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XX. FYI (none)
XXI. Other Business (none)
XXII. Adjournment
The Board met in public session, with the exception of the times listed below, which were held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (e.g., 1 M.R.S. § 405; 10 M.R.S. § 8003-B; 22 M.R.S. § 1711-C; 24 M.R.S. § 2510; 32 M.R.S. § 3282-A). The Board moved, seconded, and voted the following executive session times. During the public session of the meeting, actions were taken on all matters discussed during executive session.

<table>
<thead>
<tr>
<th>EXECUTIVE SESSIONS</th>
<th>PURPOSE</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>RECESSES</th>
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</thead>
<tbody>
<tr>
<td>9:39 a.m. – 9:45 a.m.</td>
<td>Break</td>
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<tr>
<td>11:02 a.m. – 11:12 a.m.</td>
<td>Break</td>
</tr>
<tr>
<td>12:20 p.m. – 12:32 p.m.</td>
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<tr>
<td>1:05 p.m. – 1:31 p.m.</td>
<td>Lunch</td>
</tr>
<tr>
<td>2:45 p.m. – 2:53 p.m.</td>
<td>Break</td>
</tr>
<tr>
<td>3:19 p.m. – 3:25 p.m.</td>
<td>Break</td>
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</tbody>
</table>

I. Call to Order

Dr. Jones called the meeting to order at 8:55 a.m.

A. New Medical Director Introduction

Mr. Terranova introduced the Board’s new Medical Director, Dr. Margaret Duhamel.
B. Amendments to Agenda

Dr. Sacchetti moved to amend the following items onto the agenda: 1) CR 15-96 under complaints; 2) Consent Agreement for review (CR15-75); 3) a request for guidance regarding supervision of physician assistants; and 4) license application submitted by Adaobi Gbugu, P.A.-C under applications for individual consideration. Mr. Ross seconded the motion, which passed unanimously.

C. Scheduled Agenda Items

1. 9:30 a.m. Adjudicatory Hearing CR14-204 Charles D. Clemetson, M.D.

II. Complaints

1. CR15-66

Dr. Nyberg moved to set the matter for an Informal Conference. Mr. Ross seconded the motion, which passed unanimously.

2. CR15-121

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

MOTION: The patient associates her worsening pain and decreased mobility with a surgeon’s operative management. The surgeon provided detailed documentation of his process of informed consent, the patient’s challenging hospital course, and the many issues confounding her recovery. The medical record demonstrates commendable post-operative support and care.

3. CR15-141

Ms. Weinstein moved to dismiss the complaint. Mr. Ross seconded the motion, which passed 5-0-0-1. Dr. Barnhart was recused from the matter and left the room.

MOTION: The patient complains about the care she received from a primary care physician covering for her provider who was on medical leave. Review of the record reveals appropriate management of chronic pain.

4. CR15-145

Dr. Jones moved to dismiss the complaint. Mr. Ross seconded the motion, which passed 5-0-0-1. Dr. Sacchetti was recused from the matter and left the room.

MOTION: The patient complains the surgeon did not remove an axillary mass as planned. The patient felt that the communication was clear during the office discussion, signing of the informed consent with the surgeon’s nurse, and in day surgery when the pending surgery was reviewed. Postoperatively the patient felt that the mass had not been...
removed and that the surgeon had been too quick in surgery. A hospital review of the surgery requested by the patient found no deviation in the standard of care. The patient requested a second review by the Board. Review of the medical record, including office notes, consent form, and hospital records, supports that the enlarged lymph node present was removed as planned, but extra fatty tissue was not removed. The patient was so upset by this that he had a subsequent surgery by another surgeon that, unfortunately, resulted in multiple complications. The surgeon who performed the first surgery responded that she performed the surgery as planned and does not understand where the communication between herself and the patient failed. However, she has changed her office preoperative visit process by obtaining consent privately in the exam room and then again in front of her medical assistant who obtains signatures and completes paperwork. This is to provide patients increased opportunity to understand the planned surgery.

5. **CR15-74 Beverly A. Stoops, M.D.**

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

**MOTION:** In this case, the Board received a complaint from a former patient stating the physician did not respond to her requests for her records when the physician entered retirement. In her initial response, the physician remarked that her policy was to send records only to a healthcare provider designated by the patient. Upon learning of the complaint, the physician provided the patient with a copy of her records. However, when responding to additional questions posed by the Board, the physician gave a different explanation of why the records had not been forthcoming.

The letter of guidance will strongly recommend that the physician familiarize herself with the law and provide copies of medical records to her former patients accordingly. Regardless of whether she has retired, her patients must have timely access to their medical records. Inappropriate delays for patients wishing to access their records can negatively impact their healthcare. Title 22 M.R.S. § 1711-B describes how copies of medical records should be made available to patients under Maine law. Patient access to health information is also required pursuant to federal law (45 C.F.R. 164.524).

6. **CR15-117**

Mr. Ross moved to investigate further. Dr. Nyberg seconded the motion, which passed 5-0-0-1. Dr. Jones was recused from the matter and left the room.

7. **CR15-127**

Mr. Ross moved to investigate further. Dr. Barnhart seconded the motion, which passed 5-0-0-1. Dr. Jones was recused from the matter and left the room.

8. **CR15-151**

Ms. Weinstein moved to dismiss the complaint. Mr. Ross seconded the motion, which passed 5-0-1-0 with Dr. Barnhart abstaining.
**MOTION:** The patient alleges she requested that her fallopian tubes be “burnt” and the physician performed a tubal ligation with clamps, contrary to her request. The physician explained the process utilized for obtaining informed consent for the procedure. There is insufficient evidence of violation of a Board statute or rule.

9. **CR15-165**

Dr. Nyberg moved to grant the physician’s request for a waiver of the requirement to submit an application for a permanent license and to investigate further. Mr. Ross seconded the motion, which passed unanimously.

