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State of Maine  
Board of Licensure in Medicine  
137 SHS, 161 Capitol Street  
Augusta, Maine 04333-0137  
Minutes of January 9, 2018

Board Members Present  
Maroulla S. Gleaton, M.D., Chair  
Louisa Barnhart, M.D., Secretary  
Susan Dench  
David H. Dumont, M.D.  
Christopher Ross, P.A.  
Brad E. Waddell, M.D.  
Lynne M. Weinstein  

Board Staff Present  
Dennis E. Smith, Executive Director  
Timothy E. Terranova, Assistant Executive Director  
Margaret L. Duhamel, M.D., Medical Director  
Julie A. Best, Consumer Assistance Supervisor  
Savannah Okoronkwo, Consumer Assistance Specialist  
Maureen S. Lathrop, Administrative Assistant  
Tracy A. Morrison, Licensing Specialist  
Elena I. Crowley, Licensing Specialist

Dr. Sacchetti and Dr. Sullivan were absent. Dr. Barnhart was excused at 12:45 p.m.

Attorney General’s Office Staff Present  
Michael Miller, Assistant Attorney General

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**

1:02 p.m. – 2:39 p.m.  
Pursuant to 32 M.R.S. § 3282-A(1) to conduct an informal conference

**RECESSES**

10:37 a.m. – 10:43 a.m.  
Recess

12:08 p.m. – 1:01 p.m.  
Lunch

I.  **Call to Order**

Dr. Gleaton called the meeting to order at 9:19 a.m.

A.  **Amendments to Agenda**

Dr. Dumont moved to amend a consent agreement regarding CR16-264 onto the agenda. Mr. Ross seconded the motion, which passed unanimously.

B.  **Scheduled Agenda Items**

1.  1:00 p.m. Informal Conference (CR16-138)
II. Licensing

A. Applications for Individual Consideration

1. Initial Applications
   a. Janice Johnston, M.D.
      The Licensure Committee moved to approve Dr. Johnston’s license application. The motion passed unanimously.
   b. Michael Langan, M.D.
      The Licensure Committee moved to preliminarily deny Dr. Langan’s license application with leave to withdraw. The motion passed unanimously.
   c. Philip Ptacin, M.D.
      The Licensure Committee moved to approve Dr. Ptacin’s license application. The motion passed unanimously.
   d. Gloria Kardong, M.D.
      The Licensure Committee moved to approve Dr. Kardong’s license application. The motion passed unanimously.

2. Reinstatement Applications
   a. Karen O’Neill, M.D.
      The Licensure Committee moved to approve Dr. O’Neill’s license application. The motion passed unanimously.

3. Renewal Applications
   a. Carole St. Pierre-Engels, M.D.
      The Licensure Committee moved to investigation further and order that Dr. St. Pierre-Engels undergo a § 3286 evaluation. The motion passed unanimously.

4. Requests to Convert to Active Status (none)

5. Requests to Withdraw License/License Application
a. Kevin Ryan, P.A.

The Licensure Committee moved to approve Mr. Ryan’s request to withdraw his license application, but did not grant his request for a waiver of the application fee. The Board does not have the authority to waive license application fees. The motion passed unanimously.

b. Michael England, M.D.

The Licensure Committee moved to approve Dr. England’s request to withdraw his license while under investigation. The motion passed unanimously.

6. Requests for Supervisory Relationships (none)

B. Other Items for Discussion

a. Board notification – practicing with an expired license

Board staff requested clarification regarding licensees who practice after their licenses expire. The Board clarified that licensees who apply for renewal within ninety days of their license expiration date will not be subject to disciplinary action by the Board for unlicensed practice during the period of non-licensure. Board staff will draft a policy to be presented at a future meeting.

b. Citations and Administrative Fines

Board staff will present summaries of recommended citations to the Licensure Committee for review prior to issuance.

C. Withdraw License from Registration

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>LICENSE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lawrence Oliver</td>
<td>MD13191</td>
</tr>
</tbody>
</table>

III. Consent Agreements/Resolution Documents for Review

A. Ronald D. Oldfield, P.A. [Appendix A]

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

IV. Complaints
1. CR17-111

Ms. Weinstein moved to unset the adjudicatory hearing to discuss the licensee’s request for reconsideration. Dr. Dumont seconded the motion, which passed 6-0-0-1. Dr. Gleaton was recused from the matter and left the room.

