State of Maine  
Board of Licensure in Medicine  
137 SHS 161 Capitol Street  
Augusta, Maine 04333-0137  
Minutes of September 11, 2012  
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State of Maine  
Board of Licensure in Medicine  
137 SHS 161 Capitol Street  
Augusta, Maine 04333-0137  
Minutes of September 11, 2012

BOARD MEMBERS PRESENT  
Gary R. Hatfield, M.D., Chairman  
Maroulla Gleaton, M.D., Board Secretary  
David R. Andrews, M.D.  
Louisa Barnhart, M.D.  
Cheryl Clukey  
David H. Dumont, M.D  
Dana Dyer  
David D. Jones, M.D.  
David Nyberg, Ph.D.

BOARD STAFF PRESENT  
Randal C. Manning, Executive Director  
Mark C. Cooper, M.D., Medical Director  
Jean M. Greenwood, Administrative Assistant  
Dan Sprague, Assistant Executive Director  
Tim Terranova, Consumer Assistant  
Maria MacDonald, Board Investigator  

ATTORNEY GENERAL’S OFFICE  
Dennis Smith, Assistant Attorney General  
Detective James Giola

The Board meets in public session with the exception of the times listed below, which are held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (1 M.R.S. §405) and 10 M.R.S.A. §8003-B, and 22 M.R.S. § 1711-C). The Board moved, seconded, and voted the following executive session times. During the public session portions of the meeting actions are taken on all matters discussed during executive session. Discussions are projected on a screen by PowerPoint projection.

PUBLIC SESSIONS
9:23 a.m. – 9:26 a.m.  Call to Order
11:03 a.m. – 11:15 a.m.  Recess
12:14 p.m. – 12:40 p.m.  Noon Recess
12:52 p.m. – 12:58 p.m.  Recess
1:27 p.m. – 1:30 p.m.  Public Session
1:30 p.m. – 1:40 p.m.  Recess
1:40 p.m. – 4:25 p.m.  Adjudicatory Hearing
4:48 p.m. – 4:49 p.m.  Public Session
5:30 p.m. – 6:30 p.m.  Public Session - Adjournment

EXECUTIVE SESSION
9:26 a.m. – 11:03 a.m.  Reviewing Complaints
11:15 a.m. – 12:14 p.m.  Reviewing Complaints
12:40 p.m. – 12:52 p.m.  Reviewing Complaints
12:58 p.m. – 1:27 p.m.  Reviewing Complaints
4:25 p.m. – 4:48 p.m.  Reviewing Complaints
4:49 p.m. – 5:30 p.m.  Reviewing Complaints

I. Call to Order - Dr. Hatfield

Dr. Hatfield called the meeting to order.
A. Amendments to the Agenda
   1. List B - Richard M. Ferstenberg, M.D. will be amended off the agenda.
   2. Amend on Consent Agreement Approval - James Iannazzi, M.D.

B. Scheduled Agenda Items
   1. 1:00 p.m. Continuation Adjudicatory Hearing CR 10-476 Cesar O. Garcia, M.D.

II. New Complaints

   1. Review Draft Letters of Guidance
      
      A. CR 12-30 Jeffrey A. Holmes, M.D.

         Dr. Dumont moved to approve the letter of guidance to Dr. Holmes. Dr. Jones seconded the motion, which passed unanimously.

   2. CR 12-44

      Dr. Barnhart moved to investigate further CR 12-44. Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Hatfield recused.

   3. CR 12-59

      Dr. Barnhart moved to investigate further CR 12-59. Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Hatfield recused.

   4. CR 12-65

      Dr. Dumont moved to dismiss CR 12-65. Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Gleaton recused.

      The patient feels that an acute skin problem and other medical issues were not addressed properly, and that she was unable to communicate well with her physician. A review of the chart shows that medical issues were addressed reasonably, with consultations being obtained when appropriate. The physician apologizes that the patient feels she was no longer able to communicate effectively with him.

   5. CR 12-66

      Dr. Dumont moved to dismiss CR 12-66. Dr. Jones seconded the motion, which passed unanimously.

      This complaint involves a patient who feels that the consulting specialist inappropriately scared her at her office consultation. He then did not personally do the requested procedure supposedly because he was ill, but was present, as were several students that the patient had not consented to. Review of the physician reply and records indicate a very thorough evaluation and discussion
of legitimate concerns about endocarditis and thromboembolic disease as well as possible organ injury in doing the proposed procedure. The physician admits he did not perform the procedure as proposed as he was overly fatigued from being on call and needed to be elsewhere. Records show his partner did the procedure without him and if there were students present the original physician was not aware of this. The physician apologizes stating that if the patient had concerns that were previously not addressed he was never made aware of them by the hospital.

6. CR 12-67

Dr. Dumont moved to dismiss CR 12-67. Dr. Jones seconded the motion, which passed unanimously.

This complaint involves a patient complaining that the physician doing a procedure on her did not wash his hands, did not obtain appropriate consent, and did not give her an adequate diagnosis. Record review and reply by the physician show that while this is not a sterile procedure he did wash his hands although out of view of the patient. An appropriate procedural consent was obtained and an adequate explanation of the completed procedure was given to the patient.

The patient was also concerned that information was given to family members in a HIPPA non-compliant manner. The physician does not recall the extent of the conversation or who was present in the room with the patient when he reviewed his findings. There is no documentation to support the patient’s allegations.

7. CR 12-68

Dr. Dumont moved to dismiss CR 12-68. Dr. Gleeton seconded the motion, which passed unanimously.

The complainant feels that she was treated rudely by the physician in an emergency setting, and that the appropriate treatment was not given at that time. A review of the records shows that treatment was appropriate. It is not possible for the Board to know the interaction between the complainant and the physician.

8. CR 12-64

Dr. Andrews moved to dismiss CR 12-64. Dr. Jones seconded the motion, which passed unanimously.

The patient complains that the physician told her that she qualified for certain surgery, and then later refused to perform the surgery resulting in abandonment. The physician responded by explaining that he would never tell a patient that they definitely qualified for any surgery, and told the patient that she was a candidate but would have to discuss her case with other physicians. Following his consultation with other physicians regarding the patient’s prior surgical history, the physician contacted the patient and advised that surgery would be too risky
in light of her prior surgical history. A review of the medical records corroborates the physician’s response and reflects appropriate medical decision-making.

9. CR 12-94

Dr. Dumont moved to dismiss CR 12-94. Dr. Jones seconded the motion, which passed unanimously.

In this complaint, the patient alleges the physician incompetently prescribed her medication and made numerous mistakes writing her prescriptions. The physician explains her care and treatment of the patient and the complaint is not substantiated by the medical record.

The patient’s chart demonstrates a well thought out treatment plan and course with a controlled substance contract and appropriate drug testing. The practice does not appear to be following recommended Universal Precautions in prescribing which might have provided some benefit in the management of this complex patient.

10. CR 12-116

Dr. Jones moved to dismiss CR 12-116. Dr. Gleaton seconded the motion, which passed unanimously.

This complaint involved an away hospitalization, discharge, an emergency department (ED) visit within a few hours after discharge so that this patient missed his bus home, and then discharge again, this time to a shelter until he could get a bus home the next day.

The Physician Assistant provided excellent care for this patient in the ED, talked to the patient’s surgeon by phone who felt readmission was not necessary, and then set up a voucher for a taxi to a homeless shelter so the patient would be well cared for until he was able to catch his bus the next day. Although it was very frustrating for the patient to have to stay in a homeless shelter for the night, the complaint has no merit.

11. CR 12-117

Dr. Jones moved to dismiss CR 12-117. Dr. Andrews seconded the motion, which passed unanimously.

This patient had the unfortunate experience of transfer to a referral hospital, undergoing an outpatient procedure, and no ride home. He was observed overnight because of this and then discharged the next day to take a bus home. After discharge, he experienced symptoms of urinary incontinence which concerned him and he returned immediately to the hospital and was seen in the emergency department. His emergency department exam was normal and he was discharged to a shelter by taxi so he could have a safe place to stay until his bus the next day. His original discharge was safe. The chart does not support the allegation that the surgeon is lying. It is unfortunate that the patient had to go to the bus station to get a ride home but he had
already been held overnight to protect him and the discharge and post discharge care when he returned to the emergency department was appropriate.

12. CR 12-20

Dr. Nyberg moved to investigate further CR 12-20. Dr. Dumont seconded the motion, which passed unanimously.

13. CR 12-45

Ms. Clukey moved to dismiss CR 12-45. Dr. Jones seconded the motion, which passed unanimously.

The patient complains that the physician refused to appropriately treat her seizures and advised her to continue taking medications that caused adverse side effects. The physician responded by explaining that he did not refuse to treat the patient's seizures, but needed additional information regarding the patient's medical history before proceeding with the treatment. In addition, the physician denied counseling the patient to continue taking medication that caused her adverse side effects. A review of the medical records corroborates the physician's response and reflects appropriate medical care and treatment.

14. CR 12-58

Dr. Dumont moved to investigate further CR 12-58. Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Andrews recused.

15. CR 12-77 Douglas G. Couper, M.D.

Dr. Jones moved to dismiss CR 12-77 Douglas G. Couper, M.D. with a letter of guidance. Dr. Gleeton seconded the motion, which passed 8-0-0-1 with Dr. Andrews recused.

The complainant alleges the physician's care caused the patient to have kidney damage, that medicine kept being added to his medical regimen without others being stopped, and that his concerns about his medicines and hypertension were not addressed. He felt that he could never talk to the doctor when he called his concerns were not heard.

On review of the record, it is clear that the care of this patient often involved office staff relaying treatment changes by phone. The patient was allowed to cancel lab tests and appointments and still have medicine adjustments to his regimen occur, or new medicines added to his regimen. The Board identified several issues that appear to be the focus of this complaint; the need for careful listening and clear communication with this patient, the need for specific limits on noncompliance, and the need to recognize your own discomfort and anxiety in caring for this patient, harming the therapeutic relationship, and therefore needing consultation or transfer of care. Your second response to the Board recognizes these issues and offers a sincere apology to the patient.
The letter of guidance will stress the importance of: (1) listening to the patient's complaints and addressing them specifically, (2) directly managing a patient's care and addressing noncompliance, and (3) considering consultation or transfer of care when feeling intimidated, anxious, or awkward providing care for a patient.

16. CR 12-101

Dr. Andrews moved to investigate further CR 12-101. Dr. Gleaton seconded the motion, which passed unanimously.

17. CR 12-73

Mr. Dyer moved to investigate further CR 12-73. Dr. Jones seconded the motion, which passed unanimously.

18. CR 12-93

Dr. Dumont moved to investigate further CR 12-93. Dr. Jones seconded the motion, which passed unanimously.

19. CR 12-53

Dr. Nyberg moved to dismiss CR 12-53. Dr. Dumont seconded the motion, which passed unanimously.

The complainant, a physician, complains that another physician at the same hospital accessed her computerized medical record inappropriately. The accused physician explains that he did look at her record, along with a large number of other records, in his capacity as chair of the Tissue and Transfusion Committee, while routinely investigating a possible quality of care issue. He found no reason to pursue the issue before the Committee, closed the record, and said nothing about it to anyone as is his practice with all such records.

20. CR 11-438

Dr. Andrews moved to investigate further CR 11-438. Dr. Gleaton seconded the motion, which passed 8-0-0-1 with Mr. Dyer recused.

21. CR 12-40

Dr. Nyberg moved to dismiss CR 12-40. Dr. Dumont seconded the motion, which passed unanimously.

The complainant, a physician, complains that another physician at the same hospital accessed her computerized medical record inappropriately. The accused physician explains that he did look at her record, along with a large number of other records, in his capacity as chair of the Tissue and Transfusion Committee, while routinely investigating a possible quality of care issue. He found
no reason to pursue the issue before the Committee, closed the record, and said nothing about it to anyone as is his practice with all such records.

