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The Board met in public session except during 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**

- **8:29 a.m. – 8:34 a.m.**
  - Pursuant to 10 M.R.S. § 8003-B(1) and 24 M.R.S. § 2510 to discuss pending complaints

### RECESSES

- **10:11 a.m. – 10:16 a.m.**
  - Recess
- **11:07 a.m. – 11:15 a.m.**
  - Recess
- **12:05 p.m. – 12:15 p.m.**
  - Lunch
- **1:05 p.m. – 1:13 p.m.**
  - Recess

### I. Call to Order

Dr. Barnhart called the meeting to order at 9:16 a.m.

### A. Introduction of New Staff Member

Mr. Smith introduced Nikolette Alexander, the Board’s new Investigative Secretary. Ms. Alexander gave the Board a brief description of her work history and accomplishments.
B. Meeting Announcements

Mr. Smith briefly reviewed Board meeting processes and protocols.

C. Amendments to Agenda

Dr. Dumont moved to amend a First Amendment to Consent Agreement document regarding AD17-130 onto the agenda. Mr. Ross seconded the motion, which passed unanimously.

D. Scheduled Agenda Items

1. 11:00 a.m. American Board of Medical Specialties Presentation
2. 1:00 p.m. Adjudicatory Hearing – William Ortiz, M.D. (CR17-112)

II. Licensing

A. Applications for Individual Consideration

1. Initial Applications
   a. Jay Homburger, M.D.
      The Licensure Committee moved to approve Dr. Homburger’s license application. The motion passed unanimously.

2. Reinstatement Applications (none)

3. Renewal Applications
   a. Irwin Gross, M.D.
      The Licensure Committee moved to approve Dr. Gross’ renewal application. The motion passed unanimously.

b. Sally Weiss, M.D.

   At 8:29 a.m. Mr. Ross moved to enter executive session pursuant to 10 M.R.S. § 8003-B (1) and 24 M.R.S. § 2510 to discuss pending complaints. Ms. Dench seconded the motion, which passed unanimously.

   At 8:34 a.m. Mr. Ross moved to come out of executive session. Ms. Dench seconded the motion, which passed unanimously.

   The Licensure Committee moved to grant Dr. Weiss’ request for a waiver to renew her license while a complaint is outstanding. The motion passed unanimously.
4. Requests to Convert to Active Status (none)

5. Requests to Withdraw License/License Application
   a. Sumendra Joshi, M.D.
      The Licensure Committee moved to approve Dr. Joshi’s request to withdraw his license application. The motion passed unanimously.
   b. Kriti Devkota, M.D.
      The Licensure Committee moved to approve Dr. Devkota’s request to withdraw her license application. The motion passed unanimously.

6. Requests for Supervisory Relationships (none)

B. Other Items for Discussion
   a. References
      The Board discussed the value of obtaining references for license applicants. The Board requested that staff develop a plan to transition to the use of criminal background checks in place of references and report back at an upcoming meeting.
   b. Licensure Committee
      The Board discussed the current process for reviewing license applications and discussed ways to make the process more efficient. The Board will test sending license applications directly to the full Board for review for the next three months. The Licensure Committee will be convened for discussion of specific issues when needed.
   c. Board Secretary Duties
      Dr. Dumont moved to approve amendments to the Board Secretary Duties policy. Mr. Ross seconded the motion, which passed unanimously.
   d. Request For Waiver of Exam Requirements
      The Board reviewed a request to waive the jurisprudence exam requirement for ten residents completing a two-week rotation at a hospital in Maine. The Board does not have the authority to waive the requirement.
C. Citations and Administrative Fines

The Licensure Committee moved to issue citations and administrative fines for the six instances presented by Board staff. The motion passed unanimously.

III. Consent Agreements/Resolution Documents for Review

1. AD17-130 Thomas J. Keating, M.D. [Appendix A]

Dr. Waddell moved to approve the signed First Amendment to Consent Agreement. Mr. Ross seconded the motion, which passed 6-0-0-1. Dr. Dumont was recused from the matter and left the room.

IV. Complaints

1. CR17-88

Ms. Weinstein moved to set the matter for an Adjudicatory Hearing, authorize AAG Miller to negotiate a consent agreement for voluntary surrender of license, and order a § 3286 evaluation if the physician declines the offer to voluntarily surrender her license. Dr. Sullivan seconded the motion, which passed unanimously.

2. CR17-220

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

MOTION: This is a very complicated case of a seventy-three-year-old male who underwent spinal surgery and then had a prolonged decline over several months before eventually being diagnosed with a spinal infection. The patient required prolonged intravenous antibiotics and then more surgery and he alleges these complications were the result of poor care by his neurosurgeon. Extensive records demonstrate attentive care by the neurosurgeon but the situation was complicated by the patient living a distance away from the neurosurgeon. This made timely visits difficult. This was compounded by difficulty sharing medical records between two disparate healthcare systems and the patient getting most of his care locally. There does appear to have been a delay in diagnosing the spinal infection, however, the physician in question was not involved with the patient’s care during most of this period. When the surgeon became aware of the patient’s decline and saw the patient back for reevaluation he took appropriate steps to expedite the required workup. No violations in care are noted.

