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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**

**PURPOSE**

None

**RECESSES**

<table>
<thead>
<tr>
<th>Time</th>
<th>Purpose</th>
</tr>
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<tbody>
<tr>
<td>9:36 a.m. – 9:52 a.m.</td>
<td>Recess</td>
</tr>
<tr>
<td>10:07 a.m. – 10:13 a.m.</td>
<td>Recess</td>
</tr>
<tr>
<td>12:33 p.m. – 1:02 p.m.</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:48 p.m. – 1:53 p.m.</td>
<td>Recess</td>
</tr>
<tr>
<td>2:22 p.m. – 2:31 p.m.</td>
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</tr>
<tr>
<td>4:29 p.m. – 4:36 p.m.</td>
<td>Recess</td>
</tr>
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</table>

**I. Call to Order**

Dr. Gleaton called the meeting to order at 9:02 a.m.

**A. Amendments to Agenda**

Dr. Barnhart moved to amend a consent agreement regarding CR17-151 onto the agenda for review. Dr. Dumont seconded the motion, which passed unanimously.
B. Scheduled Agenda Items

1. 9:30 a.m. Adjudicatory Hearing regarding Lowell I. Gerber, M.D. (preliminary denial of license renewal application)

II. Licensing

A. Applications for Individual Consideration

1. Initial Applications

   a. William Nugent, M.D.

      The Licensure Committee moved to approve Dr. Nugent’s license application. The motion passed unanimously.

   b. Dimas Yusuf, M.D.

      The Licensure Committee moved to approve Dr. Yusuf’s license application. The motion passed unanimously.

2. Reinstatement Applications

   a. Karen O’Neill M.D.

      The Licensure Committee moved to table the application and request additional information. The motion passed unanimously.

3. Renewal Applications

   a. Norman L. Sykes, M.D.

      The Licensure Committee moved to table the application and order Dr. Sykes to undergo a § 3286 evaluation. The motion passed unanimously.

4. Requests to Convert to Active Status (none)

5. Requests to Withdraw License/License Application

   a. Ashraf Oloufa, M.D.

      The Licensure Committee moved to issue a citation and administrative fine of $200.00 for failure to submit a complete application for licensure within 14 days from issuance of an emergency license, and to allow Dr. Oloufa to withdraw the
application if he accepts the citation and pays the fine. The motion passed unanimously.

b. Thomas Prose, M.D.

Dr. Sacchetti moved to approve Dr. Prose’s request to withdraw his license. Mr. Ross seconded the motion, which passed unanimously.

6. Requests for Supervisory Relationships (none)

B. Other Items for Discussion (none)

C. Withdraw License from Registration

Mr. Ross moved to approve the following licensees’ requests to withdraw their licenses from registration. Ms. Weinstein seconded the motion, which passed unanimously.

<table>
<thead>
<tr>
<th>NAME</th>
<th>LICENSE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chandler, Bruce P.</td>
<td>MD8913</td>
</tr>
<tr>
<td>Chandler, Richard C.</td>
<td>MD7904</td>
</tr>
<tr>
<td>Cioroiu, Michael</td>
<td>MD11168</td>
</tr>
<tr>
<td>Griffin, Margaret B.</td>
<td>MD10702</td>
</tr>
<tr>
<td>Hummel, Martin F.</td>
<td>PAN1682</td>
</tr>
<tr>
<td>Nagrare, Nupur</td>
<td>MD21255</td>
</tr>
<tr>
<td>Sullivan, John K.</td>
<td>MD10681</td>
</tr>
</tbody>
</table>

III. Consent Agreements/Resolution Documents for Review

A. William P. Carter, III., M.D. [Appendix A]

Dr. Barnhart moved to approve the signed consent agreement. Dr. Sacchetti seconded the motion, which passed unanimously.

B. Phillip L. Saunders, M.D. [Appendix B]

Dr. Barnhart moved to approve the signed consent agreement. Mr. Ross seconded the motion, which passed unanimously.

IV. Complaints

1. CR17-54

Dr. Barnhart moved to set the matter for an adjudicatory hearing and authorize AAG Miller to negotiate a consent agreement to include: 1) a reprimand; 2) a civil penalty of $1,000; 3) probation with monitoring requirements; and 4) attendance at a course regarding ethics. Ms. Weinstein seconded the motion, which passed unanimously.
2. **CR17-58**

Dr. Dumont moved to investigate further. Dr. Barnhart seconded the motion, which passed 7-0-0-1. Dr. Sacchetti was recused from the matter and left the room.

3. **CR17-104**

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

**MOTION:** A patient and his wife are referred to and visit a physician for possible back surgery. During the consultation, the physician suggested options other than surgery. Because the wife was concerned her husband’s insurance coverage was ending, the wife insisted that the surgery be conducted right away, with no interest in discussing alternatives. The wife became upset to the point that a medical assistant could hear her raised voice outside the room, and also witnessed her agitation as she left the room.

4. **CR17-105**

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

**MOTION:** The mother of a pediatric patient complains about the care she and her child received from the provider and felt she lacked the support, kindness and treatment of her child. Conversations may have been complex and unclear to the mother; however, review of the records reveals thorough and consistent care. Appropriate referrals and follow up were offered.