10. **CR15-152**

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

**MOTION:** The patient complains she was unable to reach her physician for a prescription refill and felt abandoned by him for this reason. The physician notified his patients well in advance of his departure that he would be closing his practice and maintains that he remained available to patients by phone afterwards. The patient acknowledges that she was forewarned of the transition, which is supported by a personal letter to her from the physician.

11. **CR15-162**

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

**MOTION:** The patient complains he has not received adequate medical care from the regional medical director at the institution where he resides. The physician points out in his response that the complaint was written before he saw the patient for the first time, which is puzzling, unless the complaint refers to other providers on the medical staff under his supervision. After examining the patient and his medical record, and after reviewing relevant diagnostic testing, the physician confirms that the patient has received appropriate on-going care from the medical department.

12. **CR15-164**

Dr. Jones moved to set the matter for an Adjudicatory Hearing and to authorize AAG Miller to seek a Consent Agreement with the same terms as the agreement that the physician entered into with the State of Washington Medical Quality Assurance Commission. Dr. Barnhart seconded the motion, which passed unanimously.

13. **CR15-166**

Dr. Barnhart moved to dismiss the complaint. Dr. Sacchetti seconded the motion, which passed unanimously.
MOTION: The patient complains his dietary needs are not being met at the institution where he resides. The record shows that many complex dietary requests were accommodated. Additional accommodation regarding dairy products was offered but refused by the patient. A medication that was helpful to the patient could not be maintained in his room, but was available to him at scheduled medication times. The institution’s medical director responded that fiber supplements were prescribed in keeping with the institution’s practice. Review of the medical record reveals that appropriate workups were ordered and that there is documentation of prompt attention to medical issues. There is no evidence of violation of a Board statute or rule.

14. CR15-171
Dr. Barnhart moved to investigate further. Dr. Nyberg seconded the motion, which passed unanimously.

15. CR15-173
Mr. Ross moved to dismiss the complaint. Dr. Sacchetti seconded the motion, which passed 5-0-0-1. Dr. Barnhart was recused from the matter and left the room.

MOTION: The patient complains the physician acted unprofessionally and was incompetent while examining him. The patient also alleges malpractice, racial profiling, and that the physician was under the influence of alcohol. The physician responded and denied all of the allegations. Review of the medical record supports the physician’s response and indicates that an appropriate examination was provided.

16. CR15-122
Dr. Jones moved to investigate further. Mr. Ross seconded the motion, which passed unanimously.

17. CR15-96
Dr. Nyberg moved to amend the terms of a proposed Consent Agreement. Mr. Ross seconded the motion, but upon further consideration, Dr. Nyberg withdrew the motion. The matter was tabled and will be placed on the March meeting agenda.

III. Assessment and Direction

18. AD16-32
Dr. Sacchetti moved to issue a complaint (CR16-49) and authorize AAG Miller to seek a Consent Agreement revoking the physician’s license. Dr. Nyberg seconded the motion, which passed 5-0-0-1. Mr. Ross was recused from this matter.
19. **AD16-2**

Dr. Nyberg moved to issue a complaint (CR16-50) and to order the physician to undergo a § 3286 evaluation. Mr. Ross seconded the motion, which passed unanimously.

20. **AD16-37**

Dr. Nyberg moved to file the matter. Dr. Jones seconded the motion, which passed unanimously.

21. **Intentionally left blank**

22. **Pending Adjudicatory Hearings and Informal Conferences report**

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

23. **Consumer Outreach Specialist Feedback (none)**

IV. **Informal Conference (none)**

V. **Minutes for Approval**

Dr. Barnhart moved to approve the minutes of the January 12, 2016 meeting. Mr. Ross seconded the motion, which passed unanimously.

VI. **Board Orders & Consent Agreement Monitoring and Approval**

A. **Board Order (none)**

B. **Consent Agreement Monitoring and Approval**

1. **Marc D. Christensen, M.D. [Appendix A]**

   Dr. Nyberg moved to approve the signed Consent Agreement. Dr. Sacchetti seconded the motion, which passed unanimously.

   Dr. Nyberg moved to approve the proposed monitor. Mr. Ross seconded the motion, which passed unanimously.

   Dr. Nyberg moved to approve the MPHP contract. Mr. Ross seconded the motion, which passed unanimously.

2. **Stephen H. Doane, M.D.**

   Dr. Barnhart moved to grant Dr. Doane’s request for an extension until March 16, 2017 to pay $12,000 investigative costs to the Board, and to authorize the Executive Director to offer Dr. Doane a payment plan. Mr. Ross seconded the motion, which passed 5-0-0-1. Dr. Jones was recused from the matter and left the room.
3. Whitney Hougton, M.D. [Appendix B]

Dr. Nyberg moved to approve the signed Consent Agreement. Dr. Sacchetti seconded the motion, which passed 5-0-0-1. Dr. Barnhart was recused from the matter and left the room.

4. Consent Agreement for Review CR15-75

Dr. Nyberg moved to approve the proposed Consent Agreement as amended, and to authorize the Board Chairman and AAG Miller to sign the amended Consent Agreement upon receipt of a signed copy from the physician. Mr. Ross seconded the motion, which passed unanimously.

VII. Adjudicatory Hearing CR14-204 Charles D. Clemetson, M.D.

The Board scheduled this hearing to hear evidence regarding complaint CR14-204. The Board considered the following issues: 1) whether Dr. Clemetson engaged in the practice of fraud, deceit or misrepresentation in obtaining a license or in connection with service rendered within the scope of the license issued; 2) whether Dr. Clemetson engaged in unprofessional conduct by violating a standard of professional behavior that has been established in the practice for which he is licensed; 3) whether Dr. Clemetson engaged in noncompliance with an order of the Board; and 4) whether Dr. Clemetson failed to comply with conditions of probation.