3. CR17-58

Dr. Dumont moved to table the matter. Mr. Ross seconded the motion, which passed unanimously.
4. CR18-1

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

**MOTION:** A patient suffered troubling complications due to a septoplasty procedure. He complains that his ENT surgeon did not properly obtain consent for the turbinate repositioning portion of the procedure. He also complains that the surgeon “forged” records to avoid the appearance of a less than optimal surgical outcome. Review of the records does not support these allegations.

5. CR18-3

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

**MOTION:** A patient complains of the current care he has received from the physician regarding a previous injury. Records reveal appropriate, consistent and considerate care. The physician repeated imagining studies, counseled the patient with respect to his physical activities, trialed different medications and made referrals.

6. CR18-38

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

**MOTION:** A patient has multiple complaints regarding the care received from the treating emergency room physician, including being placed in a hallway bed for the visit, lack of privacy, poor interaction with the treating physician, and the treating physician’s failure to prescribe pain medication. Review of the records and the physician’s response reveals appropriate care.

7. CR18-5 Oscar R. Batlle, M.D.

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

**MOTION:** In this case, a patient complains that the physician did not diagnose or provide an adequate explanation for her postoperative loss of peripheral vision. In his response, the physician stated that there were no intraoperative complications, and explained the postoperative course of care. He also explained changes made to his electronic medical record system.

The letter of guidance will advise the physician that: 1) a physician should care for the patient, especially the surgical patient, by addressing their medical concerns and by allaying
their fears through empathetic communication; the medical record should reflect that effort; and 2) it is especially important when working with medical scribes that the physician personally reviews and signs off on the medical record certifying its accuracy.

8. CR17-230 Roberto B. Abeyta, M.D.

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

MOTION: In this case, a patient’s mother alleges that the physician failed to appropriately treat her daughter who was diagnosed with pneumonia the next day at a different health care facility. In his response, the physician explained his examination of the patient and indicated that despite some persistent tachycardia, the child’s fever had improved and she was interactive without signs of respiratory distress or bacterial infection.

The letter of guidance will advise the physician to: maintain knowledge and avail himself of appropriate continuing medical education in pediatric evaluation and treatment in emergency department settings.

9. CR17-237 Ruth E. Talley, M.D.

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

MOTION: In this case, the physician represented on her 2015 and 2017 applications for medical license renewal that she was ABMS certified in critical care medicine, but her certification expired on December 31, 2014. In her response, the physician acknowledged and apologized for her oversight in updating this information on her applications and stated that she recently became ABMS certified in December 2017.

The letter of guidance will advise the physician that: 1) any application filed with the Board should be reviewed for accuracy prior to signing; and 2) it is the physician’s responsibility to keep the Board informed of any changes to the information provided in connection with an application for licensure.

10. CR17-260

Dr. Dumont moved to set the matter for an adjudicatory hearing and authorize AAG Miller to negotiate a consent agreement to include probation with conditions. Ms. Weinstein seconded the motion, which passed unanimously.

11. CR18-22

Dr. Barnhart moved to dismiss the complaint. Dr. Sullivan seconded the motion, which passed unanimously.
MOTION: The guardian of a patient complains the patient was discharged without her permission. She points out that the patient was deemed incompetent to make decisions, which is why she is his guardian. Review of the records reveals appropriate care. The staff tried to get the patient to stay in the hospital and have suitable follow up arranged. The patient chose to leave AMA (against medical advice). No medications were prescribed and no follow up was arranged.

The psychiatrist responded and was correct that the guardian can sign for treatment once a patient chooses to be in the hospital. The guardian cannot admit the patient against his will, nor keep the patient in the hospital against his will. Only the formal legal involuntary commitment process, which varies from state to state, can admit or keep the patient involuntarily. In this case, the psychiatrist explained in the records why the patient did not meet criteria for involuntary commitment.

The psychiatrist noted the error in not notifying the guardian of the patient’s discharge and called her to apologize. He has instituted systemic changes to prevent this from occurring in the future.

12. CR18-23

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

13. CR18-25

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

MOTION: A patient has multiple complaints regarding the care received from the provider including a delay in treatment, rude interaction, and perceived failure to receive the prescribed medication. Review of the records and the provider’s response reveals appropriate care and documentation.

14. CR18-31

Ms. Dench moved to issue a citation and administrative fine based on the physician’s failure to report the existence of an outstanding complaint before the Board on her renewal application, and dismiss the complaint if the citation is accepted and the fine paid. Mr. Ross seconded the motion, which passed unanimously.

15. CR18-10

Ms. Dench moved to dismiss the complaint. Mr. Ross seconded the motion, which passed 6-0-0-1. Dr. Dumont was recused from the matter and left the room.
MOTION: A patient presented to the emergency department with severe back pain which had been treated with Fentanyl and Toradol earlier in the day by his primary care physician. The evaluation with an exam and CT scan showed no surgical cause for the pain. The patient was given Valium for muscle spasm and was to be discharged. The patient became angry, threatened staff, and threatened to kill himself if not given pain medication. He refused the offer of more Toradol and continued to threaten self-harm. The patient was transferred to a secure room in the emergency department for a tele-psychiatry evaluation. The patient noted that his severe pain was gone after being transferred and attributed it to the rough way he was handled. The medical records do not reflect that there was any physical restraint or struggle. The patient was evaluated by a psychiatrist after things had calmed down and he was discharged, with the plan that his wife would remove firearms from the home. A close review of the medical record and nursing notes reveals a very difficult situation, but reasonable care.

