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State of Maine  
Board of Licensure in Medicine  
137 SHS, 161 Capitol Street  
Augusta, Maine 04333-0137  
Minutes of July 12, 2016

Board Members Present
Maroulla S. Gleaton, M.D., Chair  
David D. Jones, M.D., Secretary  
Louisa Barnhart, M.D.  
David H. Dumont, M.D.  
David Nyberg, Ph.D.  
Christopher R. Ross, P.A.-C  
Peter J. Sacchetti, M.D.  
Brad E. Waddell, M.D.  
Lynne M. Weinstein

Board Staff Present
Timothy E. Terranova, Assistant Executive Director  
Margaret L. Duhamel, M.D., Medical Director  
Savannah Okoronkwo, Consumer Assistance Specialist  
Maureen S. Lathrop, Administrative Assistant  
Tracy A. Morrison, Physician Licensing Specialist

Atty. Lee Corbin was absent.

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.

EXECUTIVE SESSIONS

None

RECESSES

11:00 a.m. – 11:20 a.m.      Break
12:50 p.m. – 1:30 p.m.      Lunch

I. Call to Order

Dr. Gleaton called the meeting to order at 9:05 a.m.

A. Amendments to Agenda

Dr. Dumont moved to amend the following items onto the agenda: 1) Karl W. Hubbard, M.D. under requests to withdraw license application; 2) Julius D. Damion, M.D. under renewal applications for review; and 3) Peter J. Ameglio, M.D. under renewal applications for review. Dr. Jones seconded the motion, which passed unanimously.
B. Scheduled Agenda Items

1. 9:30 a.m. Adjudicatory Hearing CR13-182 & CR14-18 Benjamin G. Newman, M.D. (continued)

II. Consent Agreements for Review

A. CR14-45 Robert J. Weiss, M.D. [Appendix A]

Dr. Jones moved to accept the signed Consent Agreement. Dr. Nyberg seconded the motion, which passed unanimously.

B. Mark W. Overton, M.D. [Appendix B]

Dr. Dumont moved to accept the signed Consent Agreement. Mr. Ross seconded the motion, which passed 8-0-0-1. Dr. Jones was recused from this matter and left the room.

III. Complaints

1. CR16-24

Dr. Sacchetti moved to set the matter for an Adjudicatory Hearing and authorize AAG Miller to negotiate a Consent Agreement to include license probation with conditions. Dr. Jones seconded the motion, which passed 7-0-0-2. Dr. Barnhart and Dr. Waddell were recused from this matter and left the room.

2. CR15-180

Dr. Jones moved to dismiss the complaint. Dr. Sacchetti seconded the motion, which passed 8-0-0-1. Dr. Dumont was recused from this matter and left the room.

MOTION: The patient’s mother complains that the physician ignored her request for further workup of her son’s autism and its relationship to his immunizations as an infant. The mother has concerns that her son may have had a vaccine related encephalopathy as an infant. She is very active in the politics of vaccines and talked to her son’s pediatrician about vaccines, their possible side effects and the right of parents to refuse vaccines. She requested further medical evaluation of her son and specialty consultation. This complaint was reviewed by the Board and questions were asked of the physician. In response to the Board’s questions, the physician recognized the mother’s concern and in hindsight, although the patient’s condition was not acute or urgent, she agrees that she should have tried harder to notify the mother about the consultant’s recommendation. In discussing the need for her to have communicated more effectively she does note that communication between pediatric patients and their parents and the healthcare team is a shared responsibility.
3. **CR16-69**

Dr. Gleaton moved to dismiss the complaint. Dr. Jones seconded the motion, which passed unanimously.

**MOTION:** The patient complains about the care she received from an ophthalmologist. The patient was referred by her optometrist for evaluation and treatment of cataracts. Review of the records reveals that the office staff, surgical staff, and physician work as a team to handle cataract surgical referral patients reasonably and appropriately. The patient, by her own admission, was significantly anxious about the evaluation and possible surgical intervention so much so that although the surgical process was begun it was not accomplished. The patient was appropriately referred elsewhere for a more controlled anesthetic environment in which to have her cataract surgery. The patient self-referred elsewhere and, happily, was able to get treatment she was comfortable with.

4. **CR16-25**

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

**MOTION:** The Board received information from the Attorney General’s office that the physician, acting as a Hospice Medical Director, prescribed significant quantities of narcotics for the patient until her discharge from hospice after 23 months due to lack of medical documentation of her illness and her refusal to be examined. The concern of the AG’s office was that she was diverting some amount of her narcotics to others. The Board issued a complaint based on incompetence and unprofessional conduct. In his thorough response to the Board, the physician explained how the patient was admitted to hospice, how she was able to remain in hospice for as long as she did, and the errors he made in her care. He did a remarkable job reviewing the issues surrounding the patient’s admission to hospice, the documentation of her illness and the prescribing of her narcotics. He reviewed how the hospice benefit generally works with hospice patients. He has made multiple recommendations for changes in his hospice company that are excellent and well thought out and has initiated some of these already. He is urging his hospice company to incorporate the recommendations nationally. The physician has obviously invested a lot of time and thought in this case, recognizes his errors both in the care of the patient and in the provision of large amounts of narcotics for the patient, and has developed excellent protocols to help himself and others in the safe care of hospice patients.