22 CR 12-126 Michael B. Loewinger, M.D.

Dr. Nyberg moved to order an Adjudicatory Hearing with instructions to AAG Smith regarding a consent agreement in the matter of CR 12-126 Michael B. Loewinger, M.D. Dr. Gleaton seconded the motion, which passed unanimously.

23. CR 12-52 Donald G. Blagdon, M.D.

Dr. Jones moved to dismiss CR 12-52 Donald G. Blagdon, M.D. with a letter of guidance. Dr. Gleaton seconded the motion, which passed 8-0-0-1 with Dr. Dumont recused.

The Board initiated a complaint after review of the care provided to a specific patient. Charting and documentation were of concern, as well as the physician’s prescribing of narcotics, benzodiazepines and stimulants. There was concern that universal precautions for narcotics were not followed.

The Board reviewed 5 charts from Dr. Blagdon’s current practice and found 4 charts that were of concern. These charts did not follow standard universal precautions in the prescribing of narcotics and other DEA regulated medicines. There was no evidence of narcotic or other drug contracts, no pill counts, only 1 urine drug screen (UDS), no aggressive use of alternative treatments for pain, no discussion of long-term plans or possible exit strategies, and no use of extended release narcotics. All prescriptions were for short acting medicines. There also appeared to be excessive use of stimulants and benzodiazepines in these patients, often contraindicated by the patient’s symptoms or medical diagnoses. There did not appear to be any patient harm done and care was otherwise appropriate. The Board has the following guidance;

The letter of guidance will emphasize the importance of universal narcotic precautions, awareness of the combined effects of multiple controlled substances and the importance of thorough documentation

24. CR 12-54

Dr. Andrews moved to investigate further CR 12-54. Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Hatfield recused.

25. CR 12-55 Gilbert Wilcox, M.D.

Ms. Clukey moved to dismiss CR 12-55 Gilbert Wilcox, M.D. with a letter of guidance. Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Andrews recused.

A long time patient complains his physician failed to return any of his three phone calls concerning a second diagnosis after a routine colonoscopy. In addition, the patient’s records were not transferred, as requested, for more than a month. The physician responded that the
patient only liked to communicate by email and that the fax number given to his office for the
transfer of records was incorrect and therefore did not attempt to send them. However, his office
made no attempt to determine if the fax # was correct or call the new physician to confirm the
number. Upon investigation, the Board Investigator determined that the fax number was, in fact,
the correct number. The physician made no reasonable attempt to transfer the patient’s records,
until the Board became involved. At this time, the physician mailed the medical records directly
to the patient. The guidance is as follows:

(1) Failure to respond to patient inquires and to transfer medical records in a timely manner can
convey the impression of inattentive patient care; and
(2) Insure that post-procedural diagnosis are clearly communicated.

26. CR 12-63

Ms. Clukey moved to investigate further CR 12-63. Dr. Jones seconded the motion, which
passed unanimously.

27. CR 12-71

Dr. Gleaton moved to dismiss CR 12-71. Dr. Andrews seconded the motion, which passed
unanimously.

A patient complains about unprofessional behavior concerning insensitive comments made by a
treating consultant physician. A patient took offense about the comments a physician made in a
follow-up exam after surgical procedure. Review of the records substantiates appropriate
medical care. The comments were potentially offensive and insensitive and the physician
apologizes for them indicating he agrees they could have been worded better in his attempt to be
empathetic.

28. CR 12-75 Ratul Raychaudhuri, M.D.

Dr. Jones moved to dismiss CR 12-75 Ratul Raychaudhuri, M.D. with a letter of guidance. Dr.
Dumont seconded the motion, which passed unanimously.

The patient complained that during a visit for back pain the physician prescribed a medicine that
the patient stated he had already told the physician he could not tolerate. The physician also
stopped one of the patient’s 2 blood pressure medicines and doubled the other, with poor long
term effect. The medicine for back pain was stopped by the patient and another provider had to
restart the patient’s 2nd blood pressure medicine. On review of the record, the physician’s
follow up plans in the progress notes did not match the follow up plans that actually occurred.

The Board reviewed this patient’s complaint 7/10/12 and asked Dr. Raychaudhuri to explain why
there were discrepancies in the follow up plans, why the patient was given a medicine that he had
previously been intolerant of, why he needed his blood pressure medicine changed and why he
did not feel an MRI was indicated. The Board also asked why he noted in his response that the
patient was a high-risk inmate.
Dr. Raychaudhuri’s response reviewed the approach to back pain and its work up in the context of this patient’s complaint, why he prescribed and changed medicines, why he noted the patient was a hi risk inmate and why his note did not address the issue of back pain at the second visit. It is clear to the Board and by Dr. Raychaudhuri’s own admission that the documentation was not adequate in his charting. It is also clear to the Board that there was not a compelling reason to change the patient’s hypertensive medicines. Without better chart notes it is impossible for the Board to comment on the use of a medicine that the patient states he was intolerant. There is no benefit to note in his response to the complaint that the patient is a high-risk inmate.

The letter of guidance will stress that thorough documentation of the history, physical examination and thinking will support his assessment and plan and allow other providers to care appropriately for his patients.

29. CR 12-76

Dr. Jones moved to investigate further CR 12-76. Dr. Gleeton seconded the motion, which passed unanimously.

30. CR 12-78

Mr. Dyer moved to dismiss CR 12-78. Dr. Dumont seconded the motion, which passed unanimously.

A father complains the physician did not treat his son’s problems related to otitis adequately. Specifically, he alleges overtreatment with antibiotics and delay in referring to an ear specialist. Neither of these allegations is supported by the medical record which documents three appropriate referrals. Each of these consultations reinforced the physician’s prior treatment and plan for the future.

31 CR 12-85

Dr. Jones moved to dismiss CR 12-85. Dr. Dumont seconded the motion, which passed 8-0-0-1 with Dr. Andrews recused.

The patient has 4 complaints against her doctor. She self-referred to one consultant and was referred by her doctor to another consultant, neither of whom, in the complainant’s opinion, really helped her. She will not sign a release for any of her records, so the Board cannot adequately review her complaint. The complaint must therefore be dismissed.

32. CR 12-90

Dr. Gleeton moved to dismiss CR 12-90. Dr. Jones seconded the motion, which passed unanimously.
The patient alleges that the physician inappropriately performed a procedure and billed her insurance for visits she did not attend. The physician provided documentation of the office visits and there is no evidence in the medical record that the procedure was inappropriately performed.

33. CR 12-92

Mr. Dyer moved to dismiss CR 12-92. Dr. Dumont seconded the motion, which passed unanimously.

During the reported incident the doctor was not present nor did he have personal knowledge of the event. There is a factual dispute between the medical assistant and the patient. The medical assistant is directly involved. She states the male patient exhibited inappropriate behavior in her presence. As a result of this incident she is now fearful for her safety around this patient. The patient states his exposure was accidental and unintentional. However, there is no substantive evidence to refute the statement made by the medical assistant. The management for the practice consulted with patient relations and legal affairs. Then, exercising their prerogative, management made a determination to discharge the patient. The doctor was not consulted and had no input in making the determination to discharge. After the determination to discharge was made the doctor did sign the letter of discharge.

34. CR 12-95

Dr. Gleaton moved to dismiss CR 12-95. Dr. Jones seconded the motion, which passed unanimously.

The patient complains the physician is a liar and will not do what he wants her to do. The physician and her staff worked hard to accommodate this angry and impatient complainant, but in the end felt threatened and in need of protection, so he was discharged from the practice.

35. CR 12-96

Ms. Clukey moved to investigate further CR 12-96. Dr. Jones seconded the motion which passed 7-1-0-1 with Dr. Hatfield recused.

36. CR 12-97

Dr. Barnhart moved to dismiss CR 12-97. Dr. Jones seconded the motion, which passed unanimously.

The complainant alleges the doctor prescribed a lethal dose of a medication just prior to the death of her brother.

The doctor prescribed small doses of two medications eight months prior to his death. The doses of these medications should not have been lethal with all the medications combined if used as prescribed. The medications were refilled at regular intervals without early refills or escalating doses suggestive of addiction.
The record does not substantiate the complaint.

37. CR 12-102

Dr. Andrews moved to investigate further CR 12-102. Dr. Jones seconded the motion, which passed unanimously.

38. CR 12-112

Dr. Andrews moved to dismiss CR 12-112. Dr. Dumont seconded the motion, which passed unanimously.

The complainant alleges he was treated inappropriately by his physician, resulting in worsening of his chronic illnesses. The doctor responds that his care was appropriate, and that appropriate specialty care was provided. Medication changes and substitutions were made consistent with the formulary and protocols of the patient's residential institution. Record review reflects good care of a medically complex patient with some challenging behavioral issues. Medication changes were made due to appropriate institutional protocols. The patient refused to use some pain medication in a way that prevented diversion, and declined to consider alternative medication in another case. Some of the complainant's claims were based on wrong medical information, and others were not supported by the record.

39. CR 12-119

Dr. Barnhart moved to dismiss CR 12-119. Dr. Jones seconded the motion, which passed unanimously.

A patient wanted a medication restarted. The doctor requested documentation of necessity. The patient did not follow up with the office or the doctor as requested. Documentation in another provider's office in the same system agrees that the medication was not needed.

The patient requests a refill of an important home treatment but there is no evidence in the chart of this request and the doctor states it would have been provided had it been requested.

Review of the medical information does not find any problems with the medical care.

40. CR 12-120

Dr. Andrews moved to dismiss CR 12-120. Dr. Dumont seconded the motion, which passed unanimously.

The complainant alleges being misled regarding expected results of a surgical spine procedure, and she believes that certain aspects of the procedure were not done as she was told. The respondent surgeon states that his procedure was done as discussed and documented in the record. At no point did the complainant express any complaints to the doctor. Record review
supports the doctor’s statements, and it likewise reflects both attentive care and diligent attempts at patient education. The complainant’s allegations are not substantiated.

41. CR 12-122

Dr. Gleaton moved to dismiss CR 12-122. Dr. Jones seconded the motion, which passed unanimously.

A patient complained that a physician has falsely accused her of breach in her narcotic contract. She also complained that because her medical record indicates this, she cannot get adequate care of her chronic pain by other physicians. Although the optimum would be a clearly written narcotic contract between the patient and provider with a copy to the patient, review of the record indicates a visit documenting a verbal agreement between the practice and the patient outlining what is required by the patient while being prescribed chronic narcotics. Later in the care of the patient there is evidence of improper use of medication and thus a breach in the verbal agreement. This was discussed by the physician with the patient at a subsequent visit and formalized in a written letter. A variety of modalities were offered and tried in an attempt to treat this patient’s pain which did not involve narcotics including additional surgery. The patient chose to transfer her care to another provider even though the practice agreed to continue her medical care with the exception of narcotic prescribing.

42. CR 12-125

Dr. Barnhart moved to dismiss CR 12-125. Dr. Nyberg seconded the motion, which passed unanimously.

A patient’s daughter complains of a doctor’s comments around her mother’s hospitalization in 2006. In addition, this daughter states that she is left out of medical family decision making by her brother who has power of attorney.

The record review shows careful attention to a serious infection during the hospitalization. Despite this daughter’s careful and good attention to her mom, the patient required assisted living with which this daughter disagreed. She did not attend a family meeting to discuss her mother’s placement.

For the first comment, there is no documentation available to review. The second comment about dementia was subsequently proven to be true as the patient grew more ill. The physician is required by law to follow the wishes of the legal power of attorney. This case is dismissed because despite the family difficulty with communication, the physician has to respect the power of attorney’s wishes.

43. CR 12-138

Dr. Jones moved to investigate further CR 12-138. Dr. Gleaton seconded the motion, which passed 6-3.
44. CR 12-142

Ms. Clukey moved to dismiss CR 12-142. Dr. Jones seconded the motion, which passed unanimously.

The patient alleges the physician has not released her complete medical records. He released “his” records to the new physician but not her prior records provided to him when she became his patient. The physician responds the patient’s prior records were misplaced during transfer and he was unable to locate them. The physician’s Medical Assistant called the new physician to have the patient sign a release form to allow her records to be transferred from her prior physician in Dover to her new physician. The physician took action and responsibility for the misplacement of her prior medical records and the inconvenience it may have caused her.