Dr. Clemetson appeared for the hearing and represented himself. Michael Miller, AAG represented the State of Maine. Rebekah J. Smith, Esq. served as Presiding Officer.

The State and the Respondent presented their cases and the Board heard witness testimony. After deliberation by the Board, the following motions were made:

Dr. Nyberg moved that the preponderance of evidence did show that the licensee engaged in misrepresentation. Mr. Ross seconded the motion, which passed 5-1.

Dr. Sacchetti moved that the preponderance of evidence did show that the licensee engaged in unprofessional conduct. Dr. Nyberg seconded the motion, which passed unanimously.

Dr. Barnhart moved that the preponderance of evidence did show that the licensee was noncompliant with an order of the Board. Dr. Nyberg seconded the motion, which passed unanimously.

Dr. Barnhart moved to combine allegations three and four and that the preponderance of evidence did show that the licensee was noncompliant with an order of the Board and failed to comply with conditions of probation. Mr. Ross seconded the motion, which passed unanimously.

Dr. Sacchetti moved to: 1) issue a censure; 2) impose a five (5) year license probation; 3) require a practice monitor approved by the Board; 4) require that the licensee close his private practice within ninety (90) days of the effective date of the Board Order; and 5) limit the licensee’s practice to a setting with other psychiatrists.
VIII. Remarks of Chairman (none)

IX. Remarks of Executive Director

A. Presentation at MEAPA Conference

Mr. Smith reported that he made a presentation regarding changes to statutes and rules pertaining to physician assistants at the Maine Association of Physician Assistants’ annual conference.

B. Presentation at UNE

Mr. Smith reported that he will make a presentation to the graduating class of physician assistants at the University of New England next week. Mr. Smith’s presentation will provide an overview of the Board’s licensing and registration process as well as the complaint process.

X. Assistant Executive Director’s Monthly Report

Mr. Terranova reported that the Board’s updated jurisprudence exam launched on January 21, 2016. He also informed the Board that licensees are now able to request a copy of their license online.

A. Complaint Status Report

As of February 1, 2016 there are seventy-two complaints outstanding. Nineteen have been received year-to-date and four have been closed so far this year.

B. Licensing Feedback (none)

C. 2015 Annual Report to LCRED Committee

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

D. Appointment of Board Members

Mr. Terranova introduced the two newly appointed Board members, Brad E. Waddell, M.D. and Lee Corbin. Dr. Waddell and Ms. Corbin were present to observe the Board meeting.

XI. Medical Director’s Report (none)

XII. Remarks of Assistant Attorney General

A. Status of action filed in Lincoln County Superior Court

AAG Miller reported that the action filed in Lincoln County Superior Court has been dismissed.
XIII. Secretary’s Report

A. Licenses Issued

1. M.D. Licenses Issued

The following license applications have been approved by Board Secretary, David D. Jones, M.D. without reservation.

<table>
<thead>
<tr>
<th>NAME</th>
<th>SPECIALTY</th>
<th>LOCATION</th>
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<tbody>
<tr>
<td>Bergeron, Paul P.</td>
<td>Internal Medicine</td>
<td>Camden</td>
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<tr>
<td>Bohanske, Michael S.</td>
<td>Emergency Medicine</td>
<td>Portland</td>
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<tr>
<td>Feran, Marianne L.</td>
<td>Pathology</td>
<td>York</td>
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<td>Gill, Peter S.</td>
<td>General Surgery</td>
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<td>Haste, Adam K.</td>
<td>Diagnostic Radiology</td>
<td>Teleradiology</td>
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<td>Ingimarsson, Johann P.</td>
<td>Urology</td>
<td>Portland</td>
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<tr>
<td>Knapp, Ryan R.</td>
<td>Emergency Medicine</td>
<td>Norway</td>
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<tr>
<td>Kordansky, Daniel W.</td>
<td>Allergy &amp; Immunology</td>
<td>Bangor</td>
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<tr>
<td>Kumar, Tishangi</td>
<td>Internal Medicine</td>
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<td>Lagattuta, Francis P.</td>
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<td>Lam, Gregory K.W.</td>
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<td>Libby, Brandon E.</td>
<td>Emergency Medicine</td>
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<td>Mask, Van S.</td>
<td>Family Medicine</td>
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<td>Mikati, Tarek A.</td>
<td>Internal Medicine</td>
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<td>Morais, Joshua D.</td>
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<td>Morgan, Roisin B.</td>
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<td>Pakraftar, Sam</td>
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<td>Sharpless, Kathryn E.</td>
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<td>Tintle, Scott M.</td>
<td>Orthopedic Surgery</td>
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<td>Tsimerinov, Evgeny I.</td>
<td>Psychiatry &amp; Neurology</td>
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<td>Welte, Frank J.</td>
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<td>Witten, Renee T.</td>
<td>Psychiatry</td>
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<td>Yoon, Robert Y.</td>
<td>Diagnostic Radiology</td>
<td>Farmington</td>
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2. P.A. Licenses Issued

The following physician assistant license applications have been approved by Board Secretary, David D. Jones, M.D. without reservation.

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<tr>
<th>NAME</th>
<th>LICENSE</th>
<th>PSP</th>
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</thead>
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<tr>
<td>DeLong, Shannon</td>
<td>Active</td>
<td>Wistar, Kathryn</td>
<td>Coopers Mills</td>
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<tr>
<td>Dudley, John</td>
<td>Active</td>
<td>Bedrosian, Jeffrey</td>
<td>Biddeford</td>
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<td>Greenleaf, Stephen</td>
<td>Inactive</td>
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<td>none</td>
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<tr>
<td>MacDearmid, Ashley</td>
<td>Active</td>
<td>Thaller, John</td>
<td>Augusta</td>
</tr>
</tbody>
</table>
B. Applications for Individual Consideration

1. Elmer J. Pacheco, M.D.

The Licensure Committee moved to table the application and request that Dr. Pacheco appear before the committee for an interview. The motion passed unanimously.