5. **CR17-121 Carl D’Amato, M.D.**

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

**MOTION:** In this case, a patient’s daughter complains that the physician was dismissive of her mother’s symptoms and failed to run diagnostic tests to rule out a cardiac cause of her pain. The physician responded that he evaluated and treated the patient’s shoulder pain which, in his clinical judgement, was an exacerbation of her chronic shoulder pain and not of cardiac origin.

The letter of guidance will advise the physician that: women presenting with atypical symptomology need evaluation to rule out anginal variants.

6. **CR17-134**

Dr. Sacchetti moved to investigate further. Dr. Dumont seconded the motion, which passed 7-0-0-1. Dr. Waddell was recused from the matter and left the room.
7. **CR17-160**

Ms. Weinstein moved to table the matter. Mr. Ross seconded the motion, which passed 7-0-0-1. Dr. Sacchetti was recused from the matter and left the room.

8. **CR17-163**

Ms. Weinstein moved to investigate further. Mr. Ross seconded the motion, which passed unanimously.

9. **CR17-169**

Mr. Ross moved to set the matter for an adjudicatory hearing and authorize AAG Miller to negotiate a consent agreement. Dr. Sullivan seconded the motion, which passed 6-0-0-1. Dr. Barnhart was recused from the matter and left the room. Dr. Gleaton was not present during the vote.

10. **CR17-171**

Dr. Sullivan moved to dismiss the complaint. Dr. Sacchetti seconded the motion, which passed 6-0-0-2. Dr. Barnhart and Mr. Ross were recused from the matter and left the room.

**MOTION:** The patient complains that the physician assistant refused to order multiple tests that he felt were necessary. The physician assistant responded that neither the patient’s history or physical exam warrant such testing. Review of the medical record reveals thoughtful and reasonable care.

11. **CR17-182**

Dr. Sullivan moved to dismiss the complaint. Dr. Sacchetti seconded the motion, which passed 6-0-0-2. Dr. Barnhart and Mr. Ross were recused from the matter and left the room.

**MOTION:** The patient complains that the physician refused to order a blood test for Chlamydia psittaci that he read about and felt was necessary. Until he saw the complaint, the physician was unaware the patient was requesting that particular test, but even so, it is unlikely the physician would have ordered that test because the symptoms did not warrant it and the patient would have been referred back to his primary care physician. Review of the medical records reveals reasonable care.

12. **CR 17-173 (tabled)**

13. **CR 17-180**
Dr. Waddell moved to dismiss the complaint. Dr. Dumont seconded the motion, which passed unanimously.

**MOTION:** A patient complains that issues related to his prior spine surgery were not properly addressed. Furthermore, he complains that the treating surgeon was dismissive of his concerns and rude during a specific office visit. The patient chose to seek further care out-of-state. Review of the medical records reveals that appropriate clinical care was provided. The surgeon acknowledged that some aspects of his interactions with his physician assistant and review of clinical material taking place in front of patients may be interpreted negatively by patients. As a result of this complaint, the surgeon has modified his practice accordingly.

14. CR 17-181

Dr. Barnhart moved to dismiss the complaint. Mr. Ross seconded the motion, which passed 7-0-0-1. Dr. Dumont was recused from the matter and left the room.

**MOTION:** A patient complains that he was not given a prescription for opioids by his physician. Review of the records reveals the physician was in compliance with appropriate opioid prescribing guidelines.

15. CR 16-176

Dr. Dumont moved to investigate further. Ms. Weinstein seconded the motion, which passed 7-0-0-1. Dr. Sacchetti was recused from the matter and left the room.

Following review of this complaint, Dr. Dumont moved to issue a complaint against another physician (CR17-260). Ms. Weinstein seconded the motion, which passed 7-0-0-1. Dr. Sacchetti was recused from the matter and left the room.

16. CR17-197

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

17. CR 17-198

Dr. Waddell moved to investigate further. Mr. Ross seconded the motion, which passed 7-0-0-1. Dr. Dumont was recused from the matter and left the room.

18. CR17-203

Dr. Barnhart moved to dismiss the complaint. Dr. Sullivan seconded the motion, which passed unanimously.
MOTION: A patient complains about the eye care he received from an ophthalmologist. The patient was referred to the ophthalmologist by his optometrist for cataract and glaucoma concerns. The patient underwent uncomplicated cataract surgery in his left eye that also had severe glaucoma which compromised his outcome as expected/discussed preoperatively. Review of the records reveals reasonable care. Unfortunately, noncompliance by the patient for both medical and surgical treatment hindered optimum care.

19. CR16-131 Michael W. Blab, M.D.

Mr. Ross moved to dismiss the complaint with a letter of guidance. Dr. Sullivan seconded the motion, which passed unanimously.

MOTION: In this case, a patient complains that the physician provided inappropriate care for her dog wound bite to the hand by closing the wound with Dermabond and not prescribing antibiotics. The physician responded that he discussed the treatment options with the patient and that because the wounds were superficial, it would be acceptable to close the wounds and not use antibiotics.

The letter of guidance will advise the physician that: appropriate wound care should be practiced in all cases. Whenever deviating from a standard of care, the medical record should clearly document medical decision making and informed refusal by the patient.

20. Intentionally left blank

21. Intentionally left blank

V. Assessment and Direction

22. AD17-229

Dr. Dumont moved to issue the physician a citation and $200.00 fine for failure to accurately answer a question on her license application. Dr. Sullivan seconded the motion, which passed unanimously.