45. CR 12-86

Ms. Clukey moved to dismiss CR 12-86. Dr. Jones seconded the motion, which passed 7-0-0-2 with Dr. Gleeton and Dr. Dumont recused.

The complainant alleges the physician reviewed her medical records without authorization. The patient is a plaintiff in a case involving an automobile accident. The physician was requested to perform a review of the patient’s records by the lawyer representing the insurance company. When there is litigation due to an automobile accident, the insurance company is within their legal rights to request, without authorization, a review of a medical records by a an outside medical consultant.

46. CR 11-510

Dr. Gleeton moved to unset the Adjudicatory Hearing in the matter of 11-510. Dr. Andrews seconded the motion, which passed unanimously.

Mr. Dyer moved to investigate further CR 11-510. Dr. Jones seconded the motion, which passed unanimously.

46a CR 12-103

Dr. Jones moved to offer an interim consent agreement in the matter of CR 12-103 whereby the physician agrees to surrender his DEA privileges for schedules 2-5 and if not accepted to deny the stay. Dr. Gleeton seconded the motion, which passed unanimously.

III. Assessment & Direction

47. AD 12-80

Dr. Dumont moved to file AD 12-80. Dr. Gleeton seconded the motion, which passed unanimously.
48. AD 12-82

Dr. Jones moved to file AD 12-82. Dr. Dumont seconded the motion, which passed unanimously.

49. AD 12-83 (CR 12-171)

Dr. Andrews moved to issue a complaint in the matter of AD 12-83 (CR 12-171). Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Gleteon recused.

50. AD 12-105

Dr. Gleteon moved to file AD 12-105. Dr. Andrews seconded the motion, which passed unanimously.

51. AD 12-107

Dr. Gleteon moved to offer the licensee a consent agreement in the matter of AD 12-107 for surrender of license. If the consent agreement is not accepted within 30 days a complaint will be issued. Dr. Jones seconded the motion, which passed unanimously.

52. AD 12-108 (12-172)

Dr. Jones moved to issue a complaint in the matter of AD 12-108 (12-172). Dr. Dumont seconded the motion, which passed 8-0-0-1 with Dr. Andrews recused.

53. AD 12-113 (CR 12-173)

Dr. Dumont moved to issue a complaint in the matter of AD 12-113 (CR 12-173). Dr. Jones seconded the motion, which passed unanimously.

54. AD 12-118

Dr. Dumont moved to file AD 12-118. Dr. Jones seconded the motion, which passed unanimously.

55. AD 12-127 (CR 12-174)

Dr. Jones moved to issue a complaint in the matter of AD 12-127 (CR 12-174). Dr. Dumont seconded the motion, which passed unanimously.

56. AD 12-160 (CR 12-175)

Dr. Jones moved to issue a complaint in the matter of AD 12-160 (CR 12-175). Dr. Andrews seconded the motion, which passed unanimously.
57. AD 12-161 (CR12-176)

Dr. Jones moved to issue a complaint in the matter of AD 12-161 (CR12-176). Dr. Andrews seconded the motion, which passed unanimously.

58. AD 12-148

Dr. Jones moved to file AD 12-148. Dr. Gleaton seconded the motion, which passed 8-1.

59. AD 12-154 (CR12-177)

Dr. Gleaton moved to issue a complaint in the matter of AD 12-154 (CR12-177). Dr. Andrews seconded the motion, which passed 8-0-0-1 with Dr. Dumont recused.

60. AD 12-155 (CR12-178)

Dr. Gleaton moved to issue a complaint in the matter of AD 12-155 (CR12-178). Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Dumont recused.

61. AD12-156 (CR12-179)

Dr. Gleaton moved to issue a complaint in the matter of AD 12-154 (CR12-179). Mr. Dyer seconded the motion, which passed 8-0-0-1 with Dr. Dumont recused.

62. AD 12-157 (CR12-180)

Dr. Dumont moved to issue a complaint in the matter of AD 12-157 (CR12-180). Dr. Jones seconded the motion, which passed unanimously.

63. Complaint Status Report (FYI)

64. Consumer Assistant Feedback (FYI)

65. Physician Feedback (FYI)

IV. Informal Conference (None)

Public Session

V. Minutes

A. Minutes of July 12, 2012

Dr. Jones moved to approve the minutes of July 12, 2012. Dr. Andrews seconded the motion, which passed unanimously.
B. Minutes of August 17, 2012

Dr. Barnhart moved to approve the minutes of August 17, 2012. Mr. Dyer seconded the motion which passed 5-0-4-0 with Dr. Hatfield, Dr. Dumont, Dr. Jones, and Dr. Andrews abstaining as they did not attend the meeting.

VI. Board Orders & Consent Agreement Monitoring & Approval

A. Board Orders (None)

B. Consent Agreement Monitoring and Approval

1. CR 10-581 Kevin Miller, M.D. [See Appendix A Attached]

   Dr. Jones moved to approve a consent agreement in the matter of CR 10-581 Kevin Miller, M.D. Dr. Gleaton seconded the motion, which passed unanimously.

2. Patrick Carson, P.A.-C.

   Dr. Nyberg moved to approve Mr. Carson’s request for approval of Teresa Valliere, LCSW for mental health and substance abuse counseling, Brandy McKenney, P.A.-C as his primary care provider, John Southall, M.D. as his workplace monitor, and, David Getson, M.D. and Joseph Rolland, P.A.-C as temporary monitors to fulfill the requirements of his consent agreement. Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Andrews recused.

3. Thomas Folkemer, M.D.

   Dr. Jones moved to deny Dr. Folkemer’s request to appoint Maryland physician Dr. Kuhmi Majekodumni as his workplace monitor. Mr. Dyer seconded the motion, which passed unanimously.

4. Patrick Fallon, M.D. (FYI)

5. Alexandria Nesbit, P.A.-C.

   Dr. Dumont moved to decrease the frequency of Ms. Nesbit’s urine drug screening to 15 random tests per year and to make no changes to the consent agreement wording for substance abuse and mental health counseling. Dr. Jones seconded the motion, which passed unanimously.

6. Linda Keniston, M.D.

   Board staff received a request from Dr. Keniston asking the Board to modify her Consent Agreement so that his sole requirement would be that she continues as a compliant
participant in the MMPHP until such time the Board deems it appropriate that he graduate.

Dr. Jones moved to table Dr. Keniston’s request. Mr. Dyer seconded the motion, which passed 8-0-0-1 with Dr. Barnhart recused.

7. Andrew Fletcher, M.D.

Board staff received a request from Dr. Fletcher asking the Board to modify her Consent Agreement so that his sole requirement would be that she continues as a compliant participant in the MMPHP until such time the Board deems it appropriate that he graduate.

Dr. Andrews moved to table Dr. Fletcher’s request. Mr. Dyer seconded the motion, which passed 8-0-0-2 with Dr. Dumont and Dr. Jones recused.

8. Neil C. Robertson, P.A.-C. [See Appendix B Attached]

Dr. Dumont moved to approve the consent agreement in the matter of Neil C. Robertson, P.A.-C. Dr. Andrews seconded the motion, which passed unanimously.

9. John Tkach, M.D. CR 08-256

Dr. Nyberg moved to deny Dr. Tkach’s request to incorporate a rescind date on his consent agreement dated April 23, 2012. Ms. Clukey seconded the motion, which passed unanimously.

10. James Iannazzi, M.D. CR 11-522 [See Appendix C Attached]

Dr. Gleston moved to approve the consent agreement in the matter of James Iannazzi, M.D. CR 11-522. Dr. Dumont seconded the motion, which passed unanimously.

11. Michael Bell, M.D. CR 10-581 Consent Agreement (FYI) [See Appendix D Attached]

Refer to the Board minutes of July 10, 2012 Section VI (B) (3)

VII. Adjudicatory Hearing Continuation from April 10, 2012

CR 10-476 Cesar O. Garcia, M.D.

The Board of Licensure in Medicine met in public session at the Board’s offices located in Augusta, Maine to continue an adjudicatory hearing held April 10, 2012 in the matter of Cesar O. Garcia, M.D. The purpose of the meeting was to conduct a consolidated adjudicatory hearing to decide the following three issues. First, whether Cesar Garcia, M.D. violated Board statutes and Rules as alleged in the Notice of Hearing which would subject him to disciplinary sanctions. Second, whether the Board would grant Dr. Garcia’s request for renewal of his license to
practice medicine in this state. Third, whether the Board intended certain language in the November 14, 2006 Consent Agreement to place a restriction on Dr. Garcia’s license to practice medicine.

A quorum of the Board attended during all stages of the proceedings. Dr. Garcia appeared but was unrepresented by an attorney. Dennis Smith, Assistant Attorney General, presented the State’s case. James E. Smith, Esq. served as Presiding Officer.

The Board voted to deny Dr. Garcia’s request for renewal of his license to practice medicine in Maine and voted to clarify that certain language in Dr. Garcia’s November 14, 2006 consent agreement did place a restriction on his license to practice medicine. No motion was put forward regarding imposing discipline. A Board Order will be issued by Hearing Officer James E. Smith, Esq. and be presented to the Board at a future meeting.

VIII. Remarks of Chairman (None)

IX. Executive Director’s Monthly Report

The Board accepted the Executive Director’s Report.

A. Complaint Status Report (FYI)

B. Policy Review Press Release of Board Disciplines

        Dr. Nyberg moved to reaffirm the Board’s Press Release of Board Disciplines policy. Ms. Clukey seconded the motion, which passed 8-1.

X. Medical Director’s Report MaineCare Opioid Policy Committee (FYI)

XI. Remarks of Assistant Attorney General (None)

XII Secretary’s Report

A. List A

    1. M.D. List A Licenses for Ratification

        Ms. Clukey moved to ratify the physicians on M.D. List A for licensure. Dr. Jones seconded the motion, which passed unanimously.

        The following license applications have been approved by staff and Board Secretary Maroulla Gleaton, M.D. without reservation.

