep the information on file should the physician reapply for licensure in Maine. Dr. Waddell seconded the motion, which passed unanimously.

9. **CR19-16**

Dr. Fox moved to dismiss the complaint. Ms. Dench seconded the motion, which passed unanimously.
MOTION: A patient complains about the care she received from this physician and the entire facility after being admitted. The patient arrived in the emergency department with many comorbidities and requested multiple non-emergent health issues be addressed. The physician explained his focus was to address the specific reason the patient was admitted. The physician worked closely with another provider to care for this patient and the challenges she presented. Appropriate care was provided.

10. CR19-17

Dr. Fox moved to dismiss the complaint. Dr. Barnhart seconded the motion, which passed unanimously.

MOTION: A patient complains of the care she received from this provider during her hospital stay and discharge. The patient presented with many comorbidities and several complaints about the facility and staff. The provider attempted to address the many concerns of the patient. The provider followed up with an addendum to the discharge note. Reasonable care was provided.

11. CR19-19

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

MOTION: A patient complains that she did not receive appropriate care from her orthopedic surgeon. She also complains that the orthopedic surgeon did not properly follow through on plans to make a timely referral for an opinion and possible surgery in Boston. Review of the records reveals that appropriate care was provided and that difficulties arranging the evaluation in Boston were not the fault of the licensee or his office.

12. CR19-21

Dr. Sacchetti moved to further investigate. Ms. Weinstein seconded the motion, which passed unanimously.

13. CR19-22

Ms. Dench moved to dismiss the complaint. Dr. Barnhart seconded the motion, which passed unanimously.

MOTION: A patient complains that the surgeon canceled her surgery out of discrimination because of her current use of alcohol and tobacco. The physician responded that he did not cancel her surgery, but recommended delay in order to optimize her potential for success by discontinuing smoking, and that her alcohol use was irrelevant. Had the patient called the office prior to making the complaint, her misconception could have been corrected. Review of the records shows that the surgeon provided proper care and planning.
14. CR18-249

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

MOTION: A patient complains that her surgeon did not properly conduct a two-part elective surgical procedure to treat her condition. Review of the complaint, medical records and licensee response to additional questions shows that appropriate care was provided.

15. CR18-276

Dr. Barnhart moved to dismiss the complaint. Ms. Dench seconded the motion, which passed unanimously.

MOTION: A patient files a complaint due to irregular filling of a medication with withdrawal. There are significant communication issues between the physician and patient and very irregular patient follow-up is alleged and supported by the medical record. Referrals to more appropriate care were attempted. These issues do not rise to a level of discipline.

16. CR19-12

Ms. Weinstein moved to investigate further and order the physician assistant to undergo a § 3286 evaluation. Dr. Waddell seconded the motion, which passed unanimously.

17. CR19-29

Dr. Wetzel moved to dismiss the complaint. Ms. Dench seconded the motion, which passed 7-0-0-1. Dr. Sacchetti was recused from the matter and left the room.

MOTION: A patient complains of an encounter she alleges with the physician as she was checking out. The patient does not address medical care concerns; however, explains her reluctance to speak and details her observation of many family photographs in the physician’s office which she personally deems inappropriate. Appropriate medical care was provided.

18. CR19-38

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

MOTION: A patient’s mother complains that her daughter was treated improperly and without compassion during an office breast procedure. Review of the records reveals that appropriate care was provided.
19. CR19-40

Ms. Dench moved to dismiss the complaint. Dr. Fox seconded the motion, which passed unanimously.

**MOTION:** A patient complains that a provider performed a procedure without telling her what it was called and without informing her that she would be charged for it. The provider asked the patient and got her consent before performing the procedure, which for insurance purposes, was labeled a “surgery,” and for which she was charged. Appropriate care was provided.

20. CR19-46

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

**MOTION:** The complainant presented to the emergency department (ED) by ambulance after a transient loss of consciousness event at home. She was evaluated with a physical exam, lab testing, urine toxicology and review of a prior MRI. After her almost three-hour ED visit, she was discharged to home with a diagnosis of likely syncope. She claims she followed up with her primary care physician who referred her for an EEG which reportedly indicated a potential seizure focus. Based on her ED presentation, syncope sounds like a reasonable diagnosis. In any event, patients seen in the ED for seizure do not need emergent EEG if they return to, and stay at, baseline. Although documentation could have been better, the care and discharge plan were appropriate.

21. CR19-58

Dr. Wetzel moved to dismiss the complaint. Dr. Sacchetti seconded the motion, which passed unanimously.

**MOTION:** A patient complains that the emergency department physician did not listen to her concerns, would not prescribe cough syrup to address her coughing, and failed to address her vertigo or complications following wisdom teeth removal. Physical examination reflected no signs of infection, inflammation, or dry socket, and the patient was already taking antibiotics. Appropriate care was provided.

22. CR19-61

Ms. Dench moved to dismiss the complaint. Dr. Sacchetti seconded the motion, which passed unanimously.