23. AD 17-213

Dr. Barnhart moved to incorporate the information from this investigation into the adjudicatory hearing and consent agreement negotiation previously ordered regarding the physician. Dr. Dumont seconded the motion, which passed unanimously.

24. AD 17-217

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

25. AD 17-232
Dr. Dumont moved to offer to allow the physician to withdraw his license while under investigation. Dr. Barnhart seconded the motion, which passed unanimously.

26. Intentionally left blank

27. Intentionally left blank

28. Pending Adjudicatory Hearings and Informal Conferences Report

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

29. Consumer Assistance Specialist Feedback

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

30. Other Items for Discussion (none)

VI. Informal Conference (none)

VII. Minutes for Approval

Dr. Dumont moved to approve the minutes of the November 14, 2017 meeting with one amendment. Dr. Barnhart seconded the motion, which passed 7-0-1-0 with Dr. Gleaton abstaining.

VIII. Board Orders & Consent Agreement Monitoring

A. Board Orders

1. Thomas M. Prose, M.D. [Appendix C]

The Board noted that its oral motion at the November 14, 2017 adjudicatory hearing regarding the allegation that the licensee engaged in misrepresentation in obtaining a license by failing to disclose the Settlement Agreement and Integrity Agreement he entered into with the OIG included the license renewal application submitted in 2014; however, the Hearing Officer did not include the 2014 application when drafting the Decision and Order because the information was disclosed in the 2014 application.

Mr. Ross moved to approve the Board Order and letter of guidance. Dr. Sacchetti seconded the motion, which passed 7-0-1-0 with Dr. Gleaton abstaining.

Letter of Guidance

MOTION: In this case, the Board opened a complaint alleging that on his September 4, 2012 and August 5, 2014 license renewal applications, the physician did not disclose that
on September 2, 2009 he signed both an Integrity Agreement with the Office of the Inspector General (OIG) of the US Department of Health and Human Services imposing integrity obligations related to Medicare, Medicaid and all federal healthcare programs, and a Settlement Agreement with the US Department of Justice and the OIG related to improper billing submitted to Medicare for services provided by nurse practitioners and clinical nurse specialists as though they were physicians. The physician responded that his applications were accurate because neither the Integrity Agreement of the Settlement Agreement constituted a sanction by Medicare, and that he signed the Agreements as the CEO of General Medical Care and not as an individual. The physician also stated that he delegated the completion and submission of his applications to his attorney and staff.

The letter of guidance will advise the physician that: as a professional, a physician should be actively engaged in the preparation, review, and submission of an application for licensure or re-licensure. It is the physician’s responsibility to ensure that all answers to questions on such applications are correct and credible, and that any potential areas of concern be disclosed and clearly explained.

B. Monitoring Reports

1. Thomas DeFanti, M.D. (tabled)

2. Mark E. Cieniawski, M.D.

Dr. Dumont moved to deny the proposed consultant. Dr. Barnhart seconded the motion, which passed 7-0-0-1. Dr. Waddell was recused from the matter and left the room.

3. Kevin G. Miller, M.D.

Dr. Dumont moved to offer an amendment to the consent agreement to remove current prescribing restrictions. Dr. Barnhart seconded the motion, which passed unanimously.

4. Intentionally left blank

IX. Adjudicatory Hearing 9:30 a.m.

A. Lowell I. Gerber, M.D. (preliminary denial of license renewal application)

Rebekah J. Smith, Esq., Hearing Officer, convened the hearing at 9:53 a.m.

Dr. Gerber was present and represented by Jeffrey Bennett, Esq. AAG Michael Miller represented the State.

Dr. Gleaton and Dr. Sacchetti were recused from the hearing and left the room.
Following review and discussion, Dr. Barnhart moved to accept the recommended Decision of the Hearing Officer dated December 10, 2017 regarding the licensee’s Motion to Dismiss. Dr. Dumont seconded the motion, which passed unanimously.

At 2:22 p.m. the hearing was continued to a date and time to be determined.

X. Remarks of Chair

A. Letter from Lani Graham, M.D., MPHP

The Board reviewed letters from Lani Graham, M.D. and Andrew Fletcher M.D. raising concerns about personal health information included in disciplinary documents. The Board recognized the concerns raised and protects personal health information when possible in consent agreements; however, decision and order documents result from a public hearing process that may include personal health information when it is discussed during the public hearing.

XI. Remarks of Executive Director

A. Management of Adjudicatory Hearings & Informal Conferences

The Board reviewed and discussed options presented by Mr. Smith for managing adjudicatory hearings and informal conferences.

Following discussion, Ms. Weinstein moved to: 1) create a subcommittee of the Board consisting of the case reporter, a public member, and a member-at-large to conduct informal conferences and make recommendations for disposition to the Board at the next monthly meeting; and 2) schedule adjudicatory hearings to begin no earlier than 1:00 p.m. and end no later than 5:30 p.m. with continuance to another date if necessary. Mr. Ross seconded the motion, which passed unanimously.

B. Leadership Program

Mr. Smith reported that Department of Professional and Financial Regulation (PFR) Commissioner Anne Head invited Mr. Terranova to be part of a team tasked with designing a yearlong training course to teach leadership skills to current selected supervisors within PFR. The program is expected to have an impact on all PFR agencies, including the Board of Medicine. Commissioner Head has requested assistance with funding the program. Mr. Smith requested that the Board authorize the use of up to $5000.00 toward the funding of the program.