2. Charmaine K. Patel, M.D.

The Licensure Committee moved to approve the license application. The motion passed unanimously.

3. Debra A. Wiedmeyer, M.D.

The Licensure Committee moved to approve the license application. The motion passed unanimously.

4. Adaobi Gbugu, P.A.-C

The Licensure Committee moved to request that Ms. Gbugu provide two additional references from physicians who have supervised her and authorize the Board Secretary to approve the license application upon receipt of favorable references. The motion passed unanimously.

C. Applications for Reinstatement (none)

D. Withdrawals

1. Withdraw License Application (none)

2. Withdraw License from Registration

Dr. Nyberg moved to approve the following licensees’ requests to withdraw from registration. Dr. Barnhart seconded the motion, which passed unanimously.

<table>
<thead>
<tr>
<th>NAME</th>
<th>LICENSE NUMBER</th>
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<tbody>
<tr>
<td>Berube, Kristie J.</td>
<td>PA831</td>
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<tr>
<td>Daly, Patrick R.</td>
<td>MD16207</td>
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<tr>
<td>Gilbert, Stuart G.</td>
<td>MD8245</td>
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<tr>
<td>Harrow, Edward M.</td>
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<tr>
<td>McCarthy, Kevin E.</td>
<td>MD15450</td>
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<td>McMath, Jonathan C.</td>
<td>MD15804</td>
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<tr>
<td>Rodrigo, Raulie D.</td>
<td>MD9990</td>
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<tr>
<td>Schetky, Diane H.</td>
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<tr>
<td>Wentland, Paul</td>
<td>MD14133</td>
</tr>
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</table>
Wurm, W. Heinrich

3. Withdraw License from Registration – Individual Consideration (none)

E. Licenses to Lapse by Operation of Law

The following licenses lapsed by operation of law effective February 5, 2016.

<table>
<thead>
<tr>
<th>NAME</th>
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<tr>
<td>Arjomand-Fard, Heidar</td>
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<tr>
<td>Arrache, Hector A.</td>
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<td>Day. Robert B.</td>
<td>MD7654</td>
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<td>Factor, Donald E.</td>
<td>MD8714</td>
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<td>Figueiredo, Fabio</td>
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<tr>
<td>Garewal, Arvind</td>
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<td>Halawa, Ahmad</td>
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<td>Jerkins, Oscar Hunt</td>
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<td>Pokharel, Neeti</td>
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<tr>
<td>Rao, Mark R.</td>
<td>PA733</td>
</tr>
<tr>
<td>Romanowsky, Andrew M.</td>
<td>MD19608</td>
</tr>
<tr>
<td>Shoukimas, Gregory M.</td>
<td>MD14190</td>
</tr>
<tr>
<td>Spalding, Laurie</td>
<td>MD18119</td>
</tr>
<tr>
<td>Sproul, Katherin A.</td>
<td>MD18231</td>
</tr>
<tr>
<td>Ward, Stephen M.</td>
<td>MD18163</td>
</tr>
<tr>
<td>Waters, David C.</td>
<td>MD20424</td>
</tr>
</tbody>
</table>

F. Licensees Requesting to Convert to Active Status (none)

G. Renewal Applications for Review

1. David W. Edsall, M.D.

   The Licensure Committee moved to approve Dr. Edsall’s renewal application. The motion passed unanimously.

H. Physician Assistant Schedule II Authority Requests

1. Applications to Renew Schedule II Authority
The following renewal requests for Schedule II prescribing authority have been approved by Board Secretary, David D. Jones, M.D. without reservation.

<table>
<thead>
<tr>
<th>NAME</th>
<th>PSP</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrian, Lawrence</td>
<td>Quinn, Reed</td>
<td>Portland</td>
</tr>
<tr>
<td>Brennan, Michael</td>
<td>Nohr, Orion W.</td>
<td>South Portland</td>
</tr>
<tr>
<td>Casey, Kristen</td>
<td>Bowe, Christopher</td>
<td>Lewiston</td>
</tr>
<tr>
<td>Cinilia, Michael</td>
<td>Sisto, Donato</td>
<td>Portsmouth</td>
</tr>
<tr>
<td>Debiasio, Mark</td>
<td>Sawyer, Gregory</td>
<td>South Portland</td>
</tr>
<tr>
<td>Foley, Sheila</td>
<td>Lee, Norris</td>
<td>Lewiston</td>
</tr>
<tr>
<td>Gathman, Patricia</td>
<td>Dionne, Andrew</td>
<td>Augusta</td>
</tr>
<tr>
<td>Harnden, Lindsay</td>
<td>Smith, Douglas G.</td>
<td>Poland</td>
</tr>
<tr>
<td>Ryan, Debra</td>
<td>Dionne, Andrew</td>
<td>Augusta</td>
</tr>
<tr>
<td>Skaletsky, Marybess</td>
<td>Ecker, Robert</td>
<td>Scarborough</td>
</tr>
<tr>
<td>Skolfield, Sarah</td>
<td>Mullen, James III.</td>
<td>Brunswick</td>
</tr>
</tbody>
</table>

2. Applications for New Schedule II Authority

The following new requests for Schedule II prescribing authority have been approved by Board Secretary, David D. Jones, M.D. without reservation.