**MOTION:** A patient alleges that a provider acted inappropriately while performing an examination of her heart. The alleged incident happened two years before it was reported by the patient to another provider at the same clinic. Review of the records reveals appropriate evaluation and care.
23. CR18-215 David L. Maddox, M.D.

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

MOTION: In this case, the patient complains that the physician provided her with an epidural steroid injection instead of a lumbar facet injection, which resulted in medical side effects and required her to go to a different medical facility for the correct injection. The physician acknowledged an error occurred, but asserted the order in the patient’s record identified an epidural steroid injection as the procedure to be performed on the patient which was appropriate for the patient’s condition.

The guidance is as follows: 1) whether employed by a hospital directly or functioning as a member of the medical staff, be mindful that as the treating physician you are responsible to ensure that the procedures you perform on patients are appropriate for the condition to be treated and in accord with any referral orders; and 2) documenting your preoperative assessment of a patient in a post procedure note leads to confusion. It is strongly recommended that you document your preoperative assessment and plan in a manner that leaves no room for confusion regarding the timing, thoroughness and appropriateness of that assessment and plan.

24. CR18-237 Iqra Choudary, M.D.

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

MOTION: In this case, the patient complains that the physician documented in his medical record that she checked his lungs and heart but that she never touched him during the encounter. The physician indicated that the physical examination for a patient in his condition is minimal, but that all parts of the examination documented in the patient’s medical chart were performed. The physician further explained that the physical examination section of the medical record prepopulates from the prior visit and changes are made if the patient presents differently at the time of the visit.

The guidance is as follows: It is imperative that documentation of a patient encounter is both timely and accurate. Only those elements of a history and physical examination that were actually completed should be documented in the patient’s medical record. Be mindful of the potential for inaccurate medical records arising from the electronic medical record system, and use prepopulated fields, drop down menus, and cutting and pasting with caution.

25. CR18-270 Cathleen G. London, M.D.

Dr. Barnhart moved to dismiss the complaint with a letter of guidance. Ms. Weinstein seconded the motion, which passed 7-0-0-1. Dr. Sacchetti was recused from the matter and left the room.
MOTION: In this case, it was alleged that the physician inappropriately prescribed a medication to a patient. In her response, the physician explained her medical decision-making to prescribe the medication for an off-label use.

The guidance is as follows: It is always essential to maintain thorough and accurate medical record documentation. Medical decision-making and patient informed consent should be clearly documented in the medical record when the treatment plan includes an off-label application of a medication.

26. CR18-282 Jacob A. Ledesma, M.D.

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

MOTION: In this case, a patient complains that the physician improperly managed her pain, failed to warn her of potential drug interactions, and inadequately treated her pneumonia. In his response, the physician explained that he treated this complex patient’s pain for many years with opioids then later attempted to taper her to be in compliance with state law. Efforts to taper the patient were curtailed when she did not make follow up visits. In addition, the physician described the treatment provided to the patient related to her pneumonia.

The guidance is as follows: 1) be mindful of the need to perform an appropriate risk assessment when prescribing controlled substances, and of documenting the detailed discussion of associated risks and benefits with all patients; 2) recognizing concerns that arise with the concomitant use of benzodiazepines and opioids, it is important to document medical decision-making and informed consent when prescribing to patients; and 3) consider prescribing naloxone to patients with increased risk of overdose.

27. Intentionally left blank

28. Intentionally left blank

VI. Assessment and Direction

29. AD19-54

Dr. Sacchetti moved to issue a complaint (CR19-101). Dr. Barnhart seconded the motion, which passed unanimously.

30. AD19-76

Ms. Weinstein moved to issue a complaint (CR19-103). Ms. Dench seconded the motion, which passed unanimously.
31. AD19-45

Dr. Fox moved to close the matter with no further action. Dr. Barnhart seconded the motion, which passed unanimously.

32. AD19-67

Dr. Fox moved to issue a complaint (CR19-102). Ms. Weinstein seconded the motion, which passed unanimously.

33. Intentionally left blank

34. Intentionally left blank

35. Pending Adjudicatory Hearings and Informal Conferences Report

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

36. Consumer Assistance Specialist Feedback

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

37. Other Items for Discussion (none)

VII. Informal Conference (none)

VIII. Minutes for Approval

Dr. Sacchetti moved to approve the minutes of the April 9, 2019 meeting. Ms. Dench seconded the motion, which passed unanimously.

IX. Board Orders & Consent Agreement Monitoring

A. Board Orders (none)

B. Monitoring Reports

1. Daniel Bobker, M.D.

Dr. Sacchetti moved to approve the proposed monitor. Ms. Dench seconded the motion, which passed unanimously.
2. Cathleen G. London, M.D.

At 11:46 a.m. Ms. Weinstein moved to enter executive session pursuant to 1 M.R.S. § 405(6)(F). Ms. Dench seconded the motion, which passed 7-0-0-1. Dr. Sacchetti was recused from the matter and left the room.

At 11:59 a.m. Ms. Weinstein moved to come out of executive session. Ms. Dench seconded the motion, which passed 7-0-0-1. Dr. Sacchetti was recused from the matter.