Following discussion, Dr. Dumont moved to table the matter. Ms. Weinstein seconded the motion, which passed 6-0-0-1. Dr. Gleaton was recused from the matter and left the room.

2. CR17-150

Dr. Barnhart moved to dismiss the complaint. Ms. Weinstein seconded the motion, which passed 6-0-0-1. Dr. Dumont was recused from the matter and left the room.

**MOTION:** The parents of an adolescent with anorexia complain of late diagnosis by their general pediatrician. The medical record corroborates early referral to the local treatment center for an eating disorder when the patient’s weight dropped suddenly. Neither the specialty clinic nor the parents fully appreciated the adolescent hiding the true problem.

The parents blame the general pediatrician for inadequate treatment, but keep changing specialty care providers so no specialty care is effectively provided in Maine. The family did receive specialty care out-of-state. In fact, the only continuity of care for this adolescent is this pediatrician who uses standard approaches to gain the patient’s trust. The medical records and the many inpatient records support the pediatrician’s concerns. Her referral to the Department of Health and Human Services was well documented and supported by the large number of rejected providers by the family.

The case is colored by educated parents trying to get state-of-the-art-care in a state known to have slim resources for this condition. There are intercurrent psychiatric comorbidities viewed differently be the parents and the treatment providers. These comorbidities are very complex to manage and require further subspecialty care.

The parents complain of a HIPAA violation during the referral process to another primary care provider. The provider considering assuming the patient’s care sought more information to decide if she had the skills to assume management of such a complicated case. She felt she did not and suggested appropriate care. This process reflects appropriate transfer of care issues.

The family has settled on another treatment team and hopefully will gain traction and stability.

3. CR17-175

Mr. Ross moved to dismiss the complaint. Ms. Weinstein seconded the motion, which passed 5-0-0-2. Dr. Barnhart and Dr. Dumont were recused from the matter and left the room.
MOTION: A patient’s daughter complains that her mother was denied a request to leave the facility by the physician. The daughter states that the patient was gaining weight and her sugars were out of control due to improper diet. The physician responded that the patient was severely ill and complicated. In addition, he stated that the patient’s diet was overseen by a dietician. The physician denies that he told the patient that she could not leave the facility. He apologized for any inappropriate comments that may have been made by staff on the day of the patient’s death. Review of records reveals appropriate care.

4. CR17-179

Ms. Dench moved to dismiss the complaint. Ms. Weinstein seconded the motion, which passed 4-0-0-3. Dr. Barnhart, Dr. Gleeton and Mr. Ross were recused from the matter and left the room.

MOTION: A patient with a very complex medical history complains about the care she received from the physician. Review of the records reveals many steps to work with the patient, including several options and an apology from the provider after the patient became upset during an office visit. The patient was subsequently referred to another provider in the practice for further treatment. Appropriate care was provided.

5. CR17-185

Ms. Dench moved to dismiss the complaint. Ms. Weinstein seconded the motion, which passed 4-0-0-3. Dr. Barnhart, Dr. Gleeton, and Mr. Ross were recused from the matter and left the room.

MOTION: A patient complains about the treatment she received from the physician. This patient with a complex medical history was eventually discharged from the practice due to provider/patient relationship issues which she had been spoken to about previously. Appropriate steps were taken for an additional thirty days to ensure care, prescription refills, and giving the patient sixty days to become established with a new provider. Proper care was provided.

6. CR17-193

Ms. Dench moved to dismiss the complaint. Ms. Weinstein seconded the motion, which passed 4-0-0-3. Dr. Barnhart, Dr. Gleeton, and Mr. Ross were recused from the matter and left the room.

MOTION: A patient with a very complex medical history complains about the care she received from the physician. Review of the records reveals that the physician and an entire support system behind her has gone out of their way to accommodate this patient. Appropriate care was provided.
7. CR17-173

Dr. Waddell moved to table the matter. Ms. Dench seconded the motion, which passed unanimously.

8. CR17-184

Dr. Dumont moved to investigate further. Mr. Ross seconded the motion, which passed unanimously.