<table>
<thead>
<tr>
<th>NAME</th>
<th>PSP</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brezinski, Sharon</td>
<td>Harmatz, Alan</td>
<td>Lewiston</td>
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<tr>
<td>Downing, Sherri</td>
<td>Poulin, Lucille J.</td>
<td>Ellsworth</td>
</tr>
<tr>
<td>Dudley, John</td>
<td>Bedrosian, Jeffrey</td>
<td>Biddeford</td>
</tr>
<tr>
<td>Howard, Sarah</td>
<td>Hulefeld, Robert</td>
<td>York</td>
</tr>
<tr>
<td>Jankowski, Alison</td>
<td>Blake, Michael</td>
<td>Lewiston</td>
</tr>
<tr>
<td>Martucci, Christopher</td>
<td>Blake, Michael</td>
<td>Lewiston</td>
</tr>
<tr>
<td>Neer, Terri</td>
<td>Snyder, Diehl</td>
<td>Bar Harbor</td>
</tr>
<tr>
<td>Nilsson, Christopher</td>
<td>Beaulé, Lisa</td>
<td>South Portland</td>
</tr>
<tr>
<td>Schrock, Teri</td>
<td>Bain, Kathleen</td>
<td>Lewiston</td>
</tr>
</tbody>
</table>

3. Applications for Schedule II Authority – Individual Consideration (none)

XIV. Rulemaking

A. Chapter 5 Collaborative Drug Therapy Management

Dr. Sacchetti moved to approve the basis statement, the response to comments and to formally adopt the Chapter 5 Collaborative Drug Therapy Management rule. Mr. Ross seconded the motion, which passed unanimously.

XV. Policy Review (none)

XVI. Requests for Guidance

A. Request for Guidance Regarding Supervision of Physician Assistants
The Aroostook Medical Center (TAMC) submitted an inquiry requesting clarification of requirements for review of physician assistant charts. TAMC asked if a physician other than the designated primary supervising physician (PSP), but in the same specialty group, may perform chart reviews and provide a report to the PSP. After discussion, the Board directed that staff provide the following response: Subject to the caveat that the Chapter 2 rule will change shortly (and “secondary supervising physicians” will be physicians in medical specialty areas outside of the “primary supervising physician’s” expertise, and will be required to perform their own reviews of the physician assistants who work within that medical specialty and under their supervision), the Board opined that a primary supervising physician cannot delegate the chart reviews to another physician who then provides a report to the supervising physician. The primary supervising physician can certainly seek/obtain input from other physicians who work with the physician assistant, but the primary supervising physician is ultimately responsible for performing the review.

XVII. Standing Committee Reports

A. Licensure Committee

1. License Verification Process Change for Applicants

The Licensure Committee moved to utilize the FSMB report in place of the current requirement that applicant’s provide verification of all licenses held in other states. The motion passed unanimously.

XVIII. Board Correspondence

A. Prescribing Medications Via Tele-psychiatry

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

XIX. FSMB Material (none)

XX. FYI (none)

XXI. Other Business (none)

XXII. Adjournment

Dr. Sacchetti moved to adjourn the meeting at 5:20 p.m. Mr. Ross seconded the motion, which passed unanimously.

Respectfully submitted,

Maureen S. Lathrop
Administrative Assistant
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re: Marc D. Christensen, M.D. CONSENT AGREEMENT
Complaint No. CR15-51

This document is a Consent Agreement, effective when signed by all parties, regarding disciplinary action against the license to practice medicine in the State of Maine held by Marc D. Christensen, M.D. The parties to the Consent Agreement are: Marc D. Christensen, M.D. ("Dr. Christensen"), 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. The Board first issued Dr. Christensen a license to practice medicine in Maine on July 23, 2003 (License number MD16235). Dr. Christensen specializes in neurological surgery and most recently practiced at St. Mary's Regional Medical Center ("St. Mary's") in Lewiston, Maine.

2. On February 8, 2015, while he was on call at St. Mary's for the care of his patients, Dr. Christensen was involved in a motor vehicle accident in Falmouth, Maine. Following the accident, Dr. Christensen was charged with criminal Operating Under the Influence of alcohol ("OUI").

3. By letter dated February 11, 2015, Dr. Christensen notified the Board of the accident and criminal charge, and also stated that he had contacted the Medical Professionals Health Program ("MPHP").
4. By letter dated March 9, 2015, St. Mary's notified the Board that it had terminated Dr. Christensen's employment for cause after he admitted that the results of his blood alcohol test on February 8, 2015, exceeded the legal limit to operate a motor vehicle and that the incident occurred while he was on call for the treatment of patients at St. Mary's.

5. At its meeting on April 14, 2015, the Board considered the information received and voted to initiate a complaint against Dr. Christensen's license. Board Complaint No. CR15-51 was sent to Dr. Christensen on April 28, 2015, for his response.

6. On April 14, 2015, Dr. Christensen entered into an Interim Consent Agreement with the Board that provided for the immediate suspension of his license pending further action by the Board.

7. In his response to the complaint signed on June 26, 2015, Dr. Christensen admitted that he misused alcohol. He also informed the Board that his criminal charges had been resolved following his plea of guilty to misdemeanor OUI.

8. Dr. Christensen also has a 2011 OUI conviction.

9. At its meetings on September 8, 2015, and January 12, 2016, the Board reviewed the complaint, response, and related information, and voted to offer Dr. Christensen this Consent Agreement. Should Dr. Christensen decide to accept this Consent Agreement, he should sign it and date it in front of a notary and return it to the Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before February 3, 2016.
COVENANTS

10. Dr. Christensen admits the foregoing facts and that such conduct constitutes grounds for discipline pursuant to:

   a. 32 M.R.S. 3282-A(2)(E) for misuse of alcohol, drugs or other substances that has resulted or may result in the licensee performing services in a manner that endangers the health or safety of patients;

   b. 32 M.R.S. 3282-A(2)(E)(1) for engaging in conduct that evidences a lack of ability or fitness to discharge the duty owed by the licensee to a client or patient or the general public; and

   c. 32 M.R.S. 3282-A(2)(F) for unprofessional conduct by engaging in unprofessional conduct by violating a standard of professional behavior.