5. **CR16-34**

Dr. Sacchetti moved to dismiss the complaint. Dr. Jones seconded the motion, which passed 7-0-0-2. Dr. Dumont and Dr. Waddell were recused from this matter and left the room.

**MOTION:** The patient complains that an elective surgery for Dupytren’s contracture did not produce the results he desired and that postoperative care from the surgeon was lacking. Furthermore, the patient associates an infection of the hand with suture removal
or the surgery itself. The patient was later seen by a second hand surgeon who diagnosed a recurrence of the contracture. Such a development is not unexpected for this condition. The postoperative care that the patient received was appropriate. The records indicate that the infection was not a complication of surgery.

6. **CR16-42**

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

**MOTION:** This is an unfortunate patient who suffered a syncopal episode and fall in the Emergency Department while being treated for new onset atrial fibrillation. The fall occurred in radiology and resulted in a skull fracture and intracranial hemorrhage. The patient alleges that the treating physician should have been able to detect the patient’s risk for this and placed orders to avoid this from occurring. Review of the physician’s response and extensive medical records shows appropriate decision making and care. The patient was screened by the attending physician and nursing staff for stability prior to going to radiology and was then monitored by radiology staff but nonetheless did fall. This is a small but not completely avoidable risk despite appropriate precautions.

7. **CR16-50**

Dr. Nyberg moved to set the matter for an Adjudicatory Hearing and to authorize AAG Miller to negotiate a Consent Agreement to include a reprimand and continued participation in the Medical Professionals Health Program. Dr. Jones seconded the motion, which passed 8-0-0-1. Dr. Dumont was recused from this matter and left the room.

8. **CR16-61**

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

**MOTION:** The patient complains that the physician did not perform the procedure he expected because a pre-authorization had not been obtained from his insurance company. The patient was understandably angry, having taken the day off from work and driving two hours to the appointment. The physician explained that the visit was scheduled for a 30 minute consultation only, to determine whether he agreed with the referring physician’s opinion. During the visit, the physician offered to expedite the pre-authorization, even if the patient wanted to transfer his care, but the offer was refused. It is not clear how the patient came to believe the procedure was to be performed during his first visit to the consulting physician. The physician’s lead patient services representative (PSR) provided assurance that all PSRs in the practice know that first referral visits are always for consultation only. The physician has apologized for the misunderstanding and has followed up with his staff, the referring physician, and his PSRs, to ensure such a misunderstanding will not recur.
9. CR16-67

Dr. Dumont moved to investigate further. Dr. Jones seconded the motion, which passed 8-0-0-1. Dr. Sacchetti was recused from this matter and left the room.

10. CR16-101

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

11. CR16-106

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

MOTION: The patient complains that there was a delay in diagnosis of recurrent facial skin cancer by her dermatologist. The patient further complains that the delay required her to undergo more extensive surgery than she would have if the recurrence had been diagnosed at an earlier date. Review of the physician’s response and medical records reveals timely, methodical, and appropriate patient care.

12. CR16-45 Catherine Crute, M.D.

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

MOTION: In this case, the Board received a complaint from a former patient that the physician did not respond in a timely manner to several requests for medical records following the physician’s retirement. In her response, the physician stated that the records were recently mailed. In response to questions, the physician informed the Board that she utilizes a professional storage company and explained some of the issues encountered in attempts to provide records to her former patients.

The letter of guidance will remind the physician that: regardless of whether she has retired, patients must have timely access to their medical records. Inappropriate delays in patients accessing their records can negatively impact their healthcare. Maine law, 22 M.R.S. § 1711-B, describes how copies of medical records should be made available to patients. Patient access to health information is also required pursuant to federal law (see 45 C.F.R. 164.524). The Board strongly recommends that the physician familiarize herself with her professional and legal obligations when closing a practice, and provide copies of medical records to her former patients in a more timely fashion when requested. Resources exist that can provide assistance; e.g., the “Physician’s Guide to Closing a Medical Practice” which can be found on the Maine Medical Association’s website.

13. CR16-57 Catherine Crute, M.D.

Dr. Barnhart moved to dismiss the complaint with a letter of guidance. Dr. Jones seconded the motion, which passed unanimously.
MOTION: In this case, the Board received a complaint from a former patient that the physician did not respond in a timely manner to several requests for medical records following her retirement. In her response, the physician stated that she was attempting to have the records sent. In response to questions, the physician informed the Board that she utilizes a professional storage company and explained some of the issues encountered in attempts to provide records to her former patients.

The letter of guidance will remind the physician that: regardless of whether she has retired, patients must have timely access to their medical records. Inappropriate delays in patients accessing their records can negatively impact their healthcare. Maine law, 22 M.R.S. § 1711-B, describes how copies of medical records should be made available to patients. Patient access to health information is also required pursuant to federal law (see 45 C.F.R. 164.524). The Board strongly recommends that the physician familiarize herself with her professional and legal obligations when closing a practice, and provide copies of medical records to her former patients in a more timely fashion when requested. Resources exist that can provide assistance; e.g., the “Physician’s Guide to Closing a Medical Practice” which can be found on the Maine Medical Association’s website.