16. CR18-39

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

MOTION: A patient complains that the physician did not properly transfer her records to a new provider when he retired and left the state. She also complains that the physician colluded with her employer against her in a workers’ compensation complaint. By all indications, the patient’s medical records were properly transferred and there is no evidence to support the allegation that the physician colluded with or worked for the patient’s prior employer against her in the workers’ compensation matter.

17. CR18-47

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

MOTION: A mother complains that she has not been included in her child’s care. The mother and father are estranged. The physician obtained verbal consent repeatedly from the father for the child’s grandmother to be involved with the child’s care. It is unclear why the mother is not involved at first, but when a controversial medication is contemplated, the physician includes the mother in a joint appointment with the father. There was strong specialty suggestion that the medication be tried as the child is having significant problems at school. It is unclear if a fair trial occurred as the dose was very low and the mother changed her mind about giving the medication to her son. Because the estranged parents were unable to compromise, the treatment has been placed in jeopardy. The mother would like the physician to mediate between the parents, but the physician does not feel that is his role. The chart was reviewed and is appropriate, including the physician’s request for a same day urine drug screen and the inclusion of the mother’s family history in the chart.
18. CR18-53

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

MOTION: The patient’s father complains that the physician inappropriately prescribed pain medications for his son. The father also believes that other medications that his son was prescribed made him confused and contributed to him taking too many pain medications. The physician responded that the patient was referred to him to wean him off the medications and look at other treatment options. The physician also states that the patient was on a very high dose of medications and they were working to get him down to a safer level as he was at high risk for overdose due to the amount of pain medication he was taking. A review of the records reveals the patient received reasonable care.

19. CR18-54

Dr. Barnhart moved to investigate further. Mr. Ross seconded the motion, which passed 6-0-0-1. Dr. Waddell was recused from the matter and left the room.

20. CR18-55

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

MOTION: The patient complains that the physician assistant refused to treat her and abandoned her. The patient states that the physician assistant walked into the room and said he knew her and she needed to go home and “deal with it.” She was given two shots and sent home. The physician assistant responded and denied saying anything like that because it would be grossly out of character. He explained to the patient that she would need a follow up MRI and long-term pain management through her primary care provider. No rebuttal was received. Review of the records reveals the patient received reasonable care.

21. CR18-58

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

MOTION: An inmate of a regional jail complains about the care he received from a physician assistant. The patient felt his dental condition was not being addressed. Review of the records reveals that the care was appropriate given there is no dental provider on staff and the problem was deemed non-emergent. Precautions were taken to treat gingival infection.

22. CR18-100

Dr. Dumont moved to approve the complainant’s request to withdraw the complaint. Dr. Waddell seconded the motion, which passed unanimously.
23. CR17-199

Dr. Waddell moved to set the matter for an adjudicatory hearing and authorize AAG Miller to negotiate a consent agreement to include probation with conditions or a consent agreement with the physician’s agreement not to perform the surgical procedure involved in this complaint. Ms. Dench seconded the motion, which passed unanimously.

24. Intentionally left blank

25. Intentionally left blank

V. Assessment and Direction

26. AD18-88

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

27. AD18-68

Dr. Dumont moved to issue a complaint (CR18-122) and request that the physician voluntarily agree to restrict his controlled substance prescribing to Buprenorphine products only. Mr. Ross seconded the motion, which passed unanimously.

28. AD18-92

Dr. Sullivan moved to issue a citation and administrative fine based on the physician assistant’s failure to notify the Board of a change in primary supervising physician within ten days. Ms. Weinstein seconded the motion, which passed unanimously.

29. AD18-103

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

30. AD18-104

Dr. Waddell moved to issue a citation and administrative fine based on the physician’s failure to answer accurately a question on his renewal application. Dr. Sullivan seconded the motion, which passed unanimously.

31. AD18-101

Dr. Dumont moved to close the matter with no further action. Mr. Ross seconded the motion, which passed unanimously.
32. AD18-102

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

33. AD18-63

Dr. Sullivan moved to issue a complaint (CR18-136). Ms. Weinstein seconded the motion, which passed unanimously.

34. AD18-64

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

35. AD18-95 Brandt E. Rice, M.D. [Appendix B]

Dr. Dumont moved to issue a complaint (CR18-123), summarily suspend Dr. Rice’s license, and authorize AAG Miller to negotiate an interim consent agreement for suspension of license which may be signed by the Board Chair or Board Secretary upon receipt. Ms. Dench seconded the motion, which passed unanimously.

36. AD18-107 Hugh V. MacDonald, M.D. [Appendix C]

Mr. Ross moved to issue a complaint (CR18-131) and negotiate an interim consent agreement for suspension of license which may be signed by the Board Chair or Board Secretary upon receipt. Ms. Weinstein seconded the motion, which passed unanimously.

