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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**

None

**RECESSES**

9:00 a.m. – 9:14 a.m. Recess
10:53 a.m. – 11:00 a.m. Recess
12:22 p.m. – 1:16 p.m. Lunch

**I. Call to Order**

Dr. Gleaton called the meeting to order at 8:08 a.m.

**A. Amendments to Agenda**

Ms. Dench moved to amend Dr. Heather Sneff’s renewal application and AD18-182 onto the agenda. Dr. Dumont seconded the motion, which passed unanimously.
B. Scheduled Agenda Items

1. 1:00 p.m. Adjudicatory Hearing regarding Cathleen G. London, M.D. – continuance granted; proposed consent agreement to be presented

II. Licensing

A. Applications for Individual Consideration

1. Initial Applications

   a. Ali Ahmed Siddiqui, M.D.

      Mr. Ross moved to table Dr. Siddiqui’s license application pending receipt of information to complete the application. Ms. Dench seconded the motion, which passed unanimously.

   b. Priyanka Wali, M.D.

      Mr. Ross moved to table Dr. Wali’s license application pending receipt of additional information. Ms. Weinstein seconded the motion, which passed unanimously.

   c. Constance Tambakis-Odom, M.D.

      Mr. Ross moved to preliminarily deny Dr. Tambakis-Odom’s license application with leave to withdraw and not grant her request for a refund of the application fee. Ms. Weinstein seconded the motion, which passed unanimously.

2. Reinstatement Applications (none)

3. Renewal Applications

   a. Vishal Verma, M.D.

      Dr. Dumont moved to table Dr. Verma’s renewal application pending the outcome of an investigation in another licensing jurisdiction. Mr. Ross seconded the motion, which passed unanimously.

   b. Michael Zahra, M.D.

      Dr. Dumont moved to preliminarily deny Dr. Zahra’s renewal application and to offer him a consent agreement to include: 1) a reprimand; 2) a civil penalty of $500.00; and 3) the requirement that he maintain active enrollment in the Missouri Physicians Health Program and coordinate with the Maine Medical Professionals Health Program. Mr. Ross seconded the motion, which passed unanimously.
c. **Francis Bellino, M.D.**

Mr. Ross moved to table Dr. Bellino’s renewal application and offer him an administrative license. Ms. Weinstein seconded the motion, which passed unanimously.

d. **James Haddow, M.D.**

Dr. Dumont moved to table Dr. Haddow’s renewal application and offer him an administrative license. Ms. Weinstein seconded the motion, which passed unanimously.

e. **Tracy Hamill, M.D.**

Mr. Ross moved to table Dr. Hamill’s renewal application and offer her an administrative license. Ms. Dench seconded the motion, which passed unanimously.

f. **Charles Thurston, M.D.**

Ms. Dench moved to approve Dr. Thurston’s request to withdraw his renewal application and to issue a citation and administrative fine. Mr. Ross seconded the motion, which passed unanimously.

g. **Gary Herzberg, M.D.**

Ms. Weinstein moved to approve Dr. Herzberg’s renewal application. Dr. Dumont seconded the motion, which passed unanimously.

h. **Heather M. Sneff, M.D.**

Dr. Dumont moved to grant Dr. Sneff’s request for a waiver to renew her license while a complaint is outstanding. Mr. Ross seconded the motion, which passed unanimously.

4. **Requests to Convert to Active Status (none)**

5. **Requests to Withdraw License/License Application**

   a. **Ryan Weakley, M.D.**

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

   b. **James Antisdel, M.D.**
Dr. Dumont moved to approve Dr. Antisdell’s request to withdraw his license application. Ms. Dench seconded the motion, which passed unanimously.

c. Gary Evans, P.A.

Ms. Dench moved to approve Mr. Evan’s request to withdraw his license application. Mr. Ross seconded the motion, which passed unanimously.

d. Corydon Siffring, M.D.

Dr. Dumont moved to approve Dr. Siffring’s request to withdraw his license application. Ms. Dench seconded the motion, which passed unanimously.

6. Requests for Supervisory Relationships (none)

B. Other Items for Discussion (none)

C. Citations and Administrative Fines

In the first instance presented by staff, Dr. Dumont moved to issue a citation and administrative fine to the physician assistant. Mr. Ross seconded the motion, which passed unanimously.

In the second instance presented by staff, Dr. Dumont moved to issue a citation and administrative fine to the physician assistant. Ms. Weinstein seconded the motion, which passed unanimously.