11 Dr. Christensen agrees to accept the following discipline for the conduct described above:

   a. A REPRIMAND for misuse of alcohol and for misuse of alcohol when on call for the care of patients;

   b. A CIVIL PENALTY in the amount of One Thousand Dollars ($1,000.00), payment of which shall be made by certified check or money order made payable to “Treasurer, State of Maine,” and remitted to Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137, within thirty (30) days of the execution of this Consent Agreement.

   c. REIMBURSEMENT OF COSTS of investigation in the amount of two hundred eighty-two dollars and forty-two cents ($282.42) incurred by
the Board for the investigation of this matter. Payment shall be made within thirty (30) days of the effective date of this Consent Agreement by certified check or money order made payable to “Maine Board of Licensure in Medicine” and be remitted to Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137.

d. A LICENSE PROBATION for seven (7) years following the execution of this Consent Agreement. The following specific conditions of probation are imposed:

(1) Abstinence. Dr. Christensen shall refrain from the use or possession of Prohibited Substances except drugs that are dispensed or prescribed to him by a licensed health care practitioner for legitimate medical purposes. “Prohibited Substances” as used throughout this Consent Agreement shall mean all controlled substances, alcohol, illegal substances, and all mood and/or consciousness or mind-altering substances, whether illicit or not. Upon receipt of a report of use or possession of any Prohibited Substance by Dr. Christensen, Dr. Christensen’s license shall be immediately and automatically suspended until an adjudicatory hearing may be held. Notice of such suspension of license may be provided orally or in writing.

(2) Enrollment and Successful Participation in the Maine Medical Professionals Health Program. Dr. Christensen shall enroll in and successfully participate in the Maine Medical Professionals Health Program (MPHP) pursuant to a written contract approved by the Board. No later than February 9, 2016, Dr. Christensen shall provide the Board with a copy of his MPHP contract. Dr. Christensen understands and agrees that his written contract with the MPHP must be approved by the Board, and that any changes to his written contract with the MPHP must be approved by the Board. In complying with this provision, Dr. Christensen expressly authorizes the Board, Board counsel, and Board staff to have unrestricted access to: (a) the written contract with the MPHP, and any amendments thereto; (b) all records pertaining to his compliance with his MPHP contract; and (c) all records, including but not limited to substance abuse treatment records and laboratory reports, in the possession of the MPHP regarding Dr. Christensen.

The MPHP contract must at a minimum require: (i) that Dr. Christensen undergo testing or monitoring for the presence of Prohibited Substances; (ii) that he participate in substance misuse counseling and treatment as recommended by MPHP or his health care providers; (iii) that he have a
physician workplace monitor or monitors who must be able to make reports to MPHP or the Board based upon direct observation of Dr. Christensen; and (iv) that provides that any violation of any provision in the contract must be reported to the Board within one business day. Dr. Christensen agrees that any failure to participate in the MPHP program or comply with any requirement contained in his MPHP contract constitutes a violation of this Consent Agreement and shall result in the immediate, indefinite, and automatic suspension of his license until the Board holds a hearing on the matter. Notice of such suspension of license may be provided orally or in writing.

(3) Rebuttable Presumption and Admission into Evidence of Test Results. It is agreed and understood that a test evidencing the presence of any Prohibited Substance, shall raise a rebuttable presumption that such substance was in fact used by Dr. Christensen. Such a positive test result shall alone, including any test result showing the presence of ethyl glucuronide, ethyl sulfate, or phosphatidyl ethanol, be sufficient to prove the use of the Prohibited Substance by Dr. Christensen. Dr. Christensen further agrees that the result of the test shall be admitted into evidence in any proceeding regarding his license, whether before the Board or before a Court of competent jurisdiction.

(4) Accidental Ingestion/Exposure Not a Defense. Dr. Christensen acknowledges that the ingestion of poppy seeds, mouthwash and over the counter cough or cold medicines or remedies has from time to time been raised as a defense to a positive screen result for morphine, opiates and/or alcohol. For that reason, Dr. Christensen agrees to refrain from ingesting poppy seeds in any food substances, mouthwash and over the counter cough or cold medicines or remedies during the period of monitoring. In the event that Dr. Christensen has a positive screen for morphine, opiates and/or alcohol, Dr. Christensen agrees that the ingestion of poppy seeds and/or mouthwash and/or over the counter cough or cold medicines shall not constitute a defense to such a positive screen. In addition, Dr. Christensen acknowledges that the use of alcohol-based hand sanitizers has from time to time been raised as a defense to a positive screen result for alcohol. For that reason, Dr. Christensen agrees to refrain from using alcohol-based hand sanitizers during the period of probation and agrees that in the event of a positive screen for alcohol that the use of an alcohol-based hand sanitizer shall not constitute a defense to such a positive screen.

(5) Board Hearing to Determine Violation. After receiving report of any violation of Dr. Christensen’s MPHP contract, the Board shall investigate the situation, including requiring a response from Dr. Christensen. The Board will hold a hearing within 60 days of the automatic suspension or as soon thereafter as practicable (unless both Dr. Christensen and the Board agree to hold the hearing later) and it shall be held pursuant to the Maine Administrative Procedure Act.
(6) **Releases.** Dr. Christensen agrees to execute any and all releases necessary for the Board, Board staff, and the Board’s assigned Assistant Attorney General to:

(a) communicate directly with the Maine Medical Professionals Health Program regarding his compliance with that program;
(b) review and obtain copies of all documentation regarding his participation in the MPH;
(c) communicate directly with anyone who is involved with his care and treatment; and
(d) review and obtain copies of all documentation regarding his medical care and treatment, including treatment for substance abuse issues.