37. AD18-87

Dr. Dumont moved to issue a complaint (CR18-137). Ms. Dench seconded the motion, which passed 6-0-0-1. Dr. Waddell was recused from the matter and left the room.

38. Intentionally left blank

39. Pending Adjudicatory Hearings and Informal Conferences Report

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

40. Consumer Assistance Specialist Feedback

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

41. Other Items for Discussion (none)

VI. Informal Conference (none)
VII. Minutes for Approval

A. May 8, 2018

Ms. Dench moved to approve the minutes of the May 8, 2018 meeting. Dr. Waddell seconded the motion, which passed 5-0-2-0 with Dr. Barnhart and Dr. Dumont abstaining.

VIII. Board Orders & Consent Agreement Monitoring

A. Board Orders (none)

B. Monitoring Reports

1. Donald B. Shea, M.D.

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

2. William P. Carter, III., M.D.

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

3. Malathy Sundaram, M.D.

   Dr. Waddell moved to amend the Consent Agreement. Mr. Ross seconded the motion, which failed 3-4.

   Following further discussion, Ms. Weinstein moved not to amend the Consent Agreement. Ms. Dench seconded the motion, which passed unanimously.

4. Ronald D. Oldfield, P.A.

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

IX. Adjudicatory Hearing 1:00 p.m.

A. CR17-112 William Ortiz, M.D. [Appendix D]

   Mr. Ross moved to accept the signed Consent Agreement in lieu of proceeding with the adjudicatory hearing. Ms. Dench seconded the motion, which passed 6-0-0-1. Dr. Waddell was recused from the matter and left the room.

X. Remarks of Chair (none)
XI. Remarks of Executive Director

Mr. Smith reported that a new public member, Miriam Smith Wetzel, has been appointed to the Board.

XII. Assistant Executive Director’s Report

Mr. Terranova reported that a change to the statute in November of 2017 allowed the Board to stop sending renewal notices by mail. Board staff has continued to send notices by e-mail and regular mail to allow time for licensees to transition to the new process. Mr. Terranova requested approval to discontinue mailing notices in September of 2018. Any licensee without a valid e-mail address will be mailed a renewal notice. Following discussion, the Board instructed staff to discontinue mailing renewal notices in September 2018, but requested that a notice be mailed to any licensee who has not renewed thirty days prior to their license expiration date.

A. Maine Quality Counts

The Board reviewed a report from Maine Quality Counts. The Board requested proposals for the upcoming year for review.

B. MPHP Contract

Dr. Sullivan moved to approve pursuing a contract in the amount of $85,000 with the Medical Professionals Health Program.

C. New Zealand Agreement

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

D. Complaint Status Report

As of June 1, 2018, there are one hundred one complaints outstanding. Eighteen complaints were opened during the month of May and ten were closed.

E. Licensing Feedback

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

XIII. Medical Director’s Report

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

XIV. Remarks of Assistant Attorney General (none)
XV. Rulemaking

A. Chapter 21 – Universal Precautions

Dr. Sullivan moved to refer the matter to a rulemaking workgroup for discussion. Dr. Dumont seconded the motion, which passed unanimously.

XVI. Policy Review (none)

XVII. Requests for Guidance (none)

XVIII. Standing Committee Reports

A. Licensure and CME Committee

1. Licensing Status Report [Appendix E]

During review of the licensing status report, Mr. Terranova brought to the Board’s attention that there are a number of initial applications pending for which payment has not been submitted. After discussion, Ms. Dench moved that if payment has not been submitted within three months of receipt of application, staff can send a notice with a deadline to submit payment and void the application if payment is not received. Ms. Weinstein seconded the motion, which passed unanimously.

XIX. Board Correspondence

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

XX. FSMB Material

A. FSMB Advocacy Network News

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 11:00 a.m.

A. American Board of Medical Specialties (ABMS) Presentation

Dr. Mira Irons from the ABMS gave a PowerPoint presentation regarding specialty board certification and maintenance of certification.
XXIII. Adjournment 2:17 p.m.

Respectfully submitted,

[Signature]

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

In re: Thomas J. Keating, M.D. No. AD17-130

FIRST AMENDMENT TO CONSENT AGREEMENT

This document is a First Amendment to Consent Agreement effective February 13, 2018, regarding action taken upon the license to practice medicine in the State of Maine held by Thomas J. Keating, M.D ("First Amendment"). The parties to this First Amendment are: Thomas J. Keating, M.D. ("Dr. Keating"), 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 February 13, 2018, the parties entered into a Consent Agreement regarding action taken upon the license to practice medicine in the State of Maine held by Dr. Keating ("the Consent Agreement"). The Consent Agreement imposed probation for at least one year with specified conditions.

2. By letter dated March 1, 2018, Dr. Keating informed the Board of his plan to retire and requested that his license be changed to inactive status.

3. On April 9, 2018, the Board considered Dr. Keating’s request and voted to offer Dr. Keating this First Amendment. Absent acceptance
of this First Amendment by Dr. Keating by signing it and dating it in front of a notary and returning it to the Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before July 2, 2018, the conditions of probation contained in the Consent Agreement shall remain in full force and effect.