<pre><code>    | NAME            | SPECIALTY       | LOCATION     |
    |-----------------|-----------------|--------------|
    | Alcauskas, Megan C. | Neurology      | Telemedicine |
    | Ang, Mercedes L.      | Internal Medicine | Machias    |
</code></pre>
<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arora, Geeta</td>
<td>Internal Medicine</td>
<td>Brunswick</td>
</tr>
<tr>
<td>Assini, John D.</td>
<td>Rheumatology</td>
<td>Not Listed</td>
</tr>
<tr>
<td>Aung, Stephanie</td>
<td>Family Practice</td>
<td>Lewiston</td>
</tr>
<tr>
<td>Been, Laura C.</td>
<td>Pathology</td>
<td>Telemedicine</td>
</tr>
<tr>
<td>Belfort, Erin L.</td>
<td>Psychiatry</td>
<td>Portland</td>
</tr>
<tr>
<td>Bimbaum, Robert J.</td>
<td>Psychiatry</td>
<td>Not Listed</td>
</tr>
<tr>
<td>Carpenter, Kevin S.</td>
<td>Emergency Medicine</td>
<td>Bangor</td>
</tr>
<tr>
<td>Chaklos, Sabrina T.</td>
<td>Internal Medicine</td>
<td>Portland</td>
</tr>
<tr>
<td>Cheema, Rashid</td>
<td>Internal Medicine</td>
<td>Presque Isle</td>
</tr>
<tr>
<td>Craig, Alexa K.</td>
<td>Neurology</td>
<td>Not Listed</td>
</tr>
<tr>
<td>Croft, Peter E.</td>
<td>Emergency Medicine</td>
<td>Waterville</td>
</tr>
<tr>
<td>Curry, Catherine S.</td>
<td>Pediatrics</td>
<td>Portland</td>
</tr>
<tr>
<td>De Vries, Bonni J.</td>
<td>Family Medicine</td>
<td>Saco</td>
</tr>
<tr>
<td>Dick, Bruce H.</td>
<td>Orthopedic Surgery</td>
<td>Lewiston</td>
</tr>
<tr>
<td>Disanto, Susan K.</td>
<td>A&amp;C Pathology</td>
<td>Not Listed</td>
</tr>
<tr>
<td>Duran, Shaun</td>
<td>Internal Medicine</td>
<td>Not Listed</td>
</tr>
<tr>
<td>Garcia-Fraga, Oscar</td>
<td>Internal Medicine</td>
<td>Not Listed</td>
</tr>
<tr>
<td>Ghimire, Avinash S.</td>
<td>Internal Medicine</td>
<td>Lewiston</td>
</tr>
<tr>
<td>Ghotra, Harpreet S.</td>
<td>Family Medicine</td>
<td>Not Listed</td>
</tr>
<tr>
<td>Holden, Selma C.</td>
<td>Family Medicine</td>
<td>Augusta</td>
</tr>
<tr>
<td>Horner, Gregory D.</td>
<td>Diagnostic Radiology</td>
<td>Not Listed</td>
</tr>
<tr>
<td>Jones, Christopher E.</td>
<td>Internal Medicine</td>
<td>Skowhegan</td>
</tr>
<tr>
<td>Konstantakos, Anastasios K.</td>
<td>Surgery</td>
<td>Bangor</td>
</tr>
<tr>
<td>Krimmel, Jessica A.</td>
<td>Emergency Medicine</td>
<td>Bangor</td>
</tr>
<tr>
<td>Lee, III., George R.</td>
<td>Neurology</td>
<td>Not Listed</td>
</tr>
<tr>
<td>Lepeska, Michael J.</td>
<td>Diagnostic Radiology</td>
<td>Teleradiology</td>
</tr>
<tr>
<td>Lytle, Francisca V.</td>
<td>Orthopedic Surgery</td>
<td>Ellsworth</td>
</tr>
<tr>
<td>Maegawa, Rodrigo O.B.</td>
<td>Oncology</td>
<td>Brewer</td>
</tr>
<tr>
<td>Manasseh, Petrona M.</td>
<td>Family Medicine</td>
<td>Not Listed</td>
</tr>
<tr>
<td>McClung, Duska T.</td>
<td>Pediatrics</td>
<td>Bangor</td>
</tr>
<tr>
<td>Mehta, Khyati P.</td>
<td>Pediatrics</td>
<td>Portland</td>
</tr>
<tr>
<td>Merchak Hakspiel, Juan A.</td>
<td>Internal Medicine</td>
<td>Bangor</td>
</tr>
<tr>
<td>Newman, Michael T.</td>
<td>Orthopedic Surgery</td>
<td>Lewiston</td>
</tr>
<tr>
<td>Nguyen, Huy T.S.</td>
<td>Family Practice</td>
<td>Lewiston</td>
</tr>
<tr>
<td>O’Connell, John C.</td>
<td>Neurology</td>
<td>Waterville</td>
</tr>
<tr>
<td>O’Leary Carpenter, Keenan</td>
<td>Emergency Medicine</td>
<td>Bangor</td>
</tr>
<tr>
<td>Pelletier, Julie E.</td>
<td>Emergency Medicine</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Polsani, Shanker R.</td>
<td>Internal Medicine</td>
<td>Lewiston</td>
</tr>
<tr>
<td>Quitkin, Hiram M.</td>
<td>Orthopedic Surgery</td>
<td>York</td>
</tr>
<tr>
<td>Rawabdeh, Ali A.</td>
<td>Internal Medicine</td>
<td>Not Listed</td>
</tr>
<tr>
<td>Rohira, Ashish L.</td>
<td>Internal Medicine</td>
<td>Portland</td>
</tr>
<tr>
<td>Rolshud, Daniil</td>
<td>Internal Medicine</td>
<td>Portland</td>
</tr>
<tr>
<td>Schoolwerth, Anton C.</td>
<td>Internal Medicine</td>
<td>Not Listed</td>
</tr>
<tr>
<td>Sconfeld, Emily A.</td>
<td>Family Practice</td>
<td>Bangor</td>
</tr>
<tr>
<td>Scopaz, Kristen A.</td>
<td>Internal Medicine</td>
<td>Portland</td>
</tr>
<tr>
<td>Shaikh, Qudsia W.</td>
<td>Internal Medicine</td>
<td>Brunswick</td>
</tr>
</tbody>
</table>
2. P.A. List A Licenses for Ratification

Dr. Jones moved to ratify the physician assistants on P.A. List A for licensure. Dr. Andrews seconded the motion, which passed unanimously.

The following Physician Assistant license applications have been approved by Board Secretary Maroula Gleaton, M.D. without reservation:

<table>
<thead>
<tr>
<th>NAME</th>
<th>LICENSE</th>
<th>PSP</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbona, Rocio</td>
<td>Inactive</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Doyle, Stephen</td>
<td>Active</td>
<td>Mary Tibbetts, M.D.</td>
<td>Augusta</td>
</tr>
<tr>
<td>Egger, Maria</td>
<td>Inactive</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Knowles, Amelia</td>
<td>Active</td>
<td>Andrew Hodge, M.D.</td>
<td>Bangor</td>
</tr>
<tr>
<td>Thaker, Kiran</td>
<td>Inactive</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

B. List B Applications for Individual Consideration

1. Christine M. Mellon, M.D. (Tabled)

2. Richard M. Ferstenberg, M.D. (Amended off the agenda)

3. Winoah A. Henry, M.D. (Tabled)

4. Supriya Gupta, M.D. (Tabled)

5. Ahmad Z. N. Abed Elnoor, M.D.

   The Licensure Committee moved to grant a waiver and approve the license application of Ahmad Z. N. Abed Elnoor, M.D. The motion passed 8-0-0-1 with Dr. Dumont recused.

6. Christina S. Morris, M.D. (Tabled)

7. Stephani J. Amstadter, M.D.

   The Licensure Committee moved to approve the license application of Stephani J. Amstadter, M.D. The motion passed 8-0-0-1 with Dr. Jones recused.

C. List C Applications for Reinstatement
1. List C Applications for Reinstatement (None)

2. List C Applications for Reinstatement for Individual Consideration
   a. Daniel I. McNichol, M.D.

      The Licensure Committee moved to grant Dr. McNichol’s request to reinstate his license subject to proof of enrollment in a surgical practice cadaver lab fellowship course. The motion passed unanimously.

D. List D Withdrawals

1. List D (1) Withdraw License Application (None)

2. List D (2) Withdraw License from Registration

   Dr. Jones moved to approve the physicians and physician assistants on List D (2) to withdraw their licenses from registration. Dr. Andrews seconded the motion, which passed unanimously.

   The following physicians and physician assistants have applied to withdraw their licenses from registration.

<table>
<thead>
<tr>
<th>NAME</th>
<th>LICENSE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baker, Frederick</td>
<td>MD9384</td>
</tr>
<tr>
<td>Bley, Donald</td>
<td>MD16962</td>
</tr>
<tr>
<td>Cornell, Catherine</td>
<td>MD12203</td>
</tr>
<tr>
<td>Joseph, Shirley</td>
<td>MD15466</td>
</tr>
<tr>
<td>Kish, Gary</td>
<td>MD7487</td>
</tr>
<tr>
<td>McSally, Anne</td>
<td>MD14536</td>
</tr>
<tr>
<td>Rafferty, Karen</td>
<td>MD17485</td>
</tr>
<tr>
<td>Said, Said Edward</td>
<td>MD9575</td>
</tr>
</tbody>
</table>

3. List D (3) Withdraw License from Registration - Individual Consideration (None)

E. List E  Licenses to lapse by operation of law

   The following physician licenses lapsed by operation of law effective August 13, 2012.

<table>
<thead>
<tr>
<th>NAME</th>
<th>LICENSE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briggs, Winton</td>
<td>MD5395</td>
</tr>
<tr>
<td>Brown, Kirk</td>
<td>MD16654</td>
</tr>
<tr>
<td>Fernando, M. Lakshman</td>
<td>MD11822</td>
</tr>
<tr>
<td>Fowler, Nicholas</td>
<td>MD11042</td>
</tr>
<tr>
<td>Garcia-Vivera, Ricardo</td>
<td>MD16791</td>
</tr>
<tr>
<td>Gill, Paul Jr.</td>
<td>MD17591</td>
</tr>
<tr>
<td>Hower, John Jr.</td>
<td>MD15484</td>
</tr>
</tbody>
</table>
F. List F  Licensees requesting to convert to active status

1. Alexandra Craig, M.D.

Mr. Dyer moved to convert Dr. Craig’s license to active status under a consent agreement for 3 months of supervised practice. Ms. Chukey seconded the motion, which passed unanimously.

G. List G  Renewal applications for review

1. Craig Young, M.D.

Dr. Nyberg moved to renew Dr. Young’s license under a consent agreement which limits his practice to non-operative practice until he has a clear neurologic evaluation of his dominant surgical hand. Ms. Chukey seconded the motion, which passed 8-0-01 with Dr. Jones recused.

2. Russell E. James, M.D. (Tabled)

3. Siren R. Chudgar, M.D. (Tabled)

H. List H  Physician Assistant Schedule II Authority Requests for Ratification (None)

XIII. Standing Committee Reports

A. Administration, Policy & Rules Committee

Dr. Jones presented the Board’s Yearly Financial Report July 1, 2011 to June 30, 2012 (FYI)

XIV. Board Correspondence (FYI)

XV. FYI

XVI. FSMB Material (FYI)
XVII. Other Business (None)

XVIII. Adjournment 6:30 p.m.

Dr. Dumont moved to adjourn. Dr. Jones seconded the motion, which passed unanimously.

Respectfully submitted,

Jean M. Greenwood
Administrative Assistant
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

IN RE:
KEVIN G. MILLER, M.D.
Complaint No. CR10-581

) CONSENT AGREEMENT
) FOR DISCIPLINE AND
) RESTRICTED/CONDITIONAL
) LICENSURE

This document is a Consent Agreement For Discipline and Restricted/Conditional Licensure, effective when signed by all parties, regarding discipline imposed upon and the issuance of an active restricted/conditional license to practice medicine in the State of Maine to Kevin G. Miller, M.D. The parties to this Consent Agreement are: Kevin G. Miller, M.D. ("Dr. Miller"), the State of Maine Board of Licensure in Medicine (the "Board") and the Maine Office of the Attorney General.

STATEMENT OF FACTS

1. The Board first issued Dr. Miller a medical license on September 12, 1988. Dr. Miller specializes in Family Practice.

2. On December 14, 2010, the Board reviewed information that Dr. Miller had prescribed large amounts of narcotic medication to patient RM. Following its review of this information, the Board voted to initiate a complaint against Dr. Miller’s Maine medical license for alleged unprofessional conduct regarding his prescribing of controlled substances. In addition, the Board issued a subpoena to Dr. Miller for the production of patient RM’s medical records as well as the records of eleven other patients to whom he had prescribed large amounts of narcotic medications. The Board docketed as CR10-581, and sent it to Dr. Miller for a response.

3. On February 28, 2011, Board received a written response from Dr. Miller to complaint CR10-581. In his response, Dr. Miller indicated that he exercised appropriate care when
prescribing controlled substances to patient RM and the eleven other patients, including reviewing the prescription monitoring program (PMP), conducting pill counts and ordering urine drug screens. Dr. Miller then explained the basis for his prescribing of controlled drugs to the patients identified in the complaint information.

4. On April 12, 2011, the Board reviewed Complaint CR10-581, including a summary of the medical records of patient RM and the eleven other patients. Following its review of this information, the Board voted to invite Dr. Miller to attend an informal conference to discuss Complaint CR10-581, particularly Dr. Miller’s treatment of the patients for chronic pain, which included the following specific issues:

   a. An apparent lack of monitoring (i.e. pill counts; urine testing);
   b. An apparent lack of written pain contracts;
   c. An apparent lack of relevant examinations (assessments);
   d. An apparent absence of medical planning and decision-making (treatment plans);
   e. Apparent inadequate medical record keeping;
   f. Allowing patients to self-regulate their prescribed medications;
   g. Allowing early refills of prescription medications.