Following discussion, Dr. Barnhart moved to authorize the use of up to $5000.00 toward the leadership training program. Mr. Ross seconded the motion, which passed unanimously.

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

D. PowerPoint Presentation (tabled)

XII. Assistant Executive Director’s Report

A. Complaint Status Report

As of December 1, 2017, there are ninety-seven complaints outstanding. Twelve complaints were opened during the month of November and twelve were closed.

B. Licensing Feedback

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

C. Maine Quality Counts Milestone Report

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

E. New Zealand Request

Dr. Dumont moved to approve a request from the Medical Council of New Zealand that the Board enter into an agreement to share information electronically, and authorize Mr. Terranova and AAG Miller to draft appropriate language. Ms. Weinstein seconded the motion, which passed unanimously.

XIII. Medical Director’s Report (none)

XIV. Remarks of Assistant Attorney General

AAG Miller reported on the status of an appeal.

XV. Rulemaking

A. Draft Chapter 10 Sexual Misconduct Rule

The Board discussed the draft and requested changes. A revised draft will be presented at a future meeting.

XVI. Policy

A. Licensing – Application Review

Dr. Barnhart moved to approve a new policy, Licensing - Application Review. Mr. Ross seconded the motion, which passed unanimously.
XVII. Requests for Guidance (none)

XVIII. Standing Committee Reports

A. Licensure and CME Committee

1. Licensing Status Report [Appendix D]

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

XIX. Board Correspondence (none)

XX. FSMB Material

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

XXI. FYI

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

XXII. Other Business (none)

XXIII. Adjournment 6:05 p.m.

Respectfully submitted,

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

In re: WILLIAM P. CARTER, III, M.D. Complaint No. CR17-51

) 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 William P. Carter, III, M.D. The parties to the Consent Agreement are: William P. Carter, III, M.D. ("Dr. Carter"), 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. At all relevant times, Dr. Carter has held a license to practice medicine in the State of Maine beginning July 3, 2012 (license number MD19156). Dr. Carter specializes in emergency medicine.

2. On March 28, 2017, the Board initiated a complaint arising out of medical malpractice matters alleging that Dr. Carter failed to diagnose cauda equina syndrome in a 32 year-old female patient seen by him on September 20, 2012, and failed to diagnose a severe infection in a 53 year-old male patient seen by him on March 13, 2013. The complaint further alleged that Dr. Carter self-reported an October 7, 2016 disciplinary action taken by the New Hampshire Board of Medicine finding that he committed professional misconduct related to his care of the 53 year-old male patient seen by him on
March 13, 2013. The Board docketed that complaint as CR17-51, and sent it to Dr. Carter for a response.

3. By letter dated April 16, 2017, Dr. Carter responded to the complaint. In his response, Dr. Carter explained his treatment regarding the 53 year-old male patient seen by him on March 13, 2013. Dr. Carter acknowledged that his evaluation of the patient was mistaken and expressed remorse.

4. On February 18, 2017, Dr. Carter submitted an application to renew his Maine medical license in active status.

5. 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.

6. Pursuant to 32 M.R.S. § 3282-A(2)(M), the Board may impose discipline for suspension or restriction of a license to practice or other disciplinary action by another state if the conduct resulting in disciplinary action would, if committed in this State, constitutes grounds for discipline under the laws or rules of this State.

7. On June 13, 2017, the Board reviewed complaint CR17-51 and voted to set this matter for an adjudicatory hearing, and to offer a Consent Agreement. In addition, on September 12, 2017, following a request by Dr. Carter, the Board voted to offer this Consent Agreement to resolve this matter without further proceedings. Absent Dr. Carter’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 November 2, 2017, the matter will be scheduled for an adjudicatory hearing.

COVENANTS

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

9. As discipline for the foregoing conduct, Dr. Carter agrees to accept the following:

A license PROBATION for a period of at least six (6) months subject to the following terms and conditions:

Within thirty (30) days of the effective date of this Consent Agreement, Dr. Carter shall submit to the Board for its approval the name of a Maine licensed physician who will serve as physician practice monitor. The Board Chair or the Board Chair’s designee has the sole discretion to approve or reject the physician practice monitor. The physician practice monitor must randomly select and review at least twenty-five percent (25%) of all patient charts for any Maine based health care provided by Dr. Carter. Dr. Carter understands that the physician practice monitor is an agent of the Board pursuant to 24 M.R.S. § 2511. The physician practice monitor shall provide the Board with monthly reports regarding Dr. Carter’s practice of medicine in Maine beginning thirty (30) days after the date on which the physician practice
monitor has been approved to serve in that capacity. The monthly reports shall include a summary of the review of patient charts, and a discussion of any issues related to medical knowledge, judgment, clinical skills, or documentation. Dr. Carter must provide a copy of this Consent Agreement, together with any amendments hereto, to his physician practice monitor. Dr. Carter may submit a written request to modify the requirements of this paragraph after at least seventy-five (75) Maine patient charts have been reviewed by the physician practice monitor and at least six (6) monitoring reports have been received by the Board. Upon receipt of such request, the Board shall review all information, and in its sole discretion, may maintain, modify, or eliminate the requirements of this subparagraph for any remaining period of probation.

10. Dr. Carter acknowledges that while this Consent Agreement is in effect he must directly communicate with the Board or Board staff and has the obligation to respond to any request for information or documentation within the timeframe specified or requested. Failure to comply with or respond to any request will be considered a violation of this Consent Agreement.