**AMENDMENT**

4. Dr. Keating, the Board, and the Department of the Attorney General hereby agree to amend the Consent Agreement dated February 13, 2018 by:

   Deleting paragraph 5 and substituting a new paragraph 5 to read as follows:

   Dr. Keating’s license to practice medicine in Maine is hereby converted to an “Emeritus License”. An “Emeritus License” means a license issued to a qualified physician who is licensed in Maine and who has retired from the active practice of medicine and does not render medical services or prescribe any medications.” Board Rule Chapter 1, § 1(10). Dr. Keating may not obtain any other medical license in Maine without first obtaining Board approval following demonstration that Dr. Keating: a) has met all qualifications; b) has completed a Board approved clinical competency assessment; and c) has obtained comprehensive mental and physical evaluation(s) as directed by the Board. Upon receipt of the required assessment and evaluation(s), the Board, in
its sole discretion, shall determine whether to grant the license and may impose any terms or conditions it deems necessary, including but not limited to the original terms and conditions contained in the Consent Agreement prior to this First Amendment.

5. Dr. Keating acknowledges by his signature hereto that all other terms and conditions of the Consent Agreement effective February 13, 2018, as amended, remain in full force and effect.

6. Dr. Keating 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.
I, THOMAS J. KEATING, M.D., HAVE READ AND UNDERSTAND 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: 6/9/18

THOMAS J. KEATING, M.D.

STATE OF MAINE

Cumberland County SS.

Before me this 5 day of June, 2018, personally appeared Thomas J. Keating, 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.

SAMUEL C. DUNKEL
Notary Public
Maine
My Commission Expires June 12, 2022

Notary Public/Attorney at Law
My commission expires:

RECEIVED
JUN 07 2018
BOARD OF LICENSURE IN MEDICINE
STATE OF MAINE BOARD OF LICENSURE IN MEDICINE

DATED: 6-12-18

LOUISA BARNHART, M.D.,
Acting Chairperson

STATE OF MAINE DEPARTMENT OF THE ATTORNEY GENERAL

DATED: 6-12-18

MICHAEL MILLER
Assistant Attorney General

Effective Date: 6-12-18
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

IN RE: Brandt E. Rice, M.D. ORDER OF IMMEDIATE SUSPENSION AD18-95

On June 12, 2018, the Maine Board of Licensure in Medicine ("the Board") met and reviewed materials received regarding Brandt E. Rice, M.D., license number MD17950 ("Dr. Rice"). On the basis of its review of these materials, the Board concludes that the continued ability of Dr. Rice to hold an active license to practice medicine in the State of Maine constitutes an immediate jeopardy to the health and safety of the public who might receive his medical services, and that it is necessary to immediately suspend his license pending a hearing in order to adequately respond to this risk.

This suspension is issued pursuant to 5 M.R.S. § 10004(3). Dr. Rice’s Maine medical license shall be suspended effective immediately upon issuance of this Order for a thirty (30) day period ending on July 12, 2018, at 11:59 p.m., pending further Board action at an adjudicatory hearing, which shall be scheduled shortly. A formal notice of hearing shall be transmitted, which will outline the issues and procedures for the hearing.

PRELIMINARY FINDINGS

Specifically, the Board preliminarily finds for purposes of this Order and pursuant to the materials received and reviewed as follows:

1. Dr. Rice was first licensed to practice medicine in Maine on September 25, 2008. His current license to practice medicine in Maine expires on December 1, 2019.

2. On January 16, 2018, Dr. Rice submitted an application to renew his Maine medical license. On that application, he represented that he provides "gratis/concierge/and locums work in the State of Maine" and updated his work and home address information with the Board, providing the following information:

   Address: Concierge Medicine of Maryland and Maine
   6517 80th Street
   City: Cabin John
   County: Montgomery
   State: MD
   Zip: 20818

3. On May 8, 2018, the Board received a complaint from Patient A who alleged that Dr. Rice was under investigation by authorities in the State of Maryland "for procuring oxycodone for a fake patient." In addition, Patient A alleged that during the time she
was a patient of Dr. Rice, “he was liberal in handing out of samples of benzodiazepines and non-benzodiazepines as well as opiates…” which led Patient A to become physically dependent on Xanax. The Board docketed this complaint as CR18-94.

4. On May 11, 2018, the Board received a complaint from the spouse of Patient B, who alleged that he had made numerous requests to Dr. Rice for copies of Patient B’s medical records during the previous month and left numerous phone messages for Dr. Rice that have been mostly unanswered. According to the complaint, as of May 11, 2018, despite multiple requests and messages, they have received nothing from Dr. Rice, not even an acknowledgment. The Board docketed this complaint as CR18-98. On June 1, 2018, the complainant indicated that they had still received no further communication from Dr. Rice.

5. On May 14, 2018, Board staff called Dr. Rice, using a phone number that he provided to the Board, regarding complaint CR18-98 in an attempt to assist Patient B in obtaining medical records from Dr. Rice. Dr. Rice did not answer the phone, and Board staff was unable to leave a voicemail as the mailbox was full. Board staff then sent an email to Dr. Rice at the email address that he provided to the Board, regarding Patient B’s medical records, and requested that he communicate with the Board “as soon as possible.” To date, Dr. Rice has not responded to the email.