14. CR16-114 Catherine Crute, M.D.

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

MOTION: In this case, the Board received a complaint from a former patient that the physician did not respond in a timely manner to several requests for medical records following her retirement. In her response, the physician stated that she was attempting to have the records sent. In response to questions, the physician informed the Board that she utilizes a professional storage company and explained some of the issues encountered in attempts to provide records to her former patients.

The letter of guidance will remind the physician that: regardless of whether she has retired, patients must have timely access to their medical records. Inappropriate delays in patients accessing their records can negatively impact their healthcare. Maine law, 22 M.R.S. § 1711-B, describes how copies of medical records should be made available to patients. Patient access to health information is also required pursuant to federal law (see 45 C.F.R. 164.524). The Board strongly recommends that the physician familiarize herself with her professional and legal obligations when closing a practice, and provide copies of medical records to her former patients in a more timely fashion when requested. Resources exist that can provide assistance; e.g., the “Physician’s Guide to Closing a Medical Practice” which can be found on the Maine Medical Association’s website.

15. CR16-65

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

MOTION: An institutionalized patient complains that the physician, in his role as Medical Director, did not ensure appropriate medical care in that the menu he approved is
not heart healthy and is monetarily motivated, and because he denied the patient’s request for a medically necessary second mattress. The physician responded that the approved therapeutic diet was developed by a nutritionist, the patient’s cholesterol while on this diet is normal, and that he did not meet established medical criteria for a second mattress. The patient was provided with a new single mattress, an extra blanket and pillow for comfort. Review of the records shows the patient received thoughtful and reasonable care.

16. **CR16-105**

Mr. Ross moved to dismiss the complaint. Dr. Jones seconded the motion, which passed 8-0-0-1. Ms. Weinstein was recused from this matter and left the room.

**MOTION:** The patient complains that the physician misdiagnosed her and did not listen to her concerns. The physician responded that he provided the appropriate diagnostic care but should have listened to her concerns in a more timely fashion. Following review of the complaint information and records, it appears appropriate care was provided.

17. **CR16-109**

Dr. Nyberg moved to set the matter for an Adjudicatory Hearing and to authorize AAG Miller to negotiate a Consent Agreement to include license probation with conditions. Dr. Barnhart seconded the motion, which passed unanimously.

18. Intentionally left blank

19. Intentionally left blank

**IV. Assessment and Direction**

20. **AD16-127**

Dr. Jones moved to issue a complaint (CR16-163). Dr. Nyberg seconded the motion, which passed unanimously.

21. **AD16-125**

Dr. Barnhart moved to investigate further and to require that the physician undergo a §3286 evaluation. Dr. Sacchetti seconded the motion, which passed unanimously.

22. **AD16-136**

Dr. Jones moved to issue a complaint (CR16-164). Dr. Dumont seconded the motion, which passed unanimously.
23. **AD16-137**

Dr. Barnhart moved to issue a complaint (CR16-165). Dr. Waddell seconded the motion, which passed unanimously.

24. **AD16-38**

Dr. Barnhart moved to issue a complaint (CR16-166) and to require that the physician undergo a §3286 evaluation. The motion passed 8-0-0-1. Dr. Gleaton was recused from this matter and left the room.

25. **AD16-134**

Dr. Barnhart moved to investigate further and to require that the physician undergo a §3286 evaluation. Ms. Weinstein seconded the motion, which passed 8-0-0-1. Dr. Sacchetti was recused from this matter and left the room.

26. **Intentionally left blank**

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

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

28. **Consumer Assistance Specialist Feedback**

The Consumer Assistance Specialist provided feedback from a complainant. No Board action was required.

29. **Other Items for Discussion (none)**

V. **Informal Conference (none)**

VI. **Minutes for Approval**

Dr. Sacchetti moved to approve the minutes of the June 14, 2016 meeting. Mr. Ross seconded the motion, which passed 8-0-1-0 with Dr. Gleaton abstaining.

VII. **Board Orders & Consent Agreement Monitoring**

A. **Board Orders**

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

Dr. Nyberg moved to request that staff subpoena medical records to review the physician’s compliance with his Board Order and Consent Agreement. Mr. Ross seconded the motion, which passed 8-0-0-1. Dr. Jones was recused from this matter and left the room.
B. Consent Agreement Monitoring

1. Stephen H. Doane, M.D.

See motion above.

VIII. Adjudicatory Hearing (continued)

1. CR13-182 Benjamin G. Newman, M.D.

In lieu of proceeding to an Adjudicatory Hearing, Dr. Barnhart moved to dismiss the complaint with a letter of guidance. Mr. Ross seconded the motion, which passed 8-0-1-0 with Dr. Dumont abstaining.

MOTION: In this case, the Board received a complaint from a patient alleging that the physician acted unprofessionally and made an inappropriate comment with a sexual connotation to her during an office visit. The physician denied making the statement. The Board received additional information regarding other alleged statements made to patients that if true could be considered inappropriate. The physician denied making those statements as well. However, he recognizes the value of reinforcing his education and knowledge in the areas of professionalism and ethics, and therefore has submitted information to the Board that he is enrolled in and has agreed to complete an intensive course in medical ethics, boundaries and professionalism.