III. Consent Agreements/Resolution Documents for Review

A. CR17-215 Peter Dollard, M.D. [Appendix A]

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

B. CR 16-49 Donald B. Shea, M.D. [Appendix B]

Dr. Dumont moved to approve the signed second amendment to consent agreement. Dr. Wetzel seconded the motion, which passed unanimously.

IV. Complaints

1. CR18-81

Dr. Dumont moved to dismiss the complaint. Ms. Weinstein seconded the motion, which passed unanimously.
MOTION: This complaint comes from the resident of an institution who makes multiple allegations about the quality of the medical care he is receiving. It should be noted that several of his concerns have been previously addressed and dismissed by the Board. Two new issues are brought forth. The first involves lack of follow-up of abnormal lab values. The physician appropriately responded that these values are of little or no significance and are not clinically relevant.

The second issue involves the management of the patient’s elevated blood pressure. The patient is on two anti-hypertensives but still occasionally has elevated readings. This is not on the patient’s problem list but is addressed elsewhere in the chart. The patient is also on other medications that may be exacerbating his blood pressure. This review can’t address the merits of maintaining these medications despite their possible side effects. Overall, the care the patient is receiving appears to be adequate despite multiple challenges posed by the situation.

2. CR16-176 Jeremy A. Spiegel, M.D.

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

MOTION: In this case, a patient complains that the physician failed to provide the information necessary for her to seek reimbursement for the care provided with her insurance company, including CPT codes, and that this was further complicated when her insurance company informed her that the physician was a credentialed provider. In his response, the physician explained his financial policy and described communications with the patient’s insurer. During the Board review process, the physician changed the medical practice financial policy form that is given to his patients and provided a refund to the complainant. In addition, he voluntarily implemented changes to his medical practice that were requested by the Board related to prescribing and medical record documentation.

The letter of guidance will advise the physician that it is important to consistently use Universal Precautions and diligence in prescribing controlled substances, and to maintain appropriate and thorough documentation of care.

3. CR17-198

Dr. Waddell moved to consolidate CR17-198 and CR18-91 and modify the prior consent agreement offer to include a probation of at least 2 years and prior approval of all active medical practice in Maine. Ms. Dench seconded the motion, which passed 7-0-0-1. Dr. Dumont was recused from the matter and left the room.

4. CR18-91

Dr. Waddell moved to consolidate CR17-198 and CR18-91 and modify the prior consent agreement offer to include a probation of at least 2 years and prior approval of all active
medical practice in Maine. Ms. Dench seconded the motion, which passed 7-0-0-1. Dr. Dumont was recused from the matter and left the room.

5. CR18-36

Ms. Weinstein moved to table the matter. Dr. Wetzel seconded the motion, which passed unanimously.

6. CR18-37

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

7. CR18-57

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

MOTION: A patient complains about the care she received from her dermatologist. The patient felt that the informed consent for surgery for skin cancer was not thorough enough involving potential complications and treatment options. Review of the records reveals signed consent and reasonable documentation of verbal consent of potential complications for this type of surgery. There is also ample evidence of verbal and written options for treatment. The physician responded that he has thought over this complaint and will further strengthen his informed consent process.

8. CR18-70

Dr. Sullivan moved to dismiss the complaint. Dr. Wetzel seconded the motion, which passed 7-0-0-1. Ms. Dench was recused from the matter and left the room.

MOTION: This is a complaint from an individual who expresses concerns that the patient’s physician condoned domestic violence against the complainant. Review of the records and physician’s response reveals no information to substantiate the complaint.

9. CR18-71

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

MOTION: This is a complaint from an individual who expresses concerns that the patient’s physician condoned domestic violence against the complainant. Review of medical records and the physician’s response reveals no information to substantiate the complaint.
10. CR18-72

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

**MOTION:** The patient complains that the physician performed a painful eye exam that permanently damaged her eye. In addition, the patient states that her eyes were dilated despite the fact that the office was aware that she drove herself to the appointment. The physician responded that there is no literature that supports the possibility of permanent eye damage from dilating of the eyes. The physician further states that they discussed different options to treat the patient’s light sensitivity and that she was not aware that the patient drove herself to the appointment. The patient requested to withdraw the complaint. Review of the records reveals that the patient received reasonable care.

11. CR18-74

Mr. Ross moved to dismiss the complaint. Ms. Dench seconded the motion, which passed 6-2.

**MOTION:** The patient complains that the physician refused to see her for an acute eye exam. The physician responded that they review available information before accepting new patients from other providers in the area.