6. On May 14, 2018, Board staff obtained an online news article indicating that Dr. Rice had been charged criminally by law enforcement authorities in Montgomery County, Maryland, with forging numerous prescriptions for Oxycodone and Hydrocodone for a fake patient identified as Aaron Rice. According to the article, investigators attempted to locate Aaron Rice, but neither his Maryland or Maine addresses as provided by Dr. Rice existed. In addition, law enforcement searched multiple national and local data bases for Aaron Rice and could not find that he existed. The article also indicated that a pharmacist at Rite Aid alerted Montgomery County Police, who obtained information from Rite Aid’s internal data base. The article reported in 2017 alone, Dr. Rice obtained 11,600 30 mg tablets of Oxycodone – an average of 225 tablets per week – and Dr. Rice paid for all of the drugs, never using insurance.

7. Review of records of the Maine Prescription Monitoring Program (“MPMP”) confirmed that Dr. Rice has issued over 200 prescriptions for Oxycodone and other controlled substances (over 27,000 pills) between June 2014 and December 2017 to Aaron Rice. Most recently, PMP records reflect that individual prescriptions for 250 mg Oxycodone HCL tablets representing a daily dose of 2250 morphine milligram equivalents (“MME”) were prescribed for Aaron Rice by Dr. Rice on October 4, 15, 20, 28, November 5, 14, 19, 28, and December 3, 2017. Aaron Rice’s identified addresses includes Dr. Rice’s current Board contact address:

14 Wagner Road, Brooksville, Maine 04617
42 Wagner Road, Brooklin, Maine 04616
8. Board Investigator/Attorney General Detective James Gioia checked local and national data bases, and was unable to locate anyone with the name of Aaron Rice with the same date of birth. In addition, Detective Gioia confirmed that the address listed for Aaron Rice of 14 Wagner Road Brooksville, Maine does not exist.

9. Board staff spoke with pharmacists at the Rite Aid Pharmacy in Blue Hill, Maine regarding Dr. Rice’s prescriptions to Aaron Rice. The pharmacists confirmed that Dr. Rice issued numerous prescriptions for Oxycodone and Hydrocodone for Aaron Rice, and that Dr. Rice personally delivered the prescriptions and picked up the prescription drugs paying with cash.

10. Board staff obtained a copy of an interview of Dr. Rice on March 7, 2018, conducted by Detectives with the Montgomery County Police, Special Investigations Division in Maryland. During the interview, Dr. Rice stated that Aaron Rice (“Aaron”) contacted him approximately five years prior and became his patient. According to Dr. Rice, Aaron had metastatic prostate cancer and exclusively saw Dr. Rice for treatment. The treatment consisted of Aaron driving himself to Dr. Rice’s office, at which time Dr. Rice would meet him in the parking lot for an evaluation. Aaron was very limited in his mobility, but could get himself in a car and drive to Dr. Rice’s office. Because of Aaron’s limited mobility, Dr. Rice filled all of Aaron’s prescriptions for him, both in Maine and in Maryland. All of the prescriptions for pain medication that Dr. Rice wrote to Aaron were written on prescriptions from his clinic in Maine, “Coastal Family Medicine of Maine.” Dr. Rice had no idea where Aaron was staying in Maryland, never went to his home, and never obtained any identification from him. Dr. Rice did not have access to any of Aaron’s medical records. Dr. Rice was unable to provide any contact information for Aaron because when Aaron came to Maryland, he gave Dr. Rice a prepaid cell phone and would only communicate with Dr. Rice with that cell phone. After Dr. Rice refused to fill any more pain medication prescriptions for Aaron, Dr. Rice threw the phone away.

11. Board staff obtained a copy of information from the District Court of Maryland for Montgomery County regarding pending criminal charges against Dr. Rice. According to that information, Dr. Rice has been charged with four counts of unlawfully obtaining a prescription drug.

12. On May 15, 2018, the Board’s Medical Director sent Dr. Rice a letter to his contact address in Cabin John, Maryland, together with a subpoena issued in the name of the Board directing him to provide the Board with the medical records for Aaron on or before June 11, 2018. In addition, the letter to Dr. Rice advised him to contact the Board’s Medical Director in the event that he had any questions. As of June 12, 2018, the Board has not received any medical records or communication from Dr. Rice in response to the Medical Director’s letter or the subpoena.
13. Board staff also received confidential investigative information provided by the Maryland Board of Physicians, which it reviewed and considered as part of this decision but is not specifically mentioned herein.

For the purposes of this Order of Immediate Suspension and subject to holding the aforementioned full adjudicatory hearing on this matter to determine if any violations have actually occurred, the Board finds that the information regarding Dr. Rice constitutes immediate jeopardy to the health and safety of persons who may receive medical care from Dr. Rice and that delaying imposition of a suspension until holding a hearing would fail to adequately respond to this known risk.