The letter of guidance will encourage the physician to: 1) recognize that respect, attention to the patient’s dignity, and informed participation are important components of treatment; 2) be mindful of how his personal life potentially influences his professional life, including that it can affect his demeanor and be confusing to a patient who may perceive an encounter as insensitive or disrespectful; and 3) be mindful of boundary issues when treating people with whom he has a relationship beyond that of physician and patient. In cases where boundary questions arise, he should consult the American Medical Association Code of Medical Ethics for guidance.

2. CR14-18 Benjamin G. Newman, M.D.

In lieu of proceeding to an Adjudicatory Hearing, Dr. Jones moved to dismiss the complaint with a letter of guidance. Dr. Barnhart seconded the motion, which passed 8-0-1-0 with Dr. Dumont abstaining.

MOTION: In this case, the Board received a complaint from a patient alleging that the physician acted unprofessionally by hugging her and kissing her on the cheek, and that he made an inappropriate statement related to her ethnicity. The physician denied hugging or kissing the patient or making the statement. However, he recognizes the value of reinforcing his education and knowledge in the areas of professionalism and ethics, and therefore has submitted information to the Board that he is enrolled in and has agreed to complete an intensive course in medical ethics, boundaries and professionalism.
The letter of guidance will encourage the physician to: 1) recognize that respect, attention to the patient’s dignity, and informed participation are important components of treatment; and 2) be mindful of boundary issues that may arise in treating patients and consult the American Medical Association Code of Medical Ethics for guidance, if needed.

3. CR14-19

In lieu of proceeding to an Adjudicatory Hearing, Dr. Sacchetti moved to dismiss the complaint. Mr. Ross seconded the motion, which passed unanimously.

**MOTION:** The patient alleges that the physician divulged confidential patient information and refused to prescribe medications to him. The physician denied revealing confidential medical information and acknowledged that he refused to prescribe medication to the patient after being unable to confirm that the medication had been stolen as had been reported to him by the patient. Appropriate care and treatment were provided.

IX. Remarks of Chair (none)

X. Remarks of Executive Director (none)

XI. Assistant Executive Director’s Monthly Report

Mr. Terranova reported that a grant to cover the costs of computer enhancements necessary to collect Minimum Data Set survey information was approved. Mr. Terranova notified the Board that the contract with the Medical Professionals Health Program was due for renewal. Dr. Jones moved to authorize staff to renew the contract for the same amount as last year. Dr. Nyberg seconded the motion, which passed unanimously.

A. Complaint Status Report

As of July 1, 2016 there are seventy-three complaints outstanding. Eighty-three have been received year-to-date and sixty-seven have been closed so far this year.

B. Feedback

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

XII. Medical Director’s Report

Dr. Duhamel provided guidelines from the American Medical Association and two state medical boards regarding the use of chaperones during physical examinations. After discussion, the Board directed Dr. Duhamel to draft guidelines for review at a later meeting.
XIII. Remarks of Assistant Attorney General

AAG Miller reported that Dr. Clemetson’s appeal of the Board’s Decision and Order has been dismissed by the Cumberland County Superior Court.

XIV. 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.

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<th>NAME</th>
<th>SPECIALTY</th>
<th>LOCATION</th>
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<td>Andrei, Mirela</td>
<td>Internal Medicine</td>
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<td>Ball, Jeffrey A.</td>
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<td>Naseri, Hussain M.</td>
<td>Internal Medicine</td>
<td>Presque Isle</td>
</tr>
<tr>
<td>Newberry, Michael</td>
<td>Psychiatry</td>
<td>Telemedicine</td>
</tr>
<tr>
<td>Noble, Michael L.</td>
<td>Family Medicine</td>
<td>Farmington</td>
</tr>
<tr>
<td>Ostrander, Robyn L.</td>
<td>Psychiatry</td>
<td>Portland</td>
</tr>
<tr>
<td>Patel, Nirav K.</td>
<td>Orthopedic Surgery</td>
<td>not specified</td>
</tr>
</tbody>
</table>
Petrocy, Pamela J.  Orthopedic Surgery    Caribou
Pinkerton, Charles C. Internal Medicine    Rockport
Ramos, Lina  Psychiatry    Telemedicine
Saenz, Naomi J.  Diagnostic Radiology    Telemedicine
Shaheen, Tarik K.  Psychiatry    Presque Isle
Spigel, Stuart C. Internal Medicine    not specified
Tomlinson, Amy L.D. Ob/Gyn    Skowhegan
Tung, David L.  Physical Medicine & Rehabilitation Bangor
Warner, Stephanie C. Internal Medicine    Dover-Foxcroft
Yardley, Jeremy M. Pediatrics    Bangor
Zakaluzny, Ihor A.  Surgery    Brewer