5. On March 13, 2012, the Board held an informal conference with Dr. Miller regarding Complaint CR10-581. During the informal conference the Board discussed with Dr. Miller his treatment of four patients: RM, JP, CH & PK. The Board expressed concern regarding the following aspects of Dr. Miller’s treatment of the foregoing patients: a lack of pill counts; a lack of urine drug screens; early refills of narcotic medication; a lack of appropriate patient examination and functional assessment; allowing the patient(s) to self-regulate the dosage of medication; a lack of a medical plan of treatment, including specialty referrals; and medical record documentation. Following the informal conference, the Board tabled further action on the
matter until it had an opportunity to review current patient charts in order to determine if there
had been any substantial changes in Dr. Miller’s practice of prescribing narcotics to treat chronic
pain. The Board subpoenaed five (5) patient records to review Dr. Miller’s prescribing practices
and medical record keeping.

6. On April 10, 2012, the Board reviewed Complaint CR10-581, including a review of
the subpoenaed current patient records. Following its review, the Board voted to offer Dr. Miller
this Consent Agreement in order to resolve Complaint CR10-581 without further proceedings.

7. This Consent Agreement has been negotiated by and between legal counsel for Dr.
Miller and the Maine Office of the Attorney General in order to resolve complaint CR10-581
without a adjudicatory hearing. Absent Dr. Miller’s acceptance of this Consent Agreement by
signing it, dating it, having it notarized, and returning it to the Maine Board of Licensure in
Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before July 24, 2012, the
Board will resolve this matter by holding an adjudicatory hearing at a later date.

8. By signing this Consent Agreement, Dr. Miller waives any and all objections to, and
hereby consents to allow the Board’s legal counsel to present this proposed Consent Agreement
to the Board for possible ratification. Dr. Miller also forever waives any arguments of bias or
otherwise against any of the Board members in the event that the Board fails to ratify this
proposed Consent Agreement.

COVENANTS

IN LIEU OF PROCEEDING TO AN ADJUDICATORY HEARING the Board and Dr.
Miller agree to the following disposition:

9. Dr. Miller neither admits nor denies the allegations contained in complaint CR10-581.
However, Dr. Miller concedes that the Board has sufficient evidence from which it could
conclude that he violated the standard of care for prescribing controlled drugs to the patients for the treatment of nonmalignant chronic pain. Dr. Miller concedes that such conduct, if proven, could constitute grounds for discipline of his Maine medical license pursuant to 32 M.R.S.A. §3282-A(2)(F).

10. As discipline for the conduct admitted above, Dr. Miller agrees to:

   a. Accept a REPRIMAND. As a medical professional, Dr. Miller was responsible for being aware of and complying with accepted standards of care for the diagnosis and treatment of chronic pain and narcotics.

   b. Accept the following license condition/restriction, which shall remain in effect unless or until this Consent Agreement is rescinded or amended by all of the parties hereto: Dr. Miller shall immediately cease prescribing any controlled medications, including all opiates and benzodiazepines, for the treatment of chronic pain except for:

   (I) Patients in skilled nursing facilities or long-term care facilities;

   (ii) Patients in hospice care; or

   (iii) patients with metastatic cancer.

In complying with this restriction, Dr. Miller shall ensure that any and all prescriptions that he issues for the three excepted categories of patients identified above are annotated with the words “skilled nursing facility/long-term care” or “hospice care” or “metastatic cancer” as applicable to each patient.

11. Dr. Miller may prescribe controlled substances for no more than ten (10) consecutive days to treat acute pain conditions. In addition, to the extent that Dr. Miller prescribes any controlled drugs to patients for acute pain, Dr. Miller agrees that he shall comply with Board Rule, Chapter 21, “Use of Controlled Substances for Treatment of Pain.”
12. In order to ensure his compliance with the restriction on his ability to prescribe controlled drugs for the treatment of chronic pain, Dr. Miller agrees to cooperate with the Board and to permit the Board or its agent(s) to inspect his medical practice, including allowing the Board or its agents full access to and copying of the patient medical records of his medical practice with proper subpoena.

13. Dr. Miller waives his right to a hearing before the Board or any court regarding all findings, terms, restrictions and conditions of this Consent Agreement. Dr. Miller agrees that this Consent Agreement is a final order resolving complaints CR10-581. This Consent Agreement is not appealable and is effective until or unless modified or rescinded in writing by the parties hereto. This Consent Agreement cannot be amended orally. It can only be amended by a writing signed by the parties hereto and approved by the Office of Attorney General.

14. The Board and the Maine Office of the Attorney General may communicate regarding Dr. Miller or any other matter relating to this Consent Agreement.

15. This Consent Agreement is a public record within the meaning of 1 M.R.S.A. §402 and will be available for inspection and copying by the public pursuant to 1 M.R.S.A. §408. This Consent Agreement constitutes disciplinary and adverse licensing action that is reportable to the Federation of State Medical Boards (FSMB), the National Practitioner Data Bank (NPDB), and the Healthcare Integrity and Protection Data Bank (HIPDB).

16. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

17. The Board and Dr. Miller agree that no further agency or legal action will be initiated against him by the Board based upon complaint CR10-581, except or unless he fails to comply with the terms and conditions of this Consent Agreement.
18. Dr. Miller acknowledges that, pursuant to Title 10 M.R.S.A. §8003(5)(B), his failure to comply with any of the terms or conditions of this Consent Agreement shall constitute grounds for additional disciplinary action against his Maine medical license, including but not limited to an order, after hearing, suspending, revoking his medical license or imposing additional fines and costs.

19. Dr. Miller acknowledges and agrees that, pursuant to Title 10 M.R.S.A. §8003(5), the Board has the authority to suspend or revoke his medical license in the event that he fails to comply with any terms or conditions of this Consent Agreement.

20. Dr. Miller has been represented by Sandra L. Rothera, Esq., who has participated in the negotiation of this Consent Agreement.

21. Dr. Miller acknowledges by his signature hereto that he has read this Consent Agreement, that he has had an opportunity to consult with an attorney before executing this Consent Agreement, that he executed this Consent Agreement of his own free will and that he agrees to abide by all terms and conditions set forth herein.

I, KEVIN G. MILLER, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

Dated: 7/13/12

KEVIN G. MILLER, M.D.
STATE OF MAINE
PENOBSLOT, ss

Personally appeared the above-named, Kevin G. Miller, M.D., and swore to the truth of
the foregoing based upon his own personal knowledge, or upon information and belief, and so far
as upon information and belief, he believes it to be true.

Dated: 7/18/12

SANDRA L. ROTHERA, ESQ.
Attorney for Kevin G. Miller, M.D.

STATE OF MAINE BOARD OF
LICENSE IN MEDICINE

Dated: 9/11/12

GARY R. HATFIELD, M.D., Chairman

Dated: 9/12/12

DENNIS E. SMITH
Assistant Attorney General

Effective Date: 9/12/12
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re: Neil C. Robertson, P.A.-C  )  CONSENT
CR11-029  )  AGREEMENT
CR12-017  

This document is a Consent Agreement, effective when signed by all parties, regarding disciplinary action against the license to practice as a physician assistant in the State of Maine held by Neil C. Robertson, P.A.-C. The parties to the Consent Agreement are: Neil C. Robertson, P.A.-C ("Mr. Robertson"), the State of Maine Board of Licensure in Medicine ("the Board"), and the State of Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5)(B) and 32 M.R.S. § 3282-A.

STATEMENT OF FACTS

1. At all times relevant to the complaint, Mr. Robertson was a licensee of the Board. The Board first issued Mr. Robertson a physician assistant license on December 16, 1996.

2. On January 24, 2011, the Board received a complaint filed against Mr. Robertson's physician assistant license by the daughter of a patient, who accompanied the patient to see Mr. Robertson because of the patient’s back pain, leg pain and leg weakness. The complaint alleged in part that during an office visit with Mr. Robertson: the patient fell to the floor; Mr. Robertson did not immediately assist the patient up off the floor; Mr. Robertson told the patient to get up without assistance; Mr. Robertson told the patient that her
difficulty in standing was "all in her head;" and Mr. Robertson prevented the patient's daughter from assisting her up off the floor. The Board docketed that complaint as CR11-029, and sent it to Mr. Robertson for a response.

3. On May 4, 2011, Board staff contacted Mr. Robertson regarding his failure to file a written response to the complaint. During that conversation, Mr. Robertson indicated that he was "at the end of his tether" and had started seeing a counselor. In addition, Mr. Robertson indicated that he was pursuing jobs outside of the medical field and would probably have to leave the field of medicine.

4. On May 20, 2011, the Board received a written response, together with the patient's medical records, from Mr. Robertson to complaint CR11-029. In his response, Mr. Robertson admitted that during the office visit the patient fell to the floor after Mr. Robertson completed his examination of the patient and when Mr. Robertson turned to answer a question posed by one of the patient's adult daughters who attended the office visit. According to Mr. Robertson, he then politely but strongly urged and encouraged the patient to attempt to get up off the floor under her own power. Mr. Robertson explained that the reason he did this was because his differential diagnoses of the patient included potential malingering, and that the patient's difficulty standing may have been mostly psychosomatic. In addition, Mr. Robertson explained that he did not immediately assist the patient off the floor because he wanted to observe the strength in her upper and lower extremities. Mr. Robertson
continued to urge the patient to get up off the floor, and then eventually assisted her up off the floor.

Mr. Robertson acknowledged a significant error in the medical record note that he created regarding this incident by grossly overstating the length of time\(^1\) the patient had been on the floor.

5. On June 11, 2011, the Board performed an initial review of complaint CR11-029, and voted to invite Mr. Robertson to attend an informal conference to discuss the matter.

6. On February 8, 2012, the Board received another complaint filed against Mr. Robertson’s physician’s assistant license from A, a former patient of Mr. Robertson. Patient A alleged that during the time she was a patient of Mr. Robertson, she and Mr. Robertson engaged in a personal and sexual relationship for many years, which included Mr. Robertson providing her with money and smoking marijuana together. The Board docketed the complaint as CR12-017, and sent it, together with the Board Investigator’s interview of patient A to Mr. Robertson for a written response.

7. On March 12, 2012, the Board held an informal conference with Mr. Robertson regarding complaint CR11-029, including his communications with Board staff regarding his mental health and counseling. Following the informal conference, and pending further action on the complaint, the Board requested that Mr. Robertson provide the Board with reports from his therapist regarding his resilience and current ability to safely practice medicine. On

\(^1\) The medical note that Mr. Robertson created regarding this patient visit indicated that the patient was on the floor “for more than five minutes.”
April 9, 2012, the Board received a letter from Mr. Robertson's therapist, who acknowledged providing psychotherapy to Mr. Robertson but declined to provide any information regarding Mr. Robertson's evaluation or treatment due to privacy and confidentiality concerns.

8. On or about May 10, 2012, the Board received a written response from Mr. Robertson to complaint CR12-017. In his response, Mr. Robertson admitted that he had engaged in a personal and sexual relationship with patient A, including providing patient A with money and smoking marijuana together. Mr. Robertson acknowledged that he did not have a justifiable reason for his conduct with patient A. According to Mr. Robertson, he has suffered for years from chronic depression, following a series of difficult personal life experiences, for which he received intensive psychotherapy and counseling. According to Mr. Robertson, he discontinued therapy and counseling for a number of years before eventually resuming it, a significant focus of which has been the blurring of boundaries in his life. Mr. Robertson admitted that his conduct towards patient A violated important cannons associated with his professional license, and expressed remorse and embarrassment.

9. The 2008-2009 Edition of the Code of Medical Ethics of the American Medical Association defines "sexual misconduct in the practice of medicine" as follows:

   Sexual contact that occurs concurrent with the patient-physician relationship constitutes sexual misconduct. Sexual or romantic interactions between physician and patients detract from the goals of the physician-patient relationship,
may exploit the vulnerability of the patient, may obscure the physician's objective judgment concerning the patient's health care, and ultimately may be detrimental to the patient's well-being.