9. CR17-187

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

**MOTION:** A patient complains that he became addicted to the high dose pain medication that he was prescribed for fourteen years, and that the physician tapered him too quickly resulting in prolonged, severe withdrawal. Review of the records reveals a reasonable taper plan that was likely affected when the patient discontinued the Vicodin without consulting the physician. Medications were prescribed to help alleviate withdrawal and increased depression symptoms. The care was reasonable.

10. CR17-196

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

**MOTION:** A patient’s wife complains the physician refused to fill out paperwork on behalf of her husband for an application to cover dentures. The physician had previously submitted these forms, which had been denied, and again pointed out the criteria and explained to the patient again that he would not qualify. Addressing the criteria which must be met with the patient and his wife could have helped explain his reasoning and guide the patient as to what is necessary to submit the application. The Board found no issues that require disciplinary action.

11. CR17-231

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

**MOTION:** A female patient alleges that a gynecologist was sexually inappropriate during an examination fifty years ago. Unfortunately, only hearsay evidence is available to corroborate this allegation.

The Board of Licensure in Medicine is extremely concerned about such alleged behavior by a physician. In this situation, there is no way to prove or disprove the allegation. There is no
memory of whether there was a chaperone. The public has been protected by the passage of time and the retirement of the physician. There were never any other complaints about this physician over the years.

The Board of Licensure in Medicine fully supports public and physician education concerning inappropriate behavior by physicians, encouraging prompt complaints by the public.

12. CR 17-125

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

MOTION: The patient complains that the physician assistant shared medical information with her employer, and allowed her employer into the exam room. The patient also states that the physician assistant shared records with her employer after the appointment. The physician assistant responded that interaction with the patient and the employer is common in Workers’ Compensation cases. The physician assistant stated that he would have been happy to explain how Workers’ Compensation cases work if the patient had voiced her concerns. Review of the records and additional information provided by the physician assistant reveals that the patient received reasonable care.

13. CR 17-177

Mr. Ross moved to dismiss the complaint. Ms. Weinstein seconded the motion, which passed 6-0-0-1. Dr. Dumont was recused from the matter and left the room.

MOTION: A patient complains about the care she received from her primary care physician. The patient has complicated medical and surgical problems necessitating pain management. Review of her records shows reasonable, appropriate care and consideration for the opioid prescribing laws and the patient’s pain issues.

14. CR 17-194

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

MOTION: A patient seen in 2014 for urticaria complains about recommendations for over-the-counter medication that she believes resulted in an adverse reaction. Review of the records reflects appropriate treatment was provided.

15. CR 17-195

Dr. Waddell moved to dismiss the complaint. Ms. Dench seconded the motion, which passed unanimously.
MOTION: A patient seen in 2011 complains about the overall care provided and the prescribing of iron supplements for anemia which caused an adverse reaction. Review of the records reflects appropriate consults obtained and treatment provided.

16. CR17-208

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

MOTION: A patient’s mother complains that a physician diagnosed her son with failure to thrive. The physician reviewed the patient’s records at the request of the Department of Health and Human Services. The review was performed appropriately and the diagnosis was appropriate. Subsequently, the patient is improving which is fortunate.

17. CR17-215

Mr. Ross moved to order that the physician undergo a § 3286 evaluation. Ms. Weinstein seconded the motion, which passed unanimously.

18. CR17-207

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

MOTION: The patient’s husband, who was not present for the visit in question, complains that his wife was refused a pap smear during a new patient visit, and that the physician made disparaging comments regarding the patient’s wish to become a gestational carrier. The provider responded that a pap smear is not part of the new patient visit and suggested that the patient follow up with the medical office already following her. The physician also reports making supportive statements regarding surrogacy.

The patient made an appointment for a pap smear after this visit, but although she couldn’t start the surrogacy process until the test was performed she didn’t keep the appointment.

The physician’s actions were appropriate.

19. CR17-233

Ms. Weinstein moved to table the matter. Mr. Ross seconded the motion, which passed unanimously.

20. CR17-160 Dwight H. Pringle, M.D.

Ms. Weinstein moved to dismiss the complaint with a letter of guidance. Dr. Barnhart seconded the motion, which passed unanimously.
MOTION: In this case, the Board received a complaint from a patient stating that the physician violated her privacy by discussing her medical issues in the waiting room in an angry manner. The physician denied speaking to the patient in a loud or abusive manner, but did admit that he was frustrated with the patient’s requests, and acknowledged that he should have arranged an appointment rather than abruptly discussing the issue with her in the waiting room. The physician subsequently apologized for upsetting the patient.