2.  P.A. Licenses Issued

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>LICENSE</th>
<th>PSP</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barschdorf, Jason</td>
<td>Inactive</td>
<td>none</td>
<td>none</td>
</tr>
<tr>
<td>Braddock, Alex</td>
<td>Inactive</td>
<td>none</td>
<td>none</td>
</tr>
<tr>
<td>Fleck, Michael</td>
<td>Active</td>
<td>Prokopius, Ronald</td>
<td>Blue Hill</td>
</tr>
<tr>
<td>Gardner, Kelly</td>
<td>Active</td>
<td>Herbert, Daniel</td>
<td>Millinocket</td>
</tr>
<tr>
<td>Greenberg, Lora</td>
<td>Active</td>
<td>Smith, Curtis</td>
<td>Belfast</td>
</tr>
<tr>
<td>Hughes, Kelsey</td>
<td>Inactive</td>
<td>none</td>
<td>none</td>
</tr>
<tr>
<td>Johnson, Marissa</td>
<td>Inactive</td>
<td>none</td>
<td>none</td>
</tr>
<tr>
<td>Kats, Sophia</td>
<td>Inactive</td>
<td>none</td>
<td>none</td>
</tr>
<tr>
<td>Ketchum, Robert</td>
<td>Inactive</td>
<td>none</td>
<td>none</td>
</tr>
<tr>
<td>McBain, Jay</td>
<td>Inactive</td>
<td>none</td>
<td>none</td>
</tr>
<tr>
<td>Majcher, Kathryn</td>
<td>Active</td>
<td>Bloch, Rebecca</td>
<td>Portland</td>
</tr>
<tr>
<td>Miller, Cory</td>
<td>Active</td>
<td>Colt, Henry</td>
<td>Waterville</td>
</tr>
<tr>
<td>Wissman, Zachary</td>
<td>Active</td>
<td>Wistar, Kathryn</td>
<td>Coopers Mills</td>
</tr>
</tbody>
</table>

B.  Applications for Individual Consideration

1.  Marsha Fearing, M.D.

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

2.  Charles B. Lawton, M.D.

The Licensure Committee moved to table the application pending receipt of further information and offer Dr. Lawton leave to withdraw the application. The motion passed unanimously.

C.  Applications for Reinstatement
1. Applications for Reinstatement

The following license reinstatement application has been approved by Board Secretary, David D. Jones, M.D. without reservation.

<table>
<thead>
<tr>
<th>NAME</th>
<th>SPECIALTY</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lockhart, Paula J.</td>
<td>Psychiatry</td>
<td>Bar Harbor</td>
</tr>
</tbody>
</table>

2. Applications for Reinstatement – Individual Consideration (none)

D. Withdrawals

1. Withdraw License Application

a. Karl W. Hubbard, M.D.

The Licensure Committee moved to approve Dr. Hubbard’s request to withdraw his license application. The motion passed unanimously.

2. Withdraw License from Registration

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>LICENSE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bayer, Steven</td>
<td>MD18650</td>
</tr>
<tr>
<td>Cronin, Jonathan</td>
<td>MD19447</td>
</tr>
<tr>
<td>Ferdaus, Akash</td>
<td>MD20348</td>
</tr>
<tr>
<td>Handler, Diane</td>
<td>PA676</td>
</tr>
<tr>
<td>Holt, Peter</td>
<td>MD16740</td>
</tr>
<tr>
<td>Leopold, Martin</td>
<td>MD16343</td>
</tr>
<tr>
<td>Light-McGroary, Kellyann</td>
<td>MD20773</td>
</tr>
<tr>
<td>Reddell, David</td>
<td>MD20392</td>
</tr>
<tr>
<td>Skripenova, Silvia</td>
<td>MD18521</td>
</tr>
<tr>
<td>Williams, William</td>
<td>MD17474</td>
</tr>
</tbody>
</table>

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

E. Licenses to Lapse by Operation of Law (none)

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

G. Renewal Applications for Review
1. Robert J. Clinton, M.D.

The Licensure Committee moved to approve Dr. Clinton’s request for a waiver to renew his license while a complaint is pending. The motion passed unanimously.

2. Julius D. Damion, M.D.

The Licensure Committee moved to approve Dr. Damion’s renewal application and to send him the AMA Code of Medical Ethics opinion regarding treatment of self or family. The motion passed unanimously.

3. Peter J. Ameglio, M.D.

The Licensure Committee moved to approve Dr. Ameglio’s request for a waiver to renew his license while a complaint is pending, but only if he signs the previously proposed Consent Agreement. The motion passed 8-0-0-1. Dr. Dumont was recused from this matter and left the room.

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>Casey, Kristen</td>
<td>Tippie, Tracy</td>
<td>Lewiston</td>
</tr>
<tr>
<td>Cheng, Kai</td>
<td>Fagles, Nina</td>
<td>Orono</td>
</tr>
<tr>
<td>DeCristofo, Bart</td>
<td>Wierman, Heidi</td>
<td>Portland</td>
</tr>
<tr>
<td>Donovan, Peter</td>
<td>Buchannan, Scott</td>
<td>Portland</td>
</tr>
<tr>
<td>Dunn, Joel</td>
<td>Tippie, Tracy</td>
<td>Lewiston</td>
</tr>
<tr>
<td>Gilbert-Lord, Sandra</td>
<td>Yntema, Laurie</td>
<td>Bangor</td>
</tr>
<tr>
<td>Lawhead, Brian</td>
<td>White, Raymond</td>
<td>Portland</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>Barschdorf, Jason</td>
<td>Blake, Michael</td>
<td>Lewiston</td>
</tr>
<tr>
<td>Brezinski, Sharon</td>
<td>Foley, Charles</td>
<td>Lewiston/Brunswick</td>
</tr>
<tr>
<td>Johnson, Marissa</td>
<td>McCarthy, James</td>
<td>Bangor</td>
</tr>
<tr>
<td>Pearson, Grace</td>
<td>Toder, Michelle</td>
<td>Bangor</td>
</tr>
<tr>
<td>Ritch, Jesse</td>
<td>Sanborn, Matthew</td>
<td>Scarborough</td>
</tr>
<tr>
<td>Schreib, Peter</td>
<td>Beaufchesne, Richard</td>
<td>VA</td>
</tr>
<tr>
<td>Smith, Garrett</td>
<td>Herbert, Daniel</td>
<td>Millinocket</td>
</tr>
<tr>
<td>Waldman, Leah</td>
<td>Wahling, John</td>
<td>Portland</td>
</tr>
</tbody>
</table>
3. Applications for Schedule II Authority – Individual Consideration (none)