(7) **Clinical Practice Re-entry Plan with Monitor.** Prior to the practice of clinical medicine, Dr. Christensen must have a Board-approved clinical practice re-entry plan that provides for a physician practice monitor. Any modification or amendment to the clinical practice re-entry plan must be approved by the Board. In addition, the physician practice monitor must be approved by the Board. The physician practice monitor must be qualified in the practice of surgery. The Board has the sole discretion to approve or deny the clinical practice re-entry plan and any modification or amendments thereto. Dr. Christensen understands that the physician practice monitor will be an agent of the Board pursuant to 24 M.R.S. § 2511. The clinical practice re-entry plan must identify all locations at which Dr. Christensen intends to practice medicine.

The physician practice monitor must be in direct contact with Dr. Christensen, observe him within his medical practice, and conduct chart reviews as specifically set forth in the Board-approved clinical practice re-entry plan. The physician practice monitor shall report to the Board any issues with regard to substance misuse, medical decision-making, incompetence, unprofessionalism, or any other concerns regarding Dr. Christensen’s medical practice. The physician practice monitor shall report any issues to the Board by telephone and in writing within twenty-four (24) hours or as soon thereafter as possible. Dr. Christensen shall permit the physician practice monitor full access to his medical practice, including but not limited to all patient information. The physician practice monitor shall provide the Board with written reports regarding Dr. Christensen’s medical practice on or before February 1, May 1, August 1, and November 1 of each year following the execution of this Consent Agreement, unless the Board determines and notifies the physician practice monitor that such reports are no longer required. Such reports shall include a statement identifying personal observations, describing the review of patient records, and discussing any issues. Dr. Christensen shall provide a copy of this Consent Agreement, together with any amendments hereto, to his physician practice monitor.
12. Violation of any of the terms or conditions of this Consent Agreement by Dr. Christensen shall constitute unprofessional conduct and grounds for additional discipline of his license by the Board, including but not limited to possible civil penalties, additional period(s) of suspension, and revocation of licensure.

13. This Consent Agreement is not appealable, constitutes disciplinary action, is reportable to the National Practitioner Data Bank, the Federation of State Medical Boards, and other licensing jurisdictions, and is effective until modified or rescinded in writing by all of the parties hereto.

14. 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.

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

16. For the purposes of this Consent Agreement, the term “execution” means the date on which the final signature is affixed to this Consent Agreement.
I, MARC D. CHRISTENSEN, M.D., HAVE READ AND UNDERSTAND
THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY
SIGNING IT, THAT I WAIVE CERTAIN RIGHTS. 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: 1/14/16

MARC D. CHRISTENSEN, M.D.

STATE OF Maine

CAMDEN, S.S. (County)

Personally appeared before me the above-named Marc D. Christensen,
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: 1/14/16

VICKI L. KERR
NOTARY PUBLIC
MY COMMISSION ENDS: VICKI L. KERR
Notary Public, Maine
My Commission Expires March 23, 2021

DATED: 1/14/16

JAMES F. MARTEMUCCI, ESQ.
Attorney for Marc D. Christensen, M.D.

DATED: 2/11/16

MAROULLA S. GLEATON, M.D.,
Chairperson
MAINE BOARD OF LICENSURE IN
MEDICINE
DATED: February 12, 2016

MICHAEL MILLER,
Assistant Attorney General
DEPARTMENT OF THE ATTORNEY GENERAL

APPROVED
EFFECTIVE:
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re: WHITNEY HOUGHTON, M.D. ) CONSENT AGREEMENT
Complaint No. CR14-56 )

This document is a Consent Agreement, effective when signed by all parties, regarding disciplinary action against the license to practice medicine in the State of Maine held by Whitney Houghton, M.D. The parties to the Consent Agreement are: Whitney Houghton, M.D. ("Dr. Houghton"), 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)(E) and 32 M.R.S. § 3282-A.

STATEMENT OF FACTS

1. Dr. Houghton was first licensed to practice medicine in the State of Maine on November 3, 1981 (license number MD10913), and she specializes in Psychiatry.

2. On or about April 1, 2014, the Board received a complaint from the husband of Patient A who alleged that his wife had been a patient of Dr. Houghton's for many years and had a long history of addiction and abusing drugs, including her prescribed medication. Patient A's husband alleged that he had expressed concerns to Dr. Houghton about her prescribing benzodiazepines to his wife who had a history of abusing them. He claimed to have had serious conversations with Dr. Houghton on at least four to five occasions, telling her about the adverse effects of his wife's abuse of her prescription medication, including falls, incoherent states of sedation, and car

-1-
accidents. He stated that when told of an incident, Dr. Houghton would discontinue the medication only to prescribe it again later. The Board docketed that complaint as CR14-56, and sent it to Dr. Houghton for a response.

3. On July 25, 2014, the Board received Dr. Houghton's response to the complaint. In her response, Dr. Houghton explained that Patient A has a complicated and serious psychiatric and psychosocial history and that she first started treating her in 1993. Dr. Houghton currently sees Patient A once a month for medication management unless there is a specific need to see her more frequently. Dr. Houghton believed that Patient A was active in recovery. Dr. Houghton first prescribed clonazepam for Patient A in 1996. Dr. Houghton informed the Board about the medications prescribed for patient A and stated that she has been treating her with "essentially the same combination of psychiatric medications since 1999." Dr. Houghton stated that she discussed tapering Patient A off clonazepam but that the patient reported increased psychiatric symptoms. Dr. Houghton informed the Board that in her opinion Patient A's car accidents were not connected to her medications but rather may have been intentional suicide attempts based on Patient A's comments to her during appointments. Dr. Houghton stated that Patient A has never requested an early refill and that periodic checks of the prescription monitoring program records raised no concerns. Dr. Houghton also stated she had no cause to suspect that Patient A was misusing her medication. Dr. Houghton consulted with Patient A's primary care provider and therapist.
4. By letter dated September 11, 2014, the Board requested that Dr. Houghton respond to specific questions in writing concerning her care of Patient A, including questions related to her notes and medical recordkeeping and requesting explanations for certain prescriptions and early refills reflected in the prescription monitoring report. The Board specifically requested that Dr. Houghton explain her medical decision to continue to prescribe Patient A benzodiazepines and hypnotics despite a September 30, 2013 note that the patient had "totaled another car," which was noted as the sixth accident in three years, and a September 3, 2013 note indicating that the patient stated that she "wanted to die."