If a physician has reason to believe that non-sexual contact with a patient may be perceived as or may lead to sexual contact, then he or she should avoid the non-sexual contact. At a minimum, a physician's ethical duties include terminating the physician-patient relationship before initiating a dating, romantic, or sexual relationship with a patient.

10. Board Rule, Chapter 10 defines "sexual misconduct" to include:

"Sexual violation" is any conduct by a physician/physician assistant with a patient that is sexual or may reasonably be interpreted as sexual, even when initiated by or consented to by a patient, including but not limited to... sexual intercourse, genital to genital contact, oral to genital contact, oral to anal contact, kissing in a sexual manner...

11. On June 12, 2012, the Board reviewed complaint CR11-029, including the correspondence from Mr. Robertson's therapist, and complaint CR12-017. Following its review, the Board voted to request that Mr. Robertson voluntarily cease practice no later than June 15, 2012, and to seek the voluntary surrender of his physician assistant license pursuant to a consent agreement regarding both complaints.

12. On June 15, 2012, the Board received correspondence from James F. Martemucci, Esq., attorney for Mr. Robertson, indicating that Mr. Robertson voluntarily ceased practice on June 15, 2012.

13. This Consent Agreement has been negotiated by and between James F. Martemucci, Esq., legal counsel for Mr. Robertson, and legal counsel for the Board in order to resolve these matters without further proceedings.
Absent Mr. Robertson's acceptance of this Consent Agreement by signing it, dating it, having it notarized, and returning it to the Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before July 24, 2012, the Board will schedule these matters for an adjudicatory hearing.

14. By signing this Consent Agreement, Mr. Robertson waives any and all objections to, and hereby consents to allow the Board's legal counsel to present this proposed Consent Agreement to the Board for possible ratification. Mr. Robertson also forever waives any arguments of bias or otherwise against any of the Board members in the event that the Board fails to ratify this proposed Consent Agreement.

15. Mr. Robertson has been cooperative with the Board and the Office of Attorney General.

COVENANTS

In lieu of further investigations and proceedings in this matter, Mr. Robertson agrees to the following:

16. Mr. Robertson acknowledges that:

   a. With regard to complaint CR11-029 the Board has sufficient evidence from which it could reasonably conclude that his conduct, including his interactions and correspondence with the Board staff, raise serious concerns regarding his present mental/emotional ability and fitness to safely practice medicine, and could constitute grounds for discipline of his Maine physician assistant license pursuant to 32 M.R.S. § 3282-A(2)(E).;
b. With regard to complaint CR12-017 the Board has sufficient evidence from which it could reasonably conclude that he engaged in unprofessional conduct by: (1) engaging in a romantic and sexual relationship with patient A, who was a patient; (2) using marijuana with patient A; and (3) providing patient A with money. Mr. Robertson admits that the Board has sufficient evidence from which it could conclude that the conduct with patient A constitutes sexual misconduct pursuant to Board Rule, Chapter 10, and unprofessional conduct and grounds for discipline of his Maine physician assistant license pursuant to 32 M.R.S. § 3282-A(2)(F).

17. As discipline for the conduct described in paragraphs 1-16 above, Mr. Robertson agrees to:

a. Accept a REPRIMAND. Mr. Robertson is hereby reprimanded by the Board for engaging in unethical and unprofessional conduct with regard to his inappropriate relationship with patient A. As Mr. Robertson acknowledged, his conduct represented a boundary crossing for which there was no justification or excuse. Sexual behavior between a medical provider and a patient is never therapeutic, and undermines the public trust in the medical profession.

b. The IMMEDIATE and VOLUNTARY SURRENDER of his Maine physician assistant license effective upon the execution\(^2\) of this Consent Agreement. In complying with this provision, Mr. Robertson shall immediately return his Maine physician assistant license to the Board.

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\(^2\) For the purposes of this Consent Agreement, "execution" means the date on which the final signature is affixed hereto.
c. Reimburse the Board Seven Hundred Thirty-One Dollars and Six Cents ($731.06) as actual costs of the investigation of this matter. Mr. Robertson shall ensure that he makes full payment of reimbursement to the Board within six (6) months following the execution of this Consent Agreement. Payment shall be made by certified check or money order made payable to “Maine Board of Licensure in Medicine,” and be remitted to Maria MacDonald, Investigator, Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137.

18. Nothing in this Consent Agreement shall prohibit Mr. Robertson from, at reasonable intervals, petitioning the Board for reinstatement of his Maine physician assistant license. Upon petitioning the Board for reinstatement, Mr. Robertson shall bear the burden of demonstrating that: (a) his Maine physician assistant license should be reinstated; and (b) that the resumption of his practice of medicine would not pose a risk to the public; and (c) that no grounds exist for the Board to deny his application for reinstatement. The Board, upon receipt of any such petition for reinstatement from Mr. Robertson, may direct that he undergo whatever mental and physical testing and evaluations that it deems appropriate. In addition, Mr. Robertson shall execute any and all releases so that the Board, Board staff, and Office of Attorney General may obtain copies of all of his medical, psychological, and counseling records and evaluations. Following its receipt of a petition for reinstatement from Mr. Robertson, and its review of any records, evaluations and investigative information, the Board shall retain the sole discretion to: (a)
grant or deny the petition; or (b) grant Mr. Robertson a license subject to
restrictions and/or conditions pursuant to a consent agreement under the
authority of 32 M.R.S. § 3282-A(2) and 10 M.R.S. 8003(5).

19. This Consent Agreement does not require Mr. Robertson to seek or
obtain reinstatement of his Maine physician assistant license. Mr. Robertson
may choose to seek and obtain licensure in another state or jurisdiction.

20. Mr. Robertson waives his right to a hearing before the Board or any
court regarding all findings, terms and conditions of this Consent Agreement.
Mr. Robertson agrees that this Consent Agreement and Order is a final order
resolving pending Complaint Nos. CR11-029 and CR12-017. This Consent
Agreement is not appealable and is effective until or unless modified or
rescinded in writing by the parties hereto. This Consent Agreement cannot be
amended orally. It can only be amended by a writing signed by the parties
hereto and approved by the Office of Attorney General.

21. The Board and the Office of the Attorney General may
communicate and cooperate regarding Mr. Robertson or any other matter
relating to this Consent Agreement.

22. This Consent Agreement is a public record within the meaning of
1 M.R.S. § 402 and will be available for inspection and copying by the public
pursuant to 1 M.R.S. § 408. This Consent Agreement constitutes disciplinary
action that is reportable to the Federation of State Medical Boards (FSMB), the
National Practitioner Date Bank (NPDB), and the Healthcare Integrity and
Protection Data Bank (HIPDB).
23. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

24. Mr. Robertson acknowledges by his signature hereto that he has read this Consent Agreement, that he has had an opportunity to consult with an attorney before executing this Consent Agreement, that he executed this Consent Agreement of his own free will and that he agrees to abide by all terms and conditions set forth herein.

I, NEIL C. ROBERTSON, P.A.-C, HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED: 07/26/12

NEIL C. ROBERTSON, P.A.-C

STATE OF MAINE

CUMBERLAND, S.S.

Personally appeared before me the above-named Neil C. Robertson, P.A.-C, and swore to the truth of the foregoing based upon her own personal knowledge, or upon information and belief, and so far as upon information and belief, she believes it to be true.

DATED: 07/26/12

NOTARY PUBLIC/ATTORNEY

MY COMMISSION ENDS: 9/4/18
DATED: 7/24/12

JAMES F. MARTEMUCCI, ESQ.
Attorney for Mr. Robertson

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED: 9/11/12

GARY R. HATFIELD, MD, Chairman

STATE OF MAINE OFFICE
OF THE ATTORNEY GENERAL

DATED: 9/11/12

DENNIS E. SMITH
Assistant Attorney General

Effective Date: 9/11/12
STATE OF MAIN
BOARD OF LICENSURE IN MEDICINE

In re: James Iannazzi, M.D. Complaint No. CR11-522

CONSENT AGREEMENT FOR DISCIPLINE

This document is a Consent Agreement, effective when signed by all parties, regarding a disciplinary action concerning and conditions imposed upon the license to practice medicine in the State of Maine held by James Iannazzi, M.D. The parties to the Consent Agreement are: James Iannazzi, M.D. ("Dr. Iannazzi"), the State of Maine Board of Licensure in Medicine ("the Board") and the State of Maine Department of the Attorney General. This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5)(B) and 32 M.R.S. § 3282-A.

STATEMENT OF FACTS

1. Dr. Iannazzi has held a license to practice medicine in the State of Maine since July 30, 1998, and specializes in Neurology.

2. On or about December 29, 2011, the Board received a complaint from a husband who alleged that his wife, patient A, had been a patient of Dr. Iannazzi and that Dr. Iannazzi had engaged in a sexual relationship with her. The Board docketed that complaint as CR11-522.

3. On or about February 7, 2012, the Board's investigator interviewed patient A who admitted that, during the time that Dr. Iannazzi was her treating physician from May 2011 to October 2011, she had been involved in a romantic and physical relationship with Dr. Iannazzi, including one instance of sexual intercourse that occurred in Dr. Iannazzi's medical office following a
scheduled patient visit in August 2011. Patient A also indicated that she felt “cheapened” when she received a $260.00 medical bill from Dr. Iannazzi’s employer for medical care provided to her by Dr. Iannazzi on the date on which they had sexual intercourse at his office. According to patient A, in 2006¹ her family practice provider referred her to Dr. Iannazzi for evaluation and treatment of patient A’s severe chronic headaches. Patient A stated that the medications prescribed to her by her family practice provider caused very bad side effects, including sickness. According to patient A, when she saw Dr. Iannazzi for the headaches he told her “I don’t want you seeing her anymore, I’m your doctor now, I will treat you.” Thereafter, according to patient A, she called Dr. Iannazzi “for everything” (i.e. all of her medical care).² According to patient A, at some point Dr. Iannazzi began giving her hugs at the end of her appointments. She also stated that at some point they began talking about each other’s personal interests. Patient A stated that her personal relationship with Dr. Iannazzi began in May 2011 following a scheduled office visit that ended with a hug and subsequently a personal e-mail from Dr. Iannazzi. Patient A described how she went on a cycling trip with Dr. Iannazzi and others during which she experienced a severe headache, and one of Dr. Iannazzi’s friends gave her a Hydrocodone tablet for the headache. According to patient A, during that same cycling trip, Dr. Iannazzi offered her some marijuana as a

¹ Patient A’s medical records received from Dr. Iannazzi’s office indicated that this had occurred in 2008. In addition, patient A’s reply to Dr. Iannazzi’s response indicated that this had occurred in 2008.
² Dr. Iannazzi’s medical records regarding patient A indicate that his medical reports were provided to other medical providers of patient A.
possible headache remedy. Patient A stated that she declined the offer but indicated that Dr. Iannazzi and his friend smoked marijuana. Patient A also stated that there were two occasions on which she smoked marijuana recreationally with Dr. Iannazzi. Following that cycling trip, Dr. Iannazzi prescribed patient A Hydrocodone for her headaches. Patient A’s medical records reflect that she was experiencing a number of personal, physical, emotional, and psychological issues during the time that Dr. Iannazzi was her physician, all of which Dr. Iannazzi would have been aware. According to patient A, at some point Dr. Iannazzi referred her for counseling at Acadia. Patient A asserted that her counselor at Acadia told her that Dr. Iannazzi would be able to access her records since he worked at that facility. According to patient A, during one office visit with Dr. Iannazzi, he told her that he was able to review her medical records, her husband’s medical records, and her daughter’s medical records. This comment left patient A feeling uncomfortable when she later spoke with the Board’s investigator about her relationship with Dr. Iannazzi. Patient A told the Board’s investigator that while she voluntarily entered into a personal and sexual relationship with Dr. Iannazzi, his statements and conduct since November 2011 have caused her concern, including allegations that Dr. Iannazzi made comments about her husband and accessed her medical record after he had discharged her from his care in order to ensure that she had not been admitted to the hospital emergency room.