Accordingly and based upon the foregoing preliminary findings of fact, Board action to summarily suspend Dr. Rice’s license to practice as a physician in the State of Maine is based upon violations of the following provisions:

A. 32 M.R.S. § 3282-A(2)(A) by engaging in the practice of fraud, deceit or misrepresentation in obtaining a license under this chapter or in connection with service rendered within the scope of the license issued;

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

C. 32 M.R.S. § 3282-A(2)(F) by engaging in unprofessional conduct by violating a standard of professional behavior that has been established in the practice of medicine;

D. 32 M.R.S. § 3282-A(2)(H) by violating Board rules;

E. 32 M.R.S. § 3282-A(2)(J) by prescribing narcotic or hypnotic or other drugs listed as controlled substances by the Drug Enforcement Administration for other than accepted therapeutic purposes; and

F. 32 M.R.S. § 3282-A(2)(Q) for failure to produce upon request of the board any documents in the licensee’s possession or under the licensee’s control concerning a pending complaint or proceeding or any matter under investigation by the board, unless otherwise prohibited by state or federal law.
ORDER OF IMMEDIATE SUSPENSION

The Board ORDERS as follows:

1. Dr. Rice’s Maine medical license is suspended effective immediately upon issuance of this Order on June 12, 2018, for a thirty (30) day period ending on July 12, 2018, at 11:59 p.m., pending further Board action at an adjudicatory hearing, which shall be scheduled shortly.

2. Dr. Rice may not practice medicine in the State of Maine during this suspension.

Dated: June 12, 2018

Mary Louisa Barnhart, M.D., Acting Chairperson
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re: 
HUGH V. MACDONALD, M.D.   }  INTERIM CONSENT AGREEMENT
No. AD18-107/CRI8-131   }  FOR LICENSE SUSPENSION

This document is an Interim Consent Agreement, effective when signed by all parties, regarding disciplinary action against the license to practice medicine in the State of Maine held by Hugh V. MacDonald, M.D. The parties to the Interim Consent Agreement are: Hugh V. MacDonald, M.D. ("Dr. MacDonald"), 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. MacDonald has held a license to practice medicine in the State of Maine since April 14, 2009 (license number MD18115), and specializes in family practice, and hospice and palliative medicine.

2. On May 16, 2018, the New Hampshire Board of Medicine issued an Order of Emergency License Suspension based upon Dr. MacDonald's May 11, 2018 arrest on a warrant charging him with several counts of aggravated felonious sexual assault and sexual assault of a patient. The alleged sexual assaults occurred at Dr. MacDonald's medical practice between January 1,
2018, and April 12, 2018, and involved his patient D.S., who suffers from multiple mental health disorders.

3. On June 12, 2018, the Board reviewed the information regarding the alleged sexual assaults involving Dr. MacDonald’s patient, including a representation from his legal counsel that Dr. MacDonald would not practice medicine in Maine until “his case in New Hampshire is resolved.” At that meeting the Board voted to initiate a complaint, which the Board docketed as Complaint CR18-131.

4. Based upon the information provided at its meeting on June 12, 2018, the Board authorized this Interim Consent Agreement for License Suspension in lieu of issuing an order of immediate suspension and holding an adjudicatory hearing on July 10, 2018, in order to ensure the protection of the public. Absent acceptance of this Interim Consent Agreement by signing and dating it before a notary and returning it to the Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before June 29, 2018, the Board may take any other action it deems necessary, including issuing an immediate license suspension, if warranted, and/or scheduling this matter for an adjudicatory hearing as soon as practicable.

COVENANTS

5. Dr. MacDonald acknowledges the facts stated above without admitting to the allegations, and agrees to the IMMEDIATE SUSPENSION of his license to practice medicine in the State of Maine as of the execution of this Interim Consent Agreement, which suspension shall remain in effect until such
time as the Board takes further action regarding this matter. Dr. MacDonald understands and agrees that he will not practice as a physician or render any health care services during the suspension.

6. After a period of at least six (6) months, any party to this Interim Consent Agreement may request the matter be presented to the Board upon thirty (30) days notice to the other parties.

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

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

9. This Interim 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.

10. This Interim 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.

11. Nothing in this Interim Consent Agreement shall be construed to affect any right or interest of any person not a party hereto. If any clause of this Interim Consent Agreement is deemed illegal or invalid, then that clause shall be deemed severed from this Interim Consent Agreement.
12. Dr. MacDonald acknowledges by his signature hereeto that he has read this Interim Consent Agreement, that he has had an opportunity to consult with an attorney before executing this Interim Consent Agreement, that he executed this Interim Consent Agreement of his own free will and that he agrees to abide by all terms and conditions set forth herein.

13. For the purposes of this Interim Consent Agreement, the term "execution" means the date on which the final signature is affixed to this Interim Consent Agreement.

I, HUGH V. MACDONALD, M.D., HAVE READ AND UNDERSTAND THE FOREGOING INTERIM 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 INTERIM CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS INTERIM CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED: June 26, 2018

HUGH V. MACDONALD, M.D.

STATE OF New Hampshire

Rockingham, S.S.