11. Violation by Dr. Carter 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.

12. Any conduct of Dr. Carter described herein may be considered in future Board action(s) as evidence of a pattern of misconduct.
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. Carter 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-A.

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. Carter 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.
19. 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, WILLIAM P. CARTER, III, 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: 10/24/17

WILLIAM P. CARTER, III, M.D.

STATE OF New Hampshire

Rockingham, S.S.

Personally appeared before me the above-named William P. Carter, III, 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: 10/24/17

NOTARY PUBLIC/ATTORNEY

MY COMMISSION ENDS: 1/18/2022
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED: 12/12/14

MAROULLA S. CLEATON, M.D., Chairman

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED: December 12, 2017

MICHAEL MILLER
Assistant Attorney General

Effective Date: 12/12/2017
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re: PHILLIP L. SAUNDERS, M.D. Complaint No. CR17-153

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 Phillip L. Sanders, M.D. The parties to the Consent Agreement are: Phillip L. Saunders, M.D. ("Dr. Saunders"), 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. Saunders has held a license to practice medicine in the State of Maine since July 28, 2006 (license number MD17225), and specializes in ophthalmology.

2. On July 25, 2017, the Board initiated a complaint alleging that Dr. Saunders failed to disclose information related to substance misuse or receiving substance misuse treatment and monitoring on his 2013, 2015, and 2017 applications for renewal of his Maine medical license. The complaint also alleged that on May 23, 2017, the Alabama Medical Board ("Alabama Board") issued an Order temporarily suspending his license to practice medicine based upon concerns related to substance misuse. The Board docketed the complaint as CR17-153, and sent it to Dr. Saunders for a response.

-1-
3. In lieu of a hearing in front of the Alabama Board, Dr. Saunders and the Alabama Board entered into a Stipulation and Consent Order ("SCO"), which placed Dr. Saunders' Alabama medical license on indefinite probation until such time as Dr. Saunders completes the required treatment for his chronic medical condition prescribed in the SCO. On July 27, 2017, Dr. Saunders voluntarily disclosed the SCO to the Board.

4. By letter dated August 10, 2017, Dr. Saunders responded to the complaint. In his letter, Dr. Saunders explained that his staff made inadvertent errors in completing the applications to renew his Maine medical license and acknowledged his responsibility for "such unintentional mistakes." He stated that the Board was aware of his voluntary participation in monitoring programs since 2006 when he first obtained a license in Maine.

5. Pursuant to 32 M.R.S. § 3282-A(2)(A), the Board may impose discipline for the practice of fraud, deceit or misrepresentation in obtaining a license or in connection with service rendered within the scope of the license issued.

6. Pursuant to 32 M.R.S. § 3282-A(2)(B), the Board may impose discipline for the 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.

7. Pursuant to 32 M.R.S. § 3282-A(2)(F), the Board may impose discipline for engaging in unprofessional conduct by violating a standard of professional behavior that is established in the practice of medicine.
8. Pursuant to 32 M.R.S. § 3282-A(2)(M), the Board may impose discipline for suspension or restriction of a license to practice or other disciplinary action by another state if the conduct resulting in disciplinary action would, if committed in this State, constitute grounds for discipline under the laws or rules of this State.

9. At its meeting on September 12, 2017, the Board reviewed Complaint CR 17-153, and voted to set this matter for an adjudicatory hearing. In addition, the Board voted to offer Dr. Saunders this Consent Agreement to resolve this matter without further proceedings. Absent Dr. Saunders’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 December 6, 2017, the matter will be scheduled for an adjudicatory hearing.

COVENANTS

10. Dr. Saunders admits that if this matter were to proceed to an adjudicatory hearing, the Board could find by a preponderance of the evidence that grounds for discipline exist, and the Board hereby does find that grounds for discipline exist pursuant to 32 M.R.S. § 3282-A(2)(A) (for engaging in misrepresentation in obtaining a license), § 3282-A(2)(B) (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), § 3282-A(2)(F) (for engaging in unprofessional conduct), and § 3282-
A(2)(2)(M) (for disciplinary action by another state for conduct that if committed in Maine would constitute grounds for discipline).

11. As discipline for the conduct described above, Dr. Saunders agrees to the IMMEDIATE SURRENDER of his Maine medical license effective upon the execution of this Consent Agreement.

12. Violation by Dr. Saunders 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. Dr. Saunders acknowledges that while this Consent Agreement is in effect he must directly communicate with the Board or Board staff and has the obligation to respond to any request for information or documentation within the timeframe specified or requested. Failure to comply with or respond to any request shall be considered a violation of this Consent Agreement.

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

15. Any conduct of Dr. Saunders described herein may be considered in future Board action(s) as evidence of a pattern of misconduct. All admissions made by Dr. Saunders, however, are solely for disposition of this matter and any subsequent administrative proceedings or civil litigation involving the Board and Dr. Saunders. Dr. Saunders denies said admissions for any other use.
16. The Board and the Department of the Attorney General may communicate and cooperate regarding Dr. Saunders or any other matter relating to this Consent Agreement.

17. 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.

18. 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.

19. 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.

20. Dr. Saunders 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.

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, PHILLIP L. SAUNDERS, 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: 12/01/2019

PHILLIP L. SAUNDERS, M.D.

STATE OF Alabama

Madison County, S.S.