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3 Since Dr. Iannazzi was employed by Acadia Hospital, he had access to any electronic medical records of that facility and Eastern Maine Medical Center, both of which are affiliates of Eastern Maine Healthcare Systems. The Board has no evidence that Dr. Iannazzi in fact accessed any electronic records of patient A's daughter or husband.
Patient A agreed to provide the Board’s investigator with a copy of numerous personal e-mails exchanged between herself and Dr. Iannazzi. The Board staff sent Dr. Iannazzi a copy of the complaint and interview with patient A, and requested that he provide a written response.

4. On or about May 4, 2012, the Board received a written response from Dr. Iannazzi to complaint CR11-522. In his response, Dr. Iannazzi admitted that during the time that he was patient A’s physician he had a “personal intimate relationship” with her that began in May 2011. Dr. Iannazzi expressed how “appalled and ashamed” he was about his conduct and the decisions that he made, and that it led to his termination of employment and his voluntary cessation of his medical practice. Dr. Iannazzi indicated that, at the time, he believed that he and patient A had developed a deep personal attachment and affection for one another. Dr. Iannazzi acknowledged that it was wrong and that there is never any justification for having such a relationship with a patient. Dr. Iannazzi also acknowledged that he last saw patient A on February 16, 2012, when she drove him to his new apartment so she could see the inside of it. He also admitted that he and patient A communicated by phone, e-mail and texting. According to Dr. Iannazzi, he had since changed therapists, and was working on understanding his conduct with patient A, his relationship with his family, and understanding better appropriate boundaries in professional relationships. Dr. Iannazzi indicated that in May 2012 he intended to attend a 3-day continuing medical education
program entitled “Maintaining Proper Boundaries.” Dr. Iannazzi acknowledged that he made a “serious error” when he initiated a personal relationship with patient A, admitted that it was wrong, and stated that he accepted responsibility for this poor decision-making. Dr. Iannazzi acknowledged that he lost sight of his obligations as a physician when he entered into an intimate personal relationship with patient A, and that he should have maintained firm and appropriate boundaries. Dr. Iannazzi denied patient A’s assertions that he told her not to return to her family medical provider, and to the contrary, asserted that he supported her continuing care by her family medical provider, and made referrals to other medical providers for patient A’s chronic pain issues. Dr. Iannazzi admitted that he prescribed a short-acting narcotic – with 2 refills - on one occasion for patient A’s headaches after he witnessed her experience “a rapid onset, extremely severe, short-lived headache” that led him to theorize that she was suffering from “cluster headaches, rather than a migraine or tension headache syndrome.”

Dr. Iannazzi denied patient A’s assertion that he offered her marijuana to treat a severe headache; however, Dr. Iannazzi did not deny patient A’s assertion that

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4 Dr. Iannazzi completed the course in May 2012, which course will be reviewed by the Board for compliance with paragraph 13(g)(iv).

5 Dr. Iannazzi did not indicate the date on which he prescribed the narcotic medication to patient A nor mention that he observed the rapid onset of the headache while he was on a cycling outing with patient A and others. In addition, patient A’s medical records do not contain any entries between May and August 2011 regarding this prescription, which was issued on May 27, 2011, nor the rationale for issuing it. Patient A’s medical record dated August 4, 2011, contains the first reference to this prescription, which was issued in conjunction with other measures instituted for patient A’s cluster headaches, including a prednisone taper, oxygen therapy (as an abortive treatment), and a prescription for Verapamil as a cluster headache prophylaxis.
he smoked marijuana recreationally with her on two occasions. In addition, Dr. Iannazzi admitted that he accessed patient A’s medical record on one occasion after he had discharged her from his care, in response to a request from patient A to cancel his order for oxygen therapy.

5. On or about May 15, 2012, the Board received a reply from patient A to Dr. Iannazzi’s written response. According to patient A, she felt as if Dr. Iannazzi only began providing her with appropriate medical care after she began her personal intimate and physical relationship with him, after which patient A felt that he took more of a personal interest in her medical care. According to patient A, this feeling was enhanced by the way Dr. Iannazzi on occasion spoke to patient A in general about his other patients as she knew she was “one of those patients before our relationship.” Patient A also indicated that she had smoked marijuana with Dr. Iannazzi after he offered it to her following a bike ride. Because patient A believes that her health improved only after she began having a physical relationship with Dr. Iannazzi, she also feels that the medical care Dr. Iannazzi provided to her prior to their physical relationship was substandard.

6. The Board staff subsequently obtained copies of numerous e-mails and text messages exchanged between patient A and Dr. Iannazzi from May 2011 to November 2011, which corroborated that they were engaged in a romantic and physical/sexual relationship. In addition, the Board obtained copies of patient A’s medical records from Dr. Iannazzi, which clearly indicate that she suffered from chronic and sometimes debilitating neurological pain
and had been receiving mental health therapy, all of which would have been known to Dr. Iannazzi.

7. The 2008-2009 Edition of the Code of Medical Ethics of the American Medical Association defines “sexual misconduct in the practice of medicine” as follows:

Sexual contact that occurs concurrent with the patient-physician relationship constitutes sexual misconduct. Sexual or romantic interactions between physician and patients detract from the goals of the physician-patient relationship, may exploit the vulnerability of the patient, may obscure the physician’s objective judgment concerning the patient’s health care, and ultimately may be detrimental to the patient’s well-being.

If a physician has reason to believe that non-sexual contact with a patient may be perceived as or may lead to sexual contact, then he or she should avoid the non-sexual contact. At a minimum, a physician’s ethical duties include terminating the physician-patient relationship before initiating a dating, romantic, or sexual relationship with a patient.

8. Board Rule, Chapter 10 defines “sexual misconduct” to include:

“Sexual violation” is any conduct by a physician/physician assistant with a patient that is sexual or may reasonably be interpreted as sexual, even when initiated by or consented to by a patient, including but not limited to... sexual intercourse, genital to genital contact, oral to genital contact, oral to anal contact, kissing in a sexual manner...

9. On or about June 12, 2012, the Board reviewed complaint CR11-522, including Dr. Iannazzi’s response and all investigative information obtained to date, and voted to order that Dr. Iannazzi undergo a psychiatric evaluation. In addition, the Board voted to schedule the matter for an  

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6 The Board also indicated that Dr. Iannazzi would not have to undergo this evaluation if he reached a consent agreement with the Board.
adjudicatory hearing, and authorized its assigned legal counsel to negotiate a consent agreement to resolve complaint CR11-522 without further proceedings.

10. This Consent Agreement has been negotiated by and between legal counsel for Dr. Iannazzi and legal counsel for the Board in order to resolve complaint CR11-522 without an adjudicatory hearing. Absent Dr. Iannazzi’s acceptance of this Consent Agreement by signing and dating it in front of a notary and mailing it to Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before September 7, 2012, the matter will be scheduled for an adjudicatory hearing. In addition, absent the Board’s acceptance of this Consent Agreement by ratifying it on September 11, 2012, the matter will be scheduled for an adjudicatory hearing.

11. By signing this Consent Agreement, Dr. Iannazzi and his legal counsel waive any and all objections to, and hereby consent to the presentation of this Consent Agreement to the Board by its assigned legal counsel for possible ratification on September 11, 2012. Dr. Iannazzi and his legal counsel also forever waive any arguments of bias or otherwise against any of the Board members based solely upon the Board’s failure to ratify this proposed Consent Agreement.

COVENANTS

In lieu of proceeding to an adjudicatory hearing in this matter, Dr. Iannazzi agrees to the following:

12. Dr. Iannazzi admits that with regard to complaint CR11-522 that the Board has sufficient evidence from which it could conclude that he engaged
in unprofessional conduct by engaging in an inappropriate romantic and sexual relationship with patient A, with whom he had a physician-patient relationship. Dr. Iannazzi admits that such conduct constitutes unprofessional conduct and grounds for discipline of his Maine medical license pursuant to 32 M.R.S.A. § 3282-A(2)(F) and Board Rule Chapter 10.

13. For the conduct described in paragraph 12 above, Dr. Iannazzi agrees to accept, and the Board agrees to issue, the following discipline effective upon execution\textsuperscript{7} of this Consent Agreement:

a. A REPRIMAND. Dr. Iannazzi is hereby reprimanded by the Board for engaging in unethical and unprofessional conduct with regard to his inappropriate romantic and sexual relationship with patient A. Sexual or romantic interactions between a physician and patient detract from the goals of the physician-patient relationship, may exploit the vulnerability of the patient, may obscure the physician's objective judgment concerning the patient's health care, and ultimately may be detrimental to the patient's well-being. Dr. Iannazzi agrees never to engage in this type of conduct again. In addition, Dr. Iannazzi agrees that he will never again contact patient A or her family members, and that he shall not access or attempt to access any medical records of patient A or her family members. Dr. Iannazzi agrees that any future violation of this prohibition by him — even if outside the period of

\textsuperscript{7} For the purposes of this Consent Agreement, “execution” shall mean the date on which the final signature is affixed to this Consent Agreement.
probation - shall constitute grounds for additional disciplinary action against his Maine medical license.

b. **Abstinence.** Dr. Iannazzi shall totally refrain from the use or possession of marijuana and any other drugs – licit or illicit - except drugs that are dispensed or prescribed to him by an appropriate medical provider.

c. Dr. Iannazzi shall pay a **FINE of Five Thousand Dollars and Zero Cents ($5,000.00).** However, payment of Three Thousand Five Hundred Dollars ($3,500.00) of the fine is suspended so long as Dr. Iannazzi complies with all of the terms and conditions of this Consent Agreement, including all of the reporting requirements. Dr. Iannazzi shall ensure that he pays the unsuspended monetary fine of One Thousand Five Hundred Dollars ($1,500.00) within one (1) year following the execution of this Consent Agreement. Payment shall be made by certified check or money order made payable to “Treasurer, State of Maine,” and be remitted to Maria MacDonald, Investigator, Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137. Dr. Iannazzi agrees that, in the event that he fails to meet any of the reporting or other time requirements set out in this Consent Agreement (without having requested an extension prior to the due date and having that request granted by the Board), the Board may, in its sole discretion, summarily and without an adjudicatory hearing, “activate” any or all of the amount of the suspended fine. The Board shall notify Dr. Iannazzi in writing of the activation of all or a portion of the suspended fine. Dr. Iannazzi agrees and understands that he must pay the amount of the fine “activated” by
the Board within 30 days of receiving notice that the fine was activated.

Payment shall be by cashier’s check or money order made out to “Treasurer, State of Maine.” In addition, the parties agree and understand that the Board’s decision not to “activate” all or a portion of the suspended fine for one instance of noncompliance with a reporting or other time requirement does not constitute a waiver of the Board’s right to “activate” all or a portion of the fine regarding a subsequent instance of non-compliance. If Dr. Iannazzi fails to pay an “activated” fine within the 30 days as provided by this section, the Board may “activate” all or a portion of the remaining portion of the “suspended” fine. Any decision by the Board pursuant to this section does not require an adjudicatory hearing and is non-appealable.

d. Dr. Iannazzi shall undergo A LICENSE SUSPENSION of thirty (30) days effective upon the execution of this Consent Agreement.

e. Dr. Iannazzi shall limit his practice of medicine to Neurology, his medical specialty. In complying with this condition, Dr. Iannazzi shall not act as the primary care provider for any patient(s).

f. Dr. Iannazzi shall provide a copy of this Consent Agreement to any medical employer, prospective medical employer and any other jurisdiction where he holds a medical license or where he seeks a medical license.

g. Dr. Iannazzi shall enroll in, attend, and successfully complete a Board-approved substantive course in medical ethics and boundaries within six (6) months of the execution of this Consent Agreement.
The ethics and boundaries course must cover the topic of appropriate patient-physician boundaries. Dr. Iannazzi shall provide the Board with documentation of the successful completion of this course in medical ethics and boundaries within six (6) months of the execution of this Consent Agreement. Dr. Iannazzi completed a course in May 2012, which the Board may review and, in its discretion, approve or not approve as meeting this condition of probation.

h. Within one (1) year of the execution of this Consent Agreement, Dr. Iannazzi shall reimburse the Board One Thousand Six Hundred Sixty-One Dollars and Seventy-Four Cents ($1,661.74) as the actual costs incurred by the Board for the investigation of this matter. Payment shall be made by certified check or money order made payable to “Maine Board of Licensure in Medicine” and be remitted to Maria MacDonald, Investigator, Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137.

i. Dr. Iannazzi shall accept a LICENSE PROBATION with conditions for five (5) years, which probation shall commence following the Board’s receipt of a written notification that Dr. Iannazzi has resumed the active practice of medicine. In complying with this condition, Dr. Iannazzi shall, within 24 hours of resuming the active practice of medicine in any capacity as defined by 32 M.R.S. § 3270, notify the Board in writing of his resumption of his active practice of medicine. A violation of this condition by Dr. Iannazzi shall constitute grounds for discipline, including the suspension
or revocation of his license. Upon receipt of the foregoing written notification, the Board staff shall send Dr. Iannazzi written confirmation of its receipt of those materials and the date of the commencement of probation. As specific conditions of probation, Dr. Iannazzi shall:

(i) Notify the Board in writing of any and all current locations where he practices medicine. In complying with this condition, Dr. Iannazzi shall notify the Board in writing of any change(s) in the location(s) of his practice of medicine within seven (7) days of any such change(s).