The letter of guidance will advise the physician that: 1) he should maintain professionalism with patients, offering empathy, courtesy, and understanding at all times; and 2) patient encounters must take place in an exam room or a designated space offering privacy.

21. CR17-197 Helen F. Ryan, M.D.

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

MOTION: In this case, a patient with a new diagnosis of Chronic Lymphocytic Leukemia stated that during his initial appointment the physician performed a minimal examination and provided no information about his disease. The patient stated that after being told that someone would call him with the results of the blood test the physician ordered, he did not receive a call. The physician responded that because the test results were complex, she preferred to discuss them in person with the patient at his next appointment which was scheduled for six months later, and that she believed that was reasonable for a patient with stage 0 of the disease.

The letter of guidance will advise the physician to: 1) recognize that patients with new diagnoses may be quite anxious about the results of any testing. Prompt communication may help alleviate their anxiety. In addition, patient requests for the results of tests ordered should be responded to by the practitioner or staff in a prompt manner; and 2) avail herself of appropriate education and/or counseling regarding communication with patients and insight into patients’ needs and behavior.

22. Intentionally left blank

23. Intentionally left blank

V. Assessment and Direction

24. AD17-251

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

25. AD 17-130

Mr. Ross moved to offer the physician a consent agreement to include probation with monitoring requirements and issue a complaint or allow the physician to surrender his license
while under investigation if he declines. Ms. Dench seconded the motion, which passed 5-0-0-2. Dr. Barnhart and Dr. Dumont were recused from the matter and left the room.

26. AD17-232

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

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 (none)

30. Other Items for Discussion (none)

VI. Informal Conference

A. CR16-138

At 1:02 p.m. Mr. Ross moved to enter executive session to conduct an informal conference pursuant to 32 M.R.S. § 3282-A(1). Dr. Dumont seconded the motion, which passed unanimously.

At 2:39 p.m. Mr. Ross moved to come out of executive session. Ms. Dench seconded the motion, which passed unanimously.

Following the informal conference, Dr. Waddell moved to table the matter. Ms. Weinstein seconded the motion, which passed unanimously.

VII. Minutes for Approval

Dr. Dumont moved to approve the minutes of the December 12, 2017 meeting. Mr. Ross seconded the motion, which passed unanimously.

VIII. Board Orders & Consent Agreement Monitoring

A. Board Orders (none)

B. Monitoring Reports

1. Mark E. Cieniawski, M.D.
Dr. Barnhart moved to approve the proposed practice consultant. Dr. Dumont seconded the motion, which passed unanimously.

2. **Malathy Sundaram, M.D.**

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

3. **Catherine Crute, M.D.**

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

4. **Intentionally left blank**

5. **Intentionally left blank**

IX. **Adjudicatory Hearing**

   A. **Lowell I. Gerber, M.D. [Appendix B]**

   Dr. Dumont moved to approve the signed amendment to consent agreement in lieu of completing the adjudicatory hearing. Mr. Ross seconded the motion, which passed 5-0-0-2. Ms. Dench and Dr. Gleaton were recused from the matter and left the room.

X. **Remarks of Chair (none)**

XI. **Remarks of Executive Director**

   A. **PowerPoint Presentation**

   Mr. Smith gave a PowerPoint presentation to the Board.

XII. **Assistant Executive Director’s Report**

   A. **Maine Quality Counts Milestone Report**

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

   B. **Complaint Status Report**

   As of January 1, 2018, there are one hundred complaints outstanding. Fifteen complaints were opened during the month of December and twelve were closed.

   C. **Licensing Feedback**
The Board reviewed feedback from a physician assistant regarding supervision and chart review. After discussion, the Board requested that staff draft changes to the policy regarding chart review of new physician assistant graduates for review at a future meeting.