Personally appeared before me the above-named Phillip L. Saunders, 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: 12/10/2019

NOTARY PUBLIC/ATTORNEY

MY COMMISSION ENDS: 12/15/2020
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED: 12/12/17

MARIOLL S. GLEATON, M.D., Chairman

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED: December 12, 2017

MICHAEL MILLER
Assistant Attorney General

Effective Date: December 12, 2017
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In Re: Thomas M. Prose, M.D. )
Complaint No. CR16-165 )
 ) DECISION AND ORDER
)

I. PROCEDURAL HISTORY

Pursuant to the authority found in 10 M.R.S. Section 8003(5) and 32 M.R.S. Sections 3269
and 3282-A, the Maine Board of Licensure in Medicine ("Board") met in public session at its
offices in Augusta, Maine, on November 14, 2017. The purpose of the meeting was to determine
whether to impose discipline upon Thomas M. Prose's license to practice as a medical doctor and
whether to grant Dr. Prose's application for renewal of licensure.

By letter dated October 10, 2017, the Licensee was notified that the hearing in this matter
would be held on November 14, 2017. On October 23, 2017, a prehearing conference was held and
on October 25, 2017, a Conference Order was issued setting deadlines for the filing of exhibit and
witness lists. On November 6, 2017, an Order on Instructions was issued. On November 7, 2017,
an Order on the Licensee's Request to Appear by Phone was issued. On November 10, 2017, an
Order on the Licensee's Motion to Reconsider was issued. Also on November 10, 2017, an
Evidentiary Order was issued addressing the State's objections to the Licensee's exhibits. The State
bears the burden to prove by a preponderance of the evidence any violation alleged in the Notice of
Hearing that would form the basis of discipline as well as any violation that would form the basis
for a denial of licensure.

A quorum of the Board was in attendance during all stages of the proceedings. Participating
and voting Board members were Susan Dench, Public Member; David Dumont, M.D.; Christopher
Ross, P.A.-C.; Peter Sacchetti, M.D.; Michael Sullivan, M.D.; Brad Waddell, M.D.; Lynne
Weinstein, Public Member; and Louisa Barnhart, M.D., Acting Chair. The Licensee was present and was represented by Taylor Fawns, Esq. Michael Miller, Esq., Assistant Attorney General, represented the State of Maine. Rebekah Smith, Esq., served as Presiding Officer. The hearing was held in accordance with the requirements of the Maine Administrative Procedure Act, 5 M.R.S. Section 9051 to Section 9064.

State Exhibits #1 to #17 were admitted without objection. Licensee Exhibits #1 was admitted without objection. Licensee Exhibit #2 was admitted over objection. Although Licensee Exhibit #3 was originally excluded, it was subsequently admitted for the purposes of impeachment. The admitted exhibits are identified as follows:

State Exhibit #1: Notice of Hearing dated October 10, 2017
State Exhibit #2: ALMS Licensing Information
State Exhibit #3: September 1, 2009, Office of Inspector General (“OIG”) Settlement Agreement (CONFIDENTIAL)
State Exhibit #4: September 2, 2009, OIG Integrity Agreement
State Exhibit #5: 2010 License Renewal Application Information
State Exhibit #6: 2012 License Renewal Application Information
State Exhibit #7: 2014 License Renewal Application Information
State Exhibit #8: Letter from Licensee’s Counsel to the Board filed on October 15, 2015, with attachments
State Exhibit #9: Letter from Licensee’s Counsel to the Board filed on December 28, 2015, with attachment
State Exhibit #10: Kansas Board of Healing Arts Orders
State Exhibit #11: Notice of Board Complaint dated August 10, 2016
State Exhibit #12: Licensee Response to Complaint dated August 18, 2016
State Exhibit #13: 2016 License Renewal Application Information
State Exhibit #14: USDOJ The False Claims Act: A Primer
State Exhibit #15: Webster’s II New College Dictionary Except
State Exhibit #16: 32 M.R.S. § 3282-A
State Exhibit #17: 10 M.R.S. § 8005
Licensee Exhibit #1: Selected Sections from CHMS Form #8551
Licensee Exhibit #2: Section XI from New Mexico Medicaid Provider Enrollment Application
Licensee Exhibit #3: Letter from Licensee’s Counsel addressed To Whom It May Concern dated April 25, 2016

The Board took notice of its statutes and rules and confirmed that no participating member had any conflict of interest or bias that would prevent him or her from rendering an impartial
decision in this matter. Each party presented an opening statement. The State presented Timothy Terranova, Assistant Executive Director of the Board, and the Licensee as witnesses. The Licensee did not present any additional witnesses. Each party made a closing argument. The Board then deliberated and made the following findings of fact and conclusions of law by a preponderance of the credible evidence regarding the allegations against the Licensee and his eligibility for renewal of licensure.

II. FINDINGS OF FACTS

1. Thomas M. Prose, M.D., was initially licensed as a medical doctor in the State of Maine on May 12, 2004. (State Exh. #2.)

2. The Licensee owns General Medicine, P.C., situated in Novi, Michigan. (State Exh. #3.) The Licensee is licensed in 41 states because General Medicine, a post hospitalist company, employs physicians and other licensed medical professionals in numerous states. (State Exh. #8; Testimony of Licensee.) General Medicine has several hundred employees. (Testimony of Licensee.) The Licensee has not practiced clinical medicine for over ten years. (Testimony of Licensee.)