(ii) Permit the Board or its agent(s) complete access to Dr. Iannazzi’s portion of any medical practice where he is employed, including but not limited to all patient records.

(iii) Permit the Board or its agent(s) to conduct random and/or announced inspections of Dr. Iannazzi’s portion of any medical practice where he is employed. Dr. Iannazzi shall bear the cost of any such inspection(s) by the Board or its agent(s).

(iv) Prior to his return to the active practice of medicine, Dr. Iannazzi must have a Board-approved practice monitor who shall monitor his medical practice. In complying with this requirement, Dr. Iannazzi shall submit to the Board for its approval the name of a proposed practice monitor and/or alternative practice monitor, whom the Board has the sole discretion to approve or deny. The monitoring physician(s) must be in direct contact with Dr. Iannazzi and observe him within his medical practice at least once a week, and inform the Board if Dr. Iannazzi demonstrates any issues with regard to
isolation, inappropriate boundaries or decision-making, incompetence, unprofessionalism or any other concerns. The monitoring physician(s) shall report such information to the Board by telephone and in writing within 24 hours or as soon thereafter as possible. Dr. Iannazzi understands that the monitoring physician(s) will be agents of the Board pursuant to Title 24 M.R.S. § 2511. Dr. Iannazzi shall permit the monitoring physician(s) full access to his medical practice, including but not limited to all patient information. The Board-approved monitor(s) shall provide the Board with reports regarding Dr. Iannazzi’s medical practice on or before January 9th, April 9th, and July 9th, October 9th of each year following the commencement of probation.

14. Violation by Dr. Iannazzi of any of the terms, limitations or conditions of this Consent Agreement shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of re-licensure.

15. Pursuant to 10 M.R.S.A. § 8003(5) the Board and Dr. Iannazzi agree that the Board has the authority to issue an order, following notice and hearing, modifying, suspending or revoking his license in the event that he fails to comply with any of the terms or conditions of this Consent Agreement.

16. Dr. Iannazzi waives his right to a hearing before the Board or any court regarding all findings, terms and conditions of this Consent Agreement. Dr. Iannazzi agrees that this Consent Agreement is a final order resolving complaint CR11-522. This Consent Agreement is not appealable and is effective until modified or rescinded by the parties hereto. This Consent
Agreement cannot be amended orally. It can only be amended by a writing signed by the parties hereto and approved by the Office of Attorney General. Requests for amendments by Dr. Iannazzi shall be made in writing and submitted to the Board. Dr. Iannazzi may, at reasonable intervals, petition the Board for amendment of the terms and conditions of this Consent Agreement. Upon making such a petition, Dr. Iannazzi shall bear the burden of demonstrating that the Board should amend the Consent Agreement. The Board shall have the discretion to: (a) deny Dr. Iannazzi's petition; (b) grant Dr. Iannazzi's petition; and/or (c) grant Dr. Iannazzi's petition in part as it deems appropriate to ensure the protection of the public. Any decision by the Board on this issue need not be made pursuant to a hearing and is not appealable.

17. The Board and the Office of the Attorney General may communicate and cooperate regarding Dr. Iannazzi or any other matter relating to this Consent Agreement.

18. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408.

19. This Consent Agreement constitutes discipline and is an adverse licensing action that is reportable to the National Practitioner Data Bank (NPDB), the Healthcare Integrity and Protection Data Bank (HIPDB), and the Federation of State Medical Boards (FSMB).

20. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto, including any and all medical
practice partners. If any clause of this Consent Agreement is deemed illegal or invalid, then that clause shall be deemed severed from this Consent Agreement.

21. The Board and Dr. Iannazzi agree that no further agency or legal action will be initiated against him by the Board based upon the facts described herein, except or unless he fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct in the event that similar proven allegations are brought against Dr. Iannazzi in the future. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining appropriate discipline in any further complaints against Dr. Iannazzi’s license.

22. Dr. Iannazzi acknowledges by his signature hereto that he has read this Consent Agreement, that he has had an opportunity to consult with an attorney before executing this Consent Agreement, that he executed this Consent Agreement of his own free will and that he agrees to abide by all terms and conditions set forth herein.

23. Dr. Iannazzi has been represented by Kenneth W. Lehman, Esq., who has participated in the negotiation of the terms of this Consent Agreement.
I, JAMES IANNAZZI, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED: 9/6/12
JAMES IANNAZZI, M.D.
STATE OF Maine
Penobscot S.S.

Personally appeared before me the above-named James Iannazzi, M.D., and swore to the truth of the foregoing based upon his own personal knowledge, or upon information and belief, and so far as upon information and belief, he believes it to be true.

DATED: 9-6-12
JEANINE D. TABLEMAN
NOTARY PUBLIC/ATTORNEY
MY COMMISSION
My commission expires 10/16/2017

DATED: 9-7-2012
KENNETH W. LEHMAN, ESQ.
ATTORNEY FOR JAMES IANNAZZI, M.D.

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED: 9/11/12
GARY R. HATFIELD, M.D., Chairman
STATE OF MAINE DEPARTMENT OF THE ATTORNEY GENERAL

DATED: 9/1/12

DENNIS E. SMITH
Assistant Attorney General

Effective Date: 9/11/12.
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re: Michael A. Bell, M.D. Complaint No. CR08-134

SECOND AMENDMENT TO CONSENT AGREEMENT

This document is a Second Amendment to a Consent Agreement for Conditional Licensure effective December 9, 2008, regarding a disciplinary action against and conditions imposed upon the license to practice medicine in the State of Maine held by Michael A. Bell, M.D. The parties to this Second Amendment of that Consent Agreement are: Michael A. Bell, M.D. ("Dr. Bell"), the State of Maine Board of Licensure in Medicine ("the Board"), and the Office of the Attorney General (the "Attorney General"). This Second Amendment to Consent Agreement is entered into pursuant to 32 M.R.S. § 3282-A and 10 M.R.S. § 8003(5).

BACKGROUND

1. On December 9, 2008, the parties entered into a Consent Agreement regarding a disciplinary action concerning and conditions imposed upon the license to practice medicine in the State of Maine held by Michael A. Bell, M.D.

2. On September 13, 2011, the parties entered into a First Amendment to Consent Agreement, which amended paragraph 10(c)(5)(a) and deleted paragraph 10(c)(5)(c)(i) and a portion of paragraph 12(c)(2).

3. Paragraph 16 of the Consent Agreement provides Dr. Bell an opportunity to request to amend the terms and conditions of the Consent
Agreement.

4. On June 12, 2012, the Board reviewed a request from Dr. Bell to reduce the frequency of his counseling sessions to once every calendar quarter (once every three months). Following its review of this matter, which included a review of Dr. Bell’s compliance with the conditions of the Consent Agreement, the Board voted to reduce the frequency of Dr. Bell’s counseling sessions to “at least once every calendar quarter.”

5. On July 10, 2012, the Board reviewed a request from Dr. Bell to reduce the frequency of his urine testing or in the alternative require hair and nail testing. Following its review of this matter, which included a review of Dr. Bell’s compliance with the conditions of the Consent Agreement, the Board voted to reduce the frequency of Dr. Bell’s random drug testing to “at least once a month.”

**AMENDMENT**

6. In light of Dr. Bell’s progress in recovery, including in-patient treatment and successful monitoring with negative drug screens for over three and one half years, Dr. Bell, the Board, and the Office of Attorney General hereby agree to the following amendments:

   a. Paragraph 10(c)(4)(a) of the Consent Agreement dated December 9, 2008, shall be amended as follows:

      (a). **Substance Abuse Treatment.** Within thirty (30) days following the execution of this Consent Agreement, Dr. Bell shall submit for Board approval the name of a licensed individual or agency in the treatment of substance abuse with whom Dr. Bell shall consult and
counsel for the purpose of working on all issues pertaining to his substance abuse issues, including Dr. Bell's compliance with this Consent Agreement, which consultations shall be at least once per calendar quarter.

b. Paragraph 10(c)(3)(c) of the Consent Agreement dated December 9, 2008, shall be amended as follows:

(c). Frequency of Urine Testing. It is Dr. Bell's obligation to ensure that all the samples are given and tests occur as specified in this Consent Agreement. Testing shall be randomly scheduled. Notwithstanding any other provision of this Consent Agreement, the Board, the Supervising Physician, or the Board's agent may request Dr. Bell to submit to testing at any time. Failure to maintain this schedule or the random nature of the tests shall be cause for suspension, non-renewal or revocation of Dr. Bell's Maine medical license, unless proof of genuine emergent medical circumstances (for Dr. Bell or a patient) exist which warrant less serious disciplinary actions being taken by the Board. For the indefinite period following the execution of this Consent Agreement, Dr. Bell shall provide urine samples for testing for the presence of Prohibited Substances at least once a month.

7. Dr. Bell acknowledges by his signature hereto that all other terms and conditions of the Consent Agreement effective December 9, 2008, as amended by the First Amendment to Consent Agreement and the Second Amendment to Consent Agreement, remain in full force and effect.

8. Dr. Bell acknowledges by his signature hereto that he has read this Second Amendment to Consent Agreement, that he has had an opportunity to consult with an attorney before executing this Second Amendment, that he executed this Second Amendment of his own free will and that he agrees to abide by all terms and conditions set forth herein.
I, MICHAEL A. BELL, M.D., HAVE READ AND UNDERSTAND THE FOREGOING SECOND AMENDMENT TO CONSENT AGREEMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING I WAIVE CERTAIN RIGHTS INCLUDING THE RIGHT TO FURTHER HEARINGS REGARDING THIS AMENDMENT. I ALSO WAIVE THE RIGHT TO APPEAL TO THE COURT REGARDING THIS AMENDMENT. KNOWING THIS, I SIGN IT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS SECOND AMENDMENT, TOGETHER WITH THE FIRST AMENDMENT AND THE ORIGINAL CONSENT AGREEMENT, CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN, OR OTHERWISE. I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO DISCUSS THIS AGREEMENT WITH LEGAL COUNSEL PRIOR TO SIGNING IT.

Dated: 8/13/12

MICHAEL A. BELL, M.D.

STATE OF MAINE
WASHINGTON SS.

Before me this 13 day of August, 2012, personally appeared Michael A. Bell, M.D., who after first being duly sworn, signed the foregoing Second Amendment to Consent Agreement in my presence or affirmed that the signature above is his own.

Pauline Beach
Notary Public/Attorney at Law
My commission expires: 1-13-19

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE
DATED: 9/11/12

GARY R. HATFIELD, M.D.,
Chairman

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED: 9/11/12

DENNIS E. SMITH
Assistant Attorney General

Effective Date: 9/11/12