Personally appeared before me the above-named Hugh V. MacDonald, 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: June 26, 2018

NOTARY PUBLIC/ATTORNEY

MY COMMISSION ENDS: 4-
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED: 6/28/18

MAROULLA S. GLEATON, M.D., Chair

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED: June 28, 2018

MICHAEL MILLER
Assistant Attorney General

Effective Date: 6/28/18
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re: WILLIAM ORTIZ, M.D. Complaint No. CR17-112

) 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 Ortiz, M.D. The parties to the Consent Agreement are: William Ortiz, M.D. ("Dr. Ortiz"), 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. Ortiz has held a license to practice medicine in the State of Maine since February 29, 2012 (license number MD19188), and specializes in internal medicine. Dr. Ortiz previously held a temporary license during the period July 18, 2011 through January 17, 2012 (License number TD111003), and an emergency license during the period January 17, 2012 through April 26, 2012 (License number EL121004).

2. On May 19, 2017, the Board initiated a complaint alleging that Dr. Ortiz failed to disclose on his February 16, 2017 application to renew his Maine medical license that there were pending allegations with and disciplinary action taken by the Commonwealth of Kentucky Board of Medical Licensure ("Kentucky Medical Board"). The complaint further alleged that on March 30,
2017, the Kentucky Medical Board issued an Order of Revocation that concluded that Dr. Ortiz violated an August 20, 2015 Agreed Order and revoked his license. The Board docketed the complaint as CR17-112, and sent it to Dr. Ortiz for a response.

3. By letter dated June 12, 2017, Dr. Ortiz stated that he has "struggled with a learning disability that affects [his] interpretation of printed material," taking written examinations, and stated that he answered "yes" to questions 1 and 3 and he would "never withhold or try to misrepresent [himself] in any way."

4. On January 9, 2018, Dr. Ortiz emailed Board staff and requested assistance with filling out his application for licensure and disclosed that he has a learning disability. In connection with his request, Dr. Ortiz submitted a neuropsychological evaluation report issued after an evaluation conducted on March 10, 1999 and April 5, 1999 in Massachusetts. The evaluation had not been disclosed to the Board on Dr. Ortiz's prior licensing applications. The evaluation provided information regarding a professional diagnosis of a mental or physical condition that may result in Dr. Ortiz performing services in a manner that endangers the health or safety of patients.

5. On March 29, 2018, Dr. Ortiz underwent a neuropsychological assessment requested by the Board. The report of that assessment identified professional diagnoses of mental or physical conditions, including Post Traumatic Stress Disorder and a non-verbal learning disorder may result in Dr.
Ortiz performing services in a manner that endangers the health or safety of
patients.

6. Pursuant to 32 M.R.S. § 3282-A(2)(C), the Board may impose
discipline for a licensee that has a professional diagnosis of a mental or
physical condition that may result in the licensee performing services in a
manner that endangers the health or safety of patients.

7. At its meeting on July 11, 2017, the Board reviewed Complaint CR
17-112, and voted to set this matter for an adjudicatory hearing.

COVENANTS

8. Dr. Ortiz admits the facts stated above and that such conduct
constitutes grounds for discipline pursuant to 32 M.R.S. §§ 3282-A(2)(C) (for a
professional diagnosis of a mental or physical condition that may result in the
licensee performing services in a manner that endangers the health or safety of
patients).

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

10. Violation by Dr. Ortiz 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.

11. This Consent Agreement is not appealable and is effective until
modified or rescinded in writing by the parties hereto.
12. Any conduct of Dr. Ortiz described herein may be considered in future Board action(s) as evidence of a pattern of misconduct.

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

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

15. 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.

16. 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.

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

DATED: 6/12/2018

WILLIAM ORTIZ, M.D.

STATE OF MAINE
KENNEBEC COUNTY, S.S.

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

DATED: 6/12/18

TRACY A. MORRISON
NOTARY PUBLIC/ATTORNEY

MY COMMISSION ENDS: 10/28/2022
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED: 6-12-18

MARY LOUISA BARNHART, M.D.,
Acting Chairperson

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED: 6-12-2018

MICHAEL MILLER
Assistant Attorney General

Effective Date: 6-12-18
BOARD OF LICENSURE IN MEDICINE

DATE: JUNE 1, 2018
TO: BOARD MEMBERS
CC:
FROM: TIMOTHY TERRANOVA
RE: LICENSING STATUS REPORT AND LISTS

The following information is included:

A summary of all new licenses granted in May 2018 by license type (74);
A list of all individuals granted a new license in May 2018 by license type;
A summary of all pending applications by license type (280);
A list of online vs. paper renewals in May 2018 by license type (91.02%);
The number of licenses expired May 31, 2018 (38)
The number of licenses lapsed for date 2/28/2018 (21); and
The list of licenses withdrawn in May 2018 (7).

In addition, the overall licensing statistics include:

The number of active MD licenses (not including EC) June 1, 2018 (5890);
The number of active MD licenses with a Maine address (not including EC) on June 1, 2018 (3487);
The number of active PA/PAN licenses on June 1, 2018 (851);
The number of active PA/PAN licenses with a Maine address on June 1, 2018 (777); and
The number of licenses pending renewal on June 1, 2018 (36).

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

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