3. In August 2009, the Licensee and General Medicine entered into an Integrity Agreement with the Office of the Inspector General ("OIG") of the United States Department of Health and Human Services. (State Exh. #4.) In the agreement, the Licensee and General Medicine agreed to establish and maintain a compliance program with multiple components, notify OIG of any changes to any units or locations, and provide annual reports for a period of five years. (State Exh. #4.) The Licensee signed the Integrity Agreement on both a signature line for himself individually ("on behalf of Thomas Prose") and a signature line for General Medicine ("on behalf of General Medicine, P.C."). (State Exh. #4.) The Integrity Agreement was effective on September 2, 2009. (State Exh. #4.)
4. On September 1, 2009, the Licensee and General Medicine entered into a Settlement Agreement with the United States of America, acting through the United States Department of Justice and on behalf of the OIG. (State Exh. #3.) In the Settlement Agreement, the Licensee and General Medicine agreed to pay the United States 1.1 million dollars. (State Exh. #3.) General Medicine provided medical services to Medicare eligible patients in nursing homes in Michigan, Missouri, and Illinois. The United States contended that it had civil claims against General Medicine and the Licensee for billing Medicare from January 1, 1997, through December 31, 2003, for medical services performed by nurse practitioners and clinical nurse specialists as if those services were performed by physicians. (State Exh. #3.) The parties stipulated that the agreement did not represent an admission of liability by the Licensee or General Medicine. (State Exh. #3.) General Medicine was allowed to continue billing Medicare after the agreements. (Testimony of Licensee.)

5. On September 23, 2010, the Licensee’s on-line application for renewal of his Maine license was automatically granted. (State Exh. #5.) The Licensee had answered “no” to the question “[h]ave you received a sanction from Medicare or from any state Medicaid program.” (Testimony of Terranova.) The application contained a certification section in which the Licensee indicated that all the information submitted was true to the best of his knowledge and indicated that he understood his obligation to update any changes in his answers. (Testimony of Terranova.)

6. The Licensee testified that since approximately 2005, all of his licensure applications had been completed and filed by General Medicine’s corporate legal counsel and an administrative assistant, including the on-line certifications that the information contained in the affidavit was true to the best of the Licensee’s knowledge. (Testimony of Licensee.) The Licensee testified that his counsel had indicated that he did not need to disclose the OIG
Settlement Agreement or the Integrity Agreement on his individual license applications.
(Testimony of Licensee.)

7. On September 4, 2012, the Licensee submitted an application for renewal of his Maine license in which he again indicated that he had not received a sanction from Medicare or from any state Medicaid program. (State Exh. #6.) His renewal application again was approved. (State Exh. #2.) The application contained a certification section in which the Licensee indicated that all the information submitted was true to the best of his knowledge and indicated that he understood his obligation to update any changes in his answers.
(Testimony of Terranova.)

8. By letter dated August 21, 2013, the Kansas State Board of Healing Arts informed the Licensee that a complaint had been initiated against him alleging that he had committed Medicare and Medicaid fraud and had been non-compliant with the OIG Integrity Agreement. (State Exh. #7.)

9. On August 29, 2013, the State of Washington Department of Health Medical Quality Assurance Commission issued a letter to the Licensee indicating that it had initiated an investigation into allegations of unprofessional conduct related to his failure to disclose the OIG Integrity Agreement in his application for license renewal. (State Exh. #7.) The letter indicated that no charges had yet been filed. (State Exh. #7.)

10. On December 20, 2013, the Wyoming Board of Medicine issued a letter to the Licensee indicating that a complaint had been filed against him arising out his failure to disclose the OIG Integrity Agreement on a license renewal application. (State Exh. #7.)

11. On July 10, 2014, the State of Idaho Board of Medicine informed the Licensee that it had opened an investigation regarding information that the Licensee had supplied in connection with his license renewal application. (State Exh. #8.)
12. On August 5, 2014, the Licensee submitted an online application for renewal of his Maine license. (State Exh. #7.) He indicated “no” to the question of whether he had received a sanction from Medicare or any state Medicaid program. (State Exh. #7.) He answered “yes” to the question of whether he had been notified of the existence of allegations against him filed with a licensing authority, which remained open as of the date of his application. (State Exh. #7.)

13. On August 6, 2014, the Licensee filed a written explanation for the “yes” answer on his application, indicating that matters had been initiated against him before the Kansas State Board of Healing Arts, the State of Washington Department of Health Medical Quality Assurance Commission (although that investigation had closed with a determination of no violation), and the Wyoming Board of Medicine, but he did not disclose the matter pending before the State of Idaho Board of Medicine. (State Exh. #7.) The Licensee testified that at hearing that the letter from the Idaho Board informing him of the investigation would have gone to his administrative assistant who would have forwarded it to his attorney. (State Exh. #7.) He opined that the letter had not been processed by the time of his August 2014 renewal application. (Testimony of Licensee.)

14. On October 19, 2015, counsel for the Licensee filed a letter with the Board, and multiple other medical licensure boards, indicating that several states had opened investigations into the Licensee’s failure to disclose the OIG Settlement Agreement and Integrity Agreement on license applications, and the many investigations had caused a cascading effect given the need for the Licensee to notify other states of each state’s investigation. (State Exh. #8.)