I. Other Items for Discussion (none)

XIV. Rulemaking (none)

XV. Policy Review (none)

XVI. Requests for Guidance (none)

XVII. Standing Committee Reports

A. Licensure Committee

1. Licensing Status Report

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

2. PA Application Documents

   The Licensure Committee moved to approve the physician assistant license and registration applications with one amendment to the application form. The motion passed unanimously.

XVIII. Board Correspondence

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

XIX. FSMB Material (none)

XX. FYI

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

XXI. Other Business (none)

XXII. Adjournment 2:20 p.m.

Respectfully submitted,

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

In re: ROBERT J. WEISS, M.D. Complaint No. CR14-45

CONSENT AGREEMENT

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 Robert J. Weiss, M.D. The parties to the Consent Agreement are: Robert J. Weiss, M.D. ("Dr. Weiss"), 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. Weiss has held a license to practice medicine in the State of Maine since May 2, 1985 (license number MD11892), and specializes in cardiovascular diseases and internal medicine.

2. On March 17, 2014, the Board received a complaint from the daughter of a patient of Dr. Weiss. In her complaint, the patient's daughter alleged that Dr. Weiss committed unprofessional conduct when he communicated with family members during the patient's hospitalization in February 2014, including that he violated the American Medical Association ethics opinion 9.045, Physicians with Disruptive Behavior. The complainant alleged that when asked by a family member what led to the patient's hospitalization in critical condition, Dr. Weiss responded "you should just be lucky he is not brain dead like my patient next door who is half his age." She
further alleged that Dr. Weiss was irritable, agitated, and hostile in response to inquiries regarding the medication that had been provided by Dr. Weiss and whether the patient had an adverse reaction to it. She also reported that when asked questions by family members, including the patient, he said “this little question and answer session is done” or “this is not a question and answer session-I'm done here!” The Board docketed that complaint as CR14-45, and sent it to Dr. Weiss for a response.

3. By letter dated April 22, 2014, Dr. Weiss responded to the complaint. In his response, Dr. Weiss denied the allegations contained in the complaint. Dr. Weiss reported that the patient was examined by Dr. Weiss in his office and at that time was experiencing rapid atrial fibrillation. Dr. Weiss offered to take the patient to the hospital for a cardioversion, but the patient refused. As an alternative, Dr. Weiss prescribed a beta blocker medication. Apparently after taking that medication, the patient collapsed resulting in his hospitalization. Dr. Weiss reported to the Board that upon learning of the patient's hospitalization he went to the hospital. He recalled telling the patient’s wife that the patient was fortunate that he was “coming around” and that there was no sign that he was as bad off as they had initially worried about or as bad off as a patient in another room. Dr. Weiss indicated that he referenced the other patient as a positive point and an affirmation to the patient’s wife.

After denying making statements as alleged in the complaint, Dr. Weiss told the Board that his recollection was that he used his usual technique for
answering questions which was that he went around the room in a circle
fielding questions from the family, and that each time a question was answered
he went around again to see if there were additional questions. Dr. Weiss
further reported that the daughter of the patient was somewhat verbally
aggressive with him and that her first words to him were along the lines of him
hurting or attempting to kill her father.

4. The patient's daughter filed a reply by letter dated May 4, 2014. In
her reply, she questioned whether Dr. Weiss was confusing the interactions
with her family with that of another patient and stated that she was
"completely shocked" by his response to the complaint. She denied Dr. Weiss's
version of the events as stated in his response and reiterated the complaint
allegations. She further denied being verbally aggressive with Dr. Weiss.

5. Board investigation revealed that the patient had no recall of the
events in the hospital, and his wife stated to the Board Investigator that Dr.
Weiss was very unprofessional, extremely moody, and acted like he did not
have time for them. In response to Board questions sent to Dr. Weiss, Dr.
Weiss responded that did not agree that he acted in the manner described by
the patient's wife and reiterated his recollection of their interactions,
apologizing if his presentation was misinterpreted. Dr. Weiss also explained
his office note for the patient for the day in question and again stated that the
patient had refused to meet Dr. Weiss at the hospital that afternoon to
undertake a cardioversion. In light of the patient's refusal, Dr. Weiss explained
that he set up a phone call with the patient for 7 am the next morning to
follow-up. He further explained that the patient had bronchitis, and was not wheezing. He felt that there was minimal risk in using a beta blocker medication which he felt was necessary because the patient refused to go to the hospital.