XIII. Medical Director’s Report (none)

XIV. Remarks of Assistant Attorney General (none)

XV. Rulemaking (none)

XVI. Policy (none)

XVII. Requests for Guidance (none)

XVIII. Standing Committee Reports

A. Licensure and CME Committee

1. Licensing Status Report [Appendix C]

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

XIX. Board Correspondence (none)

XX. FSMB Material

   Mr. Ross moved to authorize Dr. Gleaton, Ms. Dench, Ms. Weinstein, any other Board member interested, and staff as determined by the Executive Director to attend the Federation of State Medical Board’s annual meeting in Charlotte, North Carolina April 25th – 28th, 2018. Dr. Barnhart seconded the motion, which passed unanimously.

XXI. FYI

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

XXII. Other Business (none)

XXIII. Adjournment 2:39 p.m.

   Respectfully submitted,

   [Signature]

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

In re: ) CONSENT AGREEMENT
Ronald D. Oldfield, P.A. )
Complaint No. CR16-264 )

This document is a Consent Agreement, effective when signed by all parties, regarding disciplinary action against the physician assistant license in the State of Maine held by Ronald D. Oldfield, P.A. The parties to the Consent Agreement are: Ronald D. Oldfield, P.A. ("Mr. Oldfield"), 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. §§ 3270-C, 3282-A.

STATEMENT OF FACTS

1. Mr. Oldfield has held a physician assistant license in the State of Maine since January 13, 1998 (current license number PAN564).

2. On January 4, 2017, the Board initiated a complaint following receipt of a mandated report pursuant to 24 M.R.S. § 2506 from Penobscot Community Health Care ("PCHC") stating that Mr. Oldfield's employment was terminated for violating its sexual harassment policy. The complaint identified several instances of alleged sexual harassing conduct engaged in by Mr. Oldfield towards a medical assistant, and an uncomfortable interaction reported by a minor patient's mother. The Board docketed the complaint as CR16-264, and sent it to Mr. Oldfield for a response.

3. By letter dated January 30, 2016 (sic), Mr. Oldfield responded to the complaint. In his response, Mr. Oldfield stated that the accusations
resulting in his termination were "exaggerated out of context items of previous discussions by walk in care staff members and alleged contact that never occurred piecemealed into a complaint that lacked cohesive credit and was filed by a disgruntled colleague and not the individual [he] supposedly harassed." Mr. Oldfield stated that he had a friendly relationship "with all my team and we often joked with and teased one another." Mr. Oldfield denied that he engaged in any of the alleged inappropriate conduct. Mr. Oldfield stated that he had short term memory issues associated with his military service.

4. On April 26, 2017, Mr. Oldfield underwent a psychological evaluation requested by the Board.

5. On August 18, 2017, Mr. Oldfield provided the Board with a neuropsychological assessment conducted on June 26, 2017.

6. 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.

7. At its meeting on September 12, 2017, the Board reviewed Complaint CR16-264, and voted to set this matter for an adjudicatory hearing. In addition, the Board voted to offer Mr. Oldfield this Consent Agreement to resolve this matter without further proceedings. Absent Mr. Oldfield'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

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

9. As discipline for the conduct described above, Mr. Oldfield agrees to accept the following discipline:

A period of license PROBATION for at least one (1) year subject to the following conditions:

a) Within three (3) months of the effective date of this Consent Agreement, Mr. Oldfield must enroll in a disruptive providers continuing medical education course approved by the Case Reporter for Complaint CR16-264. Mr. Oldfield shall submit written evidence of his completion of the pre-approved course to the Board within ten (10) days of course completion;

b) Within thirty (30) days of the effective date of this Consent Agreement, Mr. Oldfield shall obtain a substance misuse evaluation through the Maine Medical Professionals Health Program or comparable program approved by the Board ("MPHP"). Such evaluation shall include toxicological testing of his hair or nails. Mr. Oldfield shall submit a copy the written substance misuse evaluation to the Board and must comply with any and all recommended treatment or monitoring contained in the evaluation. Mr. Oldfield shall sign all releases or authorizations necessary for the Board, Board staff, or Board legal counsel to obtain information and communicate with
MPHP and any health care provider who provides him with an evaluation or treatment; and

c) Mr. Oldfield must engage in mental health therapy conducted by a licensed doctorate level professional ("Therapist") approved by the Case Reporter for Complaint CR16-264. The Therapist shall have access to the April 26, 2017 psychological evaluation, the June 26, 2017 neuropsychological assessment, and the completed written substance misuse evaluation required above. Mr. Oldfield understands that the Therapist shall be an agent of the Board pursuant to 24 M.R.S. § 2511. Mr. Oldfield shall cause the Therapist to submit quarterly written reports to the Board confirming Mr. Oldfield's participation and progress in mental health therapy.