5. On October 21, 2014, Dr. Houghton provided her response to the Board's questions. Dr. Houghton explained that the Board's questions referenced her process notes which are not traditional SOAP notes. She stated that she had increased Patient A's dosage of clonazepam and provided a 90 day supply on a specific occasion in connection with Patient A's anxiety and anticipated attendance for the birth of a grandchild in Connecticut. Dr. Houghton also explained that she does not usually refill prescriptions for controlled substances early unless there is an increase in dose, and provided a response to the remaining Board questions.

6. At the request of the Board, the records that Dr. Houghton provided to the Board regarding Patient A were sent for an independent outside expert review. The reviewer completed that review and provided a written report to the Board dated April 10, 2015. The reviewer identified psychiatric
records standards and indicated that the use of process notes is not an appropriate substitute for appropriate documentation for medication management. Based upon the records provided by Dr. Houghton to the Board, the reviewer was unable to determine whether the medications were appropriate for the diagnoses established for the patient. The outside reviewer noted many concerns with specific medications that were prescribed including a lack of knowledge regarding mirtazapine’s inverse or partial agonist properties, excessive dosing of Lunesta (hypnotic) and Seroquel (anti-psychotic), and a lack of rationale for increasing the dose for clonazepam (benzodiazepine). He also expressed a concern regarding potential contraindications and Serotonin Syndrome. The reviewer found the medical records did not meet the standard of care and that universal precautions for prescribing controlled medications were not documented.

7. By letter dated June 10, 2015, the Board sent the outside review to Dr. Houghton and requested comment. The Board also recommended that she seek remedial education in the areas of psychopharmacology and medical recordkeeping/charting. Dr. Houghton responded to the Board’s request by letter dated August 5, 2015.

8. By letter dated October 27, 2015, Dr. Houghton provided the Board with proof of completion of a course entitled “Psychopharmacology 2015” held from October 22, 2015-October 25, 2015 at Massachusetts General Psychiatry Academy.
9. At its meeting on December 8, 2015, the Board reviewed Complaint CR 14-56, and voted to set this matter for an adjudicatory hearing. In addition, the Board voted to offer Dr. Houghton this Consent Agreement to resolve this matter without further proceedings. Absent Dr. Houghton’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 January 30, 2016, the matter will be scheduled for an adjudicatory hearing.

COVENANTS

10. Dr. Houghton admits the facts stated above and that such conduct constitutes grounds for discipline pursuant to 32 M.R.S. § 3282-A(2)(F), for engaging in unprofessional conduct.

11. As discipline for the conduct described above, Dr. Houghton agrees to accept the following:

A LICENSE PROBATION for at least one year during which the following conditions apply:

a) No later than March 15, 2016, Dr. Houghton shall transition to and maintain typewritten medical records that meet psychiatric system records standards. Such standards require that records be complete and legible. Each patient encounter should include as necessary the reason for the encounter and relevant history, physical examination findings, prior diagnostic test results, assessment, clinical impression or diagnosis, plan for care, rationale or medical decision making, patient progress, response to and
changes in treatment. The records should include an organized medications list.

b) Dr. Houghton shall enroll in and pay for a medical recordkeeping/charting course acceptable to the Board Secretary or his designee within three (3) months of the execution of this Consent Agreement and successfully complete the course within six (6) months of the execution of this Consent Agreement. Dr. Houghton shall submit written evidence of the course completion to the Board by September 1, 2016.

c) On or about April 1, 2016, Dr. Houghton will be notified of the selection of (6) patient medical records/charts. Dr. Houghton shall produce copies of the requested patient medical records/charts for the period January 1, 2015 to the present to the Board for its review no later than April 15, 2016. Following the Board’s review of the selected patient records, the Board may, in its sole discretion and at any time, request additional information or determine to select additional patient medical records/charts for review. Dr. Houghton agrees to promptly provide any additional information or patient records requested by the Board within the time specified in each such request.

12. Violation by Dr. Houghton of any of the terms 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.
13. This Consent Agreement is not appealable and is effective until modified or rescinded in writing by the parties hereto.

14. The Board and the Department of the Attorney General may communicate and cooperate regarding Dr. Houghton 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. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408.

16. This Consent Agreement constitutes discipline and is an adverse licensing action that is reportable to the National Practitioner Data Bank (NPDB), the Federation of State Medical Boards (FSMB), and other licensing jurisdictions.

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

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

19. Dr. Houghton has been represented by Heidi A. Bean, Esq., who has participated in the negotiation of the terms of this Consent Agreement.
20. For the purposes of this Consent Agreement, the term "execution" means the date on which the final signature is affixed to this Consent Agreement.

I, WHITNEY HOUGHTON, 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: 1-22-2016

WHITNEY HOUGHTON, M.D.

STATE OF Maine

Cumberland, S.S.

Personally appeared before me the above-named Whitney Houghton, M.D., 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: 11/22/2016

CARRIE L. HALL - INDORF
NOTARY PUBLIC - MAINE
My Commission Expires June 07, 2016

DATED: 12/2/2016

HEIDI A. BEAN, ESQ.
Attorney for Whitney Houghton, M.D.