15. By letter dated August 10, 2016, the Board informed the Licensee that it had voted to initiate a complaint against his license. (State Exh. #11.)
16. By letter dated August 18, 2016, the Licensee’s attorney filed a response with the Board in which the Licensee represented that in the future the Licensee’s attorney would be reviewing all licensure renewals to ensure that the Licensee had provided full disclosure of all information if there was any question about whether certain information needed to be reported. (State Exh. #12.) The letter set forth the Licensee’s argument that the OIG Settlement Agreement and Integrity Agreement were not “sanctions” and were not imposed on the Licensee personally, such that they were not required to be disclosed. (State Exh. #12.)

17. On September 1, 2016, the Licensee filed an application for renewal of his Maine license, which the Board had not yet acted upon at the time of hearing. (State Exh. #13; Testimony of Terranova.)

18. The Licensee has never practiced medicine in the State of Maine and General Medicine has never done business in the State of Maine. (Testimony of Licensee.) The Licensee testified that the Washington, Wyoming, and Idaho matters had been closed, the Kansas matter, which had originally gone against him, was on appeal, a matter was pending in New Mexico and there were no other pending complaints against him. (Testimony of Licensee.) The Licensee also testified that although his attorney had counseled him that he did not need to disclose the OIG agreements on his Maine license renewal applications because they did not involve him personally, he agreed that they should have been disclosed in the interests of transparency. (Testimony of Licensee.)

III. GOVERNING STATUTES AND RULES

1. The Board may refuse to issue, modify, restrict, suspend, revoke, or refuse to renew a license if the licensee engaged in fraud, deceit, or misrepresentation in obtaining a license or
in connection with service rendered within the scope of the license. 32 M.R.S. § 3282-A(2)(A).

2. The Board may issue a letter of guidance to a licensee to educate, reinforce knowledge regarding legal or professional obligations, or express concern over action or inaction by the licensee that does not rise to the level of misconduct sufficient to merit disciplinary action. The issuance of a letter of guidance is not a formal proceeding and does not constitute an adverse disciplinary action of any form. The Board may place a letter of guidance in a licensee’s file for a specified period of time, not to exceed ten years. 10 M.R.S. § 8003(5)(E).

IV. CONCLUSIONS OF LAW

The Board, considering the above facts and those alluded to in the record but not referred to herein, concluded that it had jurisdiction over Thomas M. Prose, M.D., and found as follows with regard to the statutory violation alleged in the Notice of Hearing:

1. By a vote of four to four, that the Licensee engaged in misrepresentation in obtaining his license by failing to disclose the Settlement Agreement and the Integrity Agreement he had entered into with OIG in his 2010 and 2012 licensure renewal applications. Because the motion failed to garner a majority, the Licensee was found not to have engaged in misrepresentation.

2. By a vote of five to three, that the Licensee did not engage in misrepresentation in obtaining his license by failing to disclose the action pending before the State of Idaho Board of Medicine in his August 2014 licensure renewal application.

By unanimous vote, the Board voted to issue a letter of guidance to the Licensee to be retained for a period of ten years. The Board tabled the decision of whether to grant the
Licensee's application for renewal of licensure and requested that the Licensee inform the Board within two weeks whether he wished to withdraw his renewal application.

So ordered.
Dated: 12-12-2017

Louisa Barnhart, M.D., Acting Chair
State of Maine Board of Licensure in Medicine

V. APPEAL RIGHTS

Pursuant to the provisions of 10 M.R.S. Section 8003(5-A) and 5 M.R.S. Section 11002(3), any party that appeals this Decision and Order must file a Petition for Review in the Superior Court within 30 days of receipt of this Order. The petition shall specify the person seeking review, the manner in which they are aggrieved, and the final agency action which they wish reviewed. It shall also contain a concise statement as to the nature of the action or inaction to be reviewed, the grounds upon which relief is sought, and a demand for relief. Copies of the Petition for Review shall be served by certified mail, return receipt requested, upon the State of Maine Board of Licensure in Medicine, all parties to the agency proceedings, and the Attorney General.
The following information is included:

A summary of all new licenses granted in November 2017 by license type (54);

A list of all individuals granted a new license in November 2017 by license type;

A summary of all pending applications by license type (207);

A list of online vs. paper renewals by license type (93.51%); and

The number of licenses expired on December 1, 2017 (77).

The number of licenses lapsed on December 1, 2017 (39)

In addition, the overall licensing statistics include:

The number of active MD licenses (not including EC) December 1, 2017 (5,794);

The number of active MD licenses with a Maine address (not including EC) on December 1, 2017 (3487);

The number of active PA/PAN licenses on December 1, 2017 (830);

The number of active PA/PAN licenses with a Maine address on December 1, 2017 (767); and

The number of licenses pending renewal on December 1, 2017 (44).

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

**EL - EMERGENCY 100-DAY LICENSE**
- A - Active: 1
- Subtotal: 1

**MD - MEDICAL DOCTOR**
- A - Active: 28
- Subtotal: 28

**PA - PHYSICIAN ASSISTANT - CLINICAL**
- A - Active: 6
- Subtotal: 6

**PA - PHYSICIAN ASSISTANT - NON-CLINICAL**
- A - Active: 2
- Subtotal: 2

**TD - TEMPORARY LICENSE**
- A - Active: 15
- Subtotal: 15

**TM - TELEMEDICINE**
- A - Active: 2
- Subtotal: 2

### SUMMARY BY LICENSE STATUS

- A - Active: 54

**Total All Licenses:** 54
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