Following his completion of one (1) year of mental health therapy, Mr. Oldfield may submit a written request to modify or eliminate the requirements of this subparagraph. Any request by Mr. Oldfield to modify or eliminate the requirements of this subparagraph must include a recommendation from the Therapist regarding the request. Following receipt and review of a request and the Therapist's recommendation, the Board, in its sole discretion, may maintain, modify, or eliminate the requirements of this subparagraph for any remaining period of probation.

10. The duration of any probationary period shall be tolled for: a) any absence from the state that is in excess of thirty (30) continuous days; b) any absence from the state that is in excess of sixty (60) aggregate days in a single year; c) any period in which Mr. Oldfield does not hold an active license or
physician assistant registration. Mr. Oldfield shall inform the Board in writing in advance of any such absence from the state.

11. Mr. Oldfield 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 unprofessional conduct and a violation of this Consent Agreement.

12. Violation by Mr. Oldfield 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. Any conduct of Mr. Oldfield described herein may be considered in future Board action(s) as evidence of a pattern of misconduct.

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 Mr. Oldfield 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. Mr. Oldfield 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. 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, RONALD D. OLDFIELD, P.A., 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: 12/13/17

RONALD D. OLDFIELD, P.A.

STATE OF Maine

Piscataquis, S.S.

Personally appeared before me the above-named Ronald D. Oldfield, P.A., 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: 12/13/17

NOTARY PUBLIC/ATTORNEY

Heather Weymouth Pomierleau
Notary Public, State of Maine

MY COMMISSION ENDS: ________

Expires April 23, 2022
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED:  1/9/18

MAROULLA S. GLEATON, M.D., Chair

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED:  January 9, 2018

MICHAEL MILLER
Assistant Attorney General

Effective Date: January 9, 2018
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re: Lowell I. Gerber, M.D. Complaint No. CR15-12

FIRST AMENDMENT TO CONSENT AGREEMENT

This document is a First Amendment to Consent Agreement for Discipline effective July 7, 2015, regarding disciplinary action imposed upon the license to practice medicine in the State of Maine held by Lowell I. Gerber, M.D ("First Amendment"). The parties to this First Amendment are: Lowell I. Gerber, M.D. ("Dr. Gerber"), the State of Maine Board of Licensure in Medicine ("the Board"), and the Department of the Attorney General (the "Attorney General"). This First Amendment is entered into pursuant to 32 M.R.S. § 3282-A and 10 M.R.S. § 8003(5).

BACKGROUND

1. On July 7, 2015, the parties entered into a Consent Agreement ("the Consent Agreement").

2. In October 3, 2017, the Board issued a preliminary denial of Dr. Gerber’s application to renew his medical license which Dr. Gerber appealed.

3. On December 12, 2017, the Board held the first day of an adjudicatory hearing regarding the preliminary denial of Dr. Gerber’s application to renew his medical license.

4. This Amendment to the Consent Agreement has been negotiated in order to resolve all matters currently pending before the
Board.

AMENDMENT

5. Dr. Gerber, the Board, and the Department of the Attorney General hereby agree to amend the Consent Agreement dated July 7, 2015 by:

1) Amending paragraph 8(d)(1) to read as follows:

Requirement of a Chaperone: Dr. Gerber shall not treat or examine any female patient unless there is an adult female chaperone approved by the Board Chair or Case Reporter present at all times during the treatment or examination. Dr. Gerber may utilize multiple approved chaperones. Approval of a proposed chaperone shall not be arbitrarily or unreasonably withheld or delayed. The chaperone may be medical assistants, nurses, nurse practitioners, physicians or other independent objective persons. The chaperone MAY NOT be: a) a member of Dr. Gerber’s family or household; b) a current or former patient; or c) the spouse or companion of a patient. In the event of a patient refusal to consent to a chaperone, or the unavailability of an approved chaperone, Dr. Gerber must reschedule the appointment or refer the patient for treatment elsewhere. Dr. Gerber shall cause the chaperone to sign the corresponding patient record at the time of the treatment or examination attesting to their attendance during the patient examination or interaction. Upon request by the Board, Dr. Gerber
shall immediately identify the chaperone utilized with regard to any patient and provide the chaperone's contact information. Dr. Gerber shall provide a copy of this Consent Agreement, together with any amendments hereto, to any chaperone utilized in his medical practice and maintain a written record available for inspection signed by the chaperone that he/she has received and read the Consent Agreement, as amended.