6. On December 5, 2014, the Board received a report from an independent outside reviewer of Dr. Weiss’s treatment of the patient. Following review of the patient records, the reviewer noted that during the February 2014 office visit, Dr. Weiss evaluated the patient and noted that he was still in atrial fibrillation with a rapid response. According to the reviewer, “the patient was complaining of shortness of breath and physical examination did reveal some wheezing but no rales. The recommendation at the end of the examination indicated that Dr. Weiss was going to place the patient on nadolol to slow his rate and that he was considering cardioversion the next day if the patient remained in atrial fibrillation. The patient’s wheezing was felt to be due to a viral syndrome and there was no indication that the patient was felt to be in congestive heart failure.”

The reviewer noted that Dr. Weiss’s reported conversation with the patient in which he recommended that the patient go to the hospital that day for cardioversion and the that the patient refused was not documented in the patient records that he reviewed. The reviewer noted that “the EKG showed quite rapid atrial fibrillation. The patient was already on Cardizem and this clearly was not controlling the patient’s [heart] rate. I would have been reluctant to give the patient a prescription for nadolol and have him take that
at home in an unmonitored situation given the fact that he was wheezing at the
time of the examination and that his heart rate was as fast as it was with his
known cardiac history... If indeed the patient had refused referral to the
emergency department for further treatment at that time, the administration of
nadolol or any beta blocker would have certainly been considered but I would
have wanted to make it very clear in the record that I explained to the patient
the risks and benefits of administration of the drug.”

7. On June 9, 2015, the Board held an informal conference with Dr.
Weiss. Following the informal conference the Board voted to investigate the
matter further.

8. The Board Investigator conducted additional interviews. The
patient’s wife’s sister who had gone to the emergency room to meet her sister
reported to the Board Investigator that she asked Dr. Weiss, “why did you send
a symptomatic patient home?” and he responded that he offered the patient a
choice, “go home and take a pill, or go to the hospital and wait for me to
arrive.”

9. Pursuant to 32 M.R.S. § 3282-A(2)(F), the Board may impose
discipline for unprofessional conduct. A licensee is considered to have engaged
in unprofessional conduct if the licensee violates a standard of professional
behavior, including engaging in disruptive behavior, that has been established
for the practice of medicine. “Disruptive behavior” means aberrant behavior
that interferes with or is likely to interfere with the delivery of care.
10. On October 13, 2015, the Board voted to set this matter for an adjudicatory hearing and authorized the negotiation of a proposed consent agreement. On April 12, 2016, and May 10, 2016, the Board reviewed additional investigative information and voted to offer Dr. Weiss this Consent Agreement to resolve this matter without further proceedings. Absent Dr. Weiss'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 July 27, 2016, the matter will be scheduled for an adjudicatory hearing.

COVENANTS

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

12 Dr. Weiss agrees to accept the following:

A LICENSE PROBATION for at least eighteen (18) months subject to the following terms and conditions:

a) Dr. Weiss shall only practice medicine in connection with Maine Research Associates;

b) Dr. Weiss agrees that his only outpatient involvement shall be in connection with his work with Maine Research Associates; and

c) Dr. Weiss shall engage a physician proctor approved by the Board Secretary to meet with him and the manager of Maine Research Associates monthly to review and evaluate Dr. Weiss's practice and patient/staff interactions. Dr. Weiss shall cause the physician proctor to submit written reports to the Board quarterly, with the first report due on
November 1, 2016. The physician proctor reports shall summarize the monthly reviews and evaluations, and shall identify any concerns or issues with professional interactions or conduct, including any allegations or reports of disruptive behavior. Dr. Weiss understands that the physician proctor will be an agent of the Board pursuant to 24 M.R.S. § 2511. After a period of at least eighteen (18) months from the effective date of this Consent Agreement, Dr. Weiss may request that the Board remove the requirements contained in this subparagraph. Upon receipt of a petition to remove the requirements of this subparagraph, the Board shall review all information received from the physician practice monitor and determine, in its sole discretion, any termination, continuation or modification of such monitoring requirements.

13. Violation by Dr. Weiss 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.

14. This Consent Agreement is not appealable and is effective until modified or rescinded in writing by the parties hereto.

15. The Board and the Department of the Attorney General may communicate and cooperate regarding Dr. Weiss or any other matter relating to this Consent Agreement.

16. 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-A.

17. 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.

18. 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.

19. Dr. Weiss 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.

20. Dr. Weiss has been represented by James F. Martemucci, Esq., who has participated in the negotiation of the terms of this Consent Agreement.

21. 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, ROBERT J. WEISS, 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: 6/29/16

ROBERT J. WEISS, M.D.

STATE OF MAINE

Personally appeared before me the above-named Robert J. Weiss, 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: 6/29/16

NOTARY PUBLIC/ATTORNEY
LOUISE M. WOTTON
Notary Public, Maine
My Commission Expires February 11, 2020

DATED: 6/30/16

JAMES F. MARTEMUCCI, ESQ.
Attorney for Robert J. Weiss, M.D.
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED: 7/12/16

MAROULLA S. GLEATON, M.D., Chairman

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED: 5/16/2014

MICHAEL MILLER
Assistant Attorney General

Effective Date: 7/12/2014
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re:  
MARK W. OVERTON, M.D.  )  CONSENT AGREEMENT
Complaint No. CR15-147    

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 Mark W. Overton, M.D. The parties to the Consent Agreement are: Mark W. Overton, M.D. ("Dr. Overton"), 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. Overton has held a license to practice medicine in the State of Maine since December 16, 2010 (license number MD18675), and specializes in psychiatry.