Dr. Barnhart moved to table scheduling an adjudicatory hearing, request that Dr. London attend a course, and schedule an informal conference following completion of the course. Ms. Dench seconded the motion, which passed 7-0-0-1. Dr. Sacchetti was recused from the matter.

3. G. Paul Savidge, M.D.

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

4. Stephen H. Doane, M.D.

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

5. Malathy Sundaram, M.D.

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

X. Adjudicatory Hearing 1:00 p.m.

A. Marc J. Gorayeb, M.D. Preliminary Denial of License Renewal Application

Rebekah J. Smith, Esq., Hearing Officer, convened the adjudicatory hearing at 1:08 p.m.

Dr. Gorayeb was present and represented himself. AAG Miller represented the state.

After deliberation by the Board, the following motions were made:

Dr. Waddell moved not to find Dr. Gorayeb in violation of 32 M.R.S. § 3282-A(2)(E)(1). Dr. Barnhart seconded the motion, which passed unanimously.

Dr. Waddell moved not to find Dr. Gorayeb in violation of 32 M.R.S. § 3282-A(2)(E)(2). Dr. Barnhart seconded the motion, which passed unanimously.

Dr. Waddell moved to find Dr. Gorayeb in violation of 32 M.R.S. § 3282-A(H) and uphold the preliminary denial of Dr. Gorayeb’s license renewal application. Dr. Barnhart seconded the motion, which passed unanimously.
Dr. Barnhart moved to assess Dr. Gorayeb one half the costs of hearing to be paid within four months. Dr. Waddell seconded the motion, which passed 5-3.

XI. Remarks of Chair

A. Agenda Workgroup

Dr. Gleaton led a discussion regarding whether complaints should continue to be reviewed by the agenda workgroup. No action was taken.

B. FSMB Annual Meeting

Dr. Gleaton was elected to the FSMB Nominating Committee. Dr. Gleaton, Ms. Weinstein and Mr. Terranova gave brief reports about the meeting.

XII. Remarks of Executive Director

A. Sunset Review

Mr. Smith reported that the Board is required to prepare a program evaluation report to be submitted to the Legislature by November 1, 2019.

B. Legislative Report

Mr. Smith reported on various legislation, including LD 1660 “An Act to Improve Access to Physician Assistant Care.”

XIII. Assistant Executive Director’s Report

Mr. Terranova reported that he has been working with Administrators in Medicine (AIM) to create a national training program for licensing specialists. The inaugural event will be held in Minneapolis on July 30th and 31st. Mr. Terranova requested Board approval for he and Tracy Morrison to attend the training.

Dr. Wetzel moved to approve Mr. Terranova and Ms. Morrison’s attendance at the AIM training in July. Ms. Dench seconded the motion, which passed unanimously.

A. FSMB Annual Meeting Report

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

B. Complaint Status Report

As of May 1, 2019, there are one hundred four complaints outstanding. Seventeen complaints were opened during the month of April and seventeen were closed.
C. Licensing Feedback

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

XIV. Medical Director’s Report (none)

XV. Remarks of Assistant Attorney General (none)

XVI. Rulemaking

A. Chapter 10 Sexual Misconduct

Dr. Sacchetti moved to approve the Basis Statement and Response to Comments document and to adopt the Chapter 10 Sexual Misconduct rule. Dr. Fox seconded the motion, which passed unanimously.

B. Chapter 12 Office Based Treatment of Opioid Use Disorder

This item was tabled until the June meeting.

XVII. Policy Review

A. Records Retention Schedule Revision

Ms. Dench moved to approve proposed changes to the Board’s records retention schedule. Ms. Weinstein seconded the motion, which passed unanimously.

XVIII. Requests for Guidance (none)

XIX. Standing Committee Reports

A. Licensure and CME Committee

1. Licensing Status Report [Appendix A]

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

XX. Board Correspondence (none)

XXI. FSMB Material (none)

XXII. FYI

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

XXIII. Other Business (none)
XXIV. Adjournment 5:01 p.m.

Ms. Weinstein moved to adjourn the meeting at 5:01 p.m. Ms. Dench seconded the motion, which passed unanimously.

Respectfully submitted,

[Signature]

Maureen S. Lathrop
Administrative Assistant
The following information is included:

A summary of all new licenses granted in April 2019 by license type (68);

A list of all individuals granted a new license in April 2019 by license type;

A summary of all pending applications by license type (211);

A list of online vs. paper renewals in April 2019 by license type (92.51%);

The number of licenses expired April 30, 2019 (61)

The number of licenses lapsed for date 1/31/2019 (32); and

The list of licenses withdrawn in April 2019 (4).

In addition, the overall licensing statistics include:

The number of active MD licenses (not including EC) May 1, 2019 (6,221);

The number of active MD licenses with a Maine address (not including EC) on May 1, 2019 (3,448);

The number of active PA/PAN licenses on May 1, 2019 (907);

The number of active PA/PAN licenses with a Maine address on May 1, 2019 (819); and

The number of licenses pending renewal on May 1, 2019 (36).

We look forward to your feedback.
### SUMMARY BY LICENSE PREFIX

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**SUBTOTAL:** 68

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