2) Deleting paragraph 8(d)(6) thereby removing the requirement of a physician practice monitor.

3) Inserting a new paragraph 8(d)(8) as follows:

Dr. Gerber acknowledges that while this Consent Agreement together with any amendments 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. If providing notice or supplying information to the Board is required by any provision of this Consent Agreement, as amended, Dr. Gerber shall provide such notice in writing to Julie Best, Complaint Coordinator.

Failure to comply with or respond to any request will be considered a violation of this Consent Agreement.

6. Dr. Gerber acknowledges by his signature hereto that all other terms and conditions of the Consent Agreement effective July 7, 2015, as amended, remain in full force and effect.
7. The Board shall approve Dr. Gerber’s August 30, 2017 application to renew his medical license upon the execution of this First Amendment to Consent Agreement by all parties.

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

9. Nothing herein precludes Dr. Gerber from requesting reconsideration of any term, provision or condition in this Amendment or the Consent Agreement.

10. Dr. Gerber has been represented by Jeffrey Bennett, Esq., who has participated in the negotiation of the terms of this Consent Agreement.
THE FOREGOING FIRST AMENDMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING THIS FIRST AMENDMENT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I SIGN THIS FIRST AMENDMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS FIRST AMENDMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

Dated: 1-3-18

LOWELL I. GERBER, M.D.

STATE OF MAINE
CUMBERLAND, SS.

Before me this 3rd day of January, 2018, personally appeared Lowell I. Gerber, M.D., who after first being duly sworn, signed the foregoing First Amendment to Consent Agreement in my presence or affirmed that the signature above is his own.

BROOKE BAILEY
Notary Public-Maine
My Commission Expires
May 17, 2024

DATED: 1-4-18

JEREMY BENNETT, ESQ.
Attorney for Lowell I. Gerber, M.D.
Dated: 1/9/18

Mary Louisa Barnhart, M.D.,
Acting Chairperson

Dated: January 9, 2018

Michael Miller
Assistant Attorney General

Effective Date: January 9, 2018
The following information is included:

A summary of all new licenses granted in December 2017 by license type (53);

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

A summary of all pending applications by license type (204);

A list of online vs. paper renewals in December 2017 by license type (94.78%); and

The number of licenses expired December 31, 2017 (42).

The Number of licenses lapsed on January 1, 2018 (0). Due to the change in renewal time from 60 to 90 days after expiration, there were no automatically lapsed licenses this month.

In addition the overall licensing statistics include:

The number of active MD licenses (not including EC) January 2, 2018 (5786);

The number of active MD licenses with a Maine address (not including EC) on January 2, 2018 (3489);

The number of active PA/PAN licenses on January 2, 2018 (830);

The number of active PA/PAN licenses with a Maine address on January 2, 2018 (768); and

The number of licenses pending renewal on January 2, 2018 (51).

A review of 2017 indicates:

794 New Licenses issued and 3,088 Renewals processed.

47.23 days on average to process a license application (58.17 days for permanent applications).
We look forward to your feedback.
## SUMMARY BY LICENSE PREFIX

**EL - EMERGENCY 100-DAY LICENSE**
- A - Active: 3
- SUBTOTAL: 3

**MD - MEDICAL DOCTOR**
- A - Active: 32
- SUBTOTAL: 32

**PA - PHYSICIAN ASSISTANT - CLINICAL**
- A - Active: 4
- SUBTOTAL: 4

**PAN - PHYSICIAN ASSISTANT - NON-CLINICAL**
- A - Active: 2
- SUBTOTAL: 2

**TD - TEMPORARY LICENSE**
- A - Active: 12
- SUBTOTAL: 12

## SUMMARY BY LICENSE STATUS
- A - Active: 53

TOTAL ALL LICENSES: 53
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**SUMMARY BY LICENSE STATUS**

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