2. On August 24, 2015, the Board received a report from Northern Maine Medical Center ("NMMC") pursuant to 24 M.R.S. § 2506. The report informed the Board that it had taken disciplinary action against Dr. Overton following an NMMC investigation that determined that Dr. Overton "engaged in a romantic workplace relationship with a female employee of the hospital from February 2014 to April 2014, which included sexual conduct." The report also stated that the female employee was not a patient of Dr. Overton's at the time of their romantic involvement but that after the relationship ended, the female employee sought and received treatment from Dr. Overton. Dr. Overton also
subsequently provided treatment to the employee/patient’s daughter. NMMC informed the Board that Dr. Overton was permitted to resume his employment duties as of August 19, 2015, but was required to complete a course in maintaining appropriate workplace relationships, attend a sexual harassment awareness program, and attend a program on maintaining professional boundaries. NMMC also stated that other workplace safeguards were implemented.

3. On August 26, 2015, the Board received a letter from Dr. Overton regarding the report made by NMMC. Dr. Overton stated that he wrote the letter to assure the Board that he was committed to the measures imposed by NMMC, and that he regretted his actions.

4. Upon request by the Board, NMMC provided additional information related to its report on September 8, 2015. The information included the original complaint received by NMMC dated August 13, 2015 written by the former husband of the employee/patient. The original complaint alleged that during an August 12, 2015 custody hearing, Dr. Overton testified on behalf of the complainant’s former spouse and revealed that he had a “sexual relationship” with the employee/patient. The complaint further alleged that “this past winter, [the complainant] had a great deal of pressure” from his former spouse to change their minor daughter’s counseling to Dr. Overton and that he never would have agreed to do so had he known of their relationship.
NMMC additional information included a statement that the investigation “concluded that Dr. Overton did not engage in sexual relations with [the employee/patient] during or after she was a patient of Dr. Overton’s.”

5. On September 28, 2015, the Board received Dr. Overton’s medical records relating to the employee/patient and her minor daughter. The records reflect that Dr. Overton first treated the employee/patient during the last week in November 2014, and first treated the minor daughter on February 6, 2015.

6. Upon review of the above information the Board initiated a complaint against Dr. Overton on October 20, 2015. The Board docketed that complaint as CR15-147, and sent it to Dr. Overton for a response.

7. On November 20, 2015, the Board received Dr. Overton’s response to the complaint. In his response, Dr. Overton explained his relationship with the employee/patient and acknowledged that he should not have undertaken her treatment or her daughter’s treatment following their romantic relationship. He expressed remorse for his actions and described the steps he has taken to improve his practice and professionalism.

8. In addition to the courses required by NMMC, Dr. Overton submitted evidence to the Board that he attended the Intensive Course in Medical Ethics, Boundaries, and Professionalism held at Case Western Reserve University School of Medicine on February 2, 2016 to February 5, 2016.

9. Pursuant to 32 M.R.S. § 3282-A(2)(F), the Board may impose discipline for unprofessional conduct. A licensee is considered to have engaged
in unprofessional conduct if the licensee violates a standard of professional behavior, that has been established for the practice of medicine.

10. On April 12, 2016, the Board reviewed CR 15-147 and voted to set this matter for an adjudicatory hearing. In addition, the Board voted to offer Dr. Overton this Consent Agreement to resolve this matter without further proceedings. Absent Dr. Overton'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 July 11, 2016, the matter will be scheduled for an adjudicatory hearing.

COVENANTS

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

12. As discipline for the foregoing conduct, Dr. Overton agrees to accept the following:

   a) A REPRIMAND for engaging in unprofessional conduct related to his treatment of the employee and her minor daughter approximately eight months after the sexual relationship with the employee ended.

   b) A LICENSE SUSPENSION for ten (10) days commencing on August 16, 2016, at 1:00 a.m., and ending at August 25, 2016, at 1:00 a.m.

   c) 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.

13. Violation by Dr. Overton 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.

14. This Consent Agreement is not appealable and is effective until modified or rescinded in writing by the parties hereto.

15. The Board and the Department of the Attorney General may communicate and cooperate regarding Dr. Overton or any other matter relating to this Consent Agreement.

16. 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-A.

17. 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.

18. 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.
19. Dr. Overton 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.

20. Dr. Overton has been represented by James F. Martemucci, Esq., who has participated in the negotiation of the terms of this Consent Agreement.

21. 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, MARK W. OVERTON, 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: 7/1/2016

MARK W. OVERTON, M.D.

STATE OF Maine

Aroostook, S.S.

Personally appeared before me the above-named Mark W. Overton, 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: 7/1/2016

Heidi Quillert
NOTARY PUBLIC/ATTORNEY

MY COMMISSION ENDS: April 4, 2021

DATED: 7/2/16

James F. Martemucci
JAMES F. MARTEMUCCI, ESQ.
Attorney for Mark W. Overton, M.D.
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED: 7/12/16

MAROULLA S. GLEATON, M.D., Chairman

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED: 7/12/2014

MICHAEL MILLER
Assistant Attorney General

Effective Date: July 12, 2014