12. CR17-253 David L. Conner, M.D.

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

**MOTION:** In this case, a patient complains that the physician failed to appropriately assess and treat his knee injury, refused to make a referral for physical therapy, offered to sell him herbal supplements, and abruptly discharged him from the practice without explanation. The physician responded that he treated the patient with acupuncture, stretching and strengthening exercises, and anti-inflammatory medication. He explained that at a follow-up appointment he believed the patient had not been compliant with the treatment exercises and that the patient was discharged for what he described as “rude” behavior. The physician acknowledged that he did not provide the patient with a timely discharge letter, but has now modified his practice. In response to Board inquiry, the physician explained that he offers treatment with traditional Chinese herbal medicine, acknowledged ethical concerns associated with doing so, and indicated that he provides his patients with a free ten-day sample, selling them at a modest profit thereafter if the patient selects to continue treatment.

The letter of guidance will advise the physician: 1) a physician is responsible for the diagnosis and treatment of the patient through positive, empathetic, effective communication with written instructions for treatment plans; 2) to recognize that respect, attention to the patient’s dignity, and informed participation are important components of treatment; 3) to avail himself of appropriate education and/or counseling regarding improved communication.
with his patients; and 4) “physician sale of health-related products raises ethical concerns about financial conflict of interest, risks placing undue pressure on the patient, and threatens to erode patient trust, undermine the primary obligation of physicians to serve the interests of their patients before their own, and demean the profession of medicine.” American Medical Association (“AMA”) Code of Medical Ethics, Opinion 9.6.4 Sale of Health-Related Products. A physician should comply with all ethical obligations, including limitations on the types of products and disclosures associated with the sale of products set forth in the AMA Code of Ethics, and other related ethics opinions.

13. CR18-46

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

**MOTION:** A patient complains that she was not properly evaluated for dysfunctional uterine bleeding and that she was not notified of “abnormal” biopsy results by the gynecologist. Review of the records indicates that appropriate care was provided.

14. CR18-80

Dr. Waddell moved to investigate further. Ms. Dench seconded the motion, which passed 4-0-0-4. Dr. Dumont, Dr. Gleaton, Mr. Ross and Dr. Sullivan were recused from the matter and left the room.

Dr. Waddell moved to issue a complaint (CR18-189) against another physician involved in the complaint. Ms. Dench seconded the motion, which passed 4-0-0-4. Dr. Dumont, Dr. Gleaton, Mr. Ross and Dr. Sullivan were recused from the matter and left the room.

15. CR17-260

Dr. Dumont moved to consolidate CR17-260 and CR18-122 and modify the prior consent agreement offer to include a reprimand and a civil penalty of $1,000. Dr. Sullivan seconded the motion, which passed unanimously.

16. CR18-122

Dr. Dumont moved to consolidate CR17-260 and CR18-122 and modify the prior consent agreement offer to include a reprimand and a civil penalty of $1,000. Dr. Sullivan seconded the motion, which passed unanimously.

17. CR18-77

Ms. Dench moved to dismiss the complaint. Mr. Ross seconded the motion, which passed unanimously.
MOTION: A patient complains he was assaulted by the provider while exiting the office. Review of the records and a police report filed by the complainant do not support the claim. Reasonable and appropriate care was provided.

18. CR18-99

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

MOTION: A patient complains that a walk-in clinic physician did not appropriately address and treat his concerns for Lyme disease at two appointments. Despite a negative Lyme test done later by another provider, the patient felt better after a full regimen of doxycycline. The physician responded that he felt the patient’s initial history only warranted a prophylactic does of antibiotic and his subsequent symptoms were not consistent with Lyme disease, but with a viral respiratory infection. He encouraged the patient to establish care with a primary care physician to evaluate persistent symptoms. The medical decision making and care appear thoughtful and reasonable.

19. CR18-90

Dr. Sullivan moved to investigate further and direct that the physician comply with a §3286 evaluation previously ordered by the Board. Mr. Ross seconded the motion, which passed unanimously.

20. CR17-170

Ms. Dench moved to: 1) approve requested modifications to the proposed consent agreement; 2) authorize AAG Miller to negotiate other changes as appropriate; 3) approve the recordkeeping plan submitted by the physician; and 4) allow the physician to pay the civil penalty within one year of gaining employment, but no later than two years from the execution date of the consent agreement. Ms. Weinstein seconded the motion, which passed unanimously.

V. Assessment and Direction

21. AD18-130

Dr. Dumont moved to issue a complaint (CR18-187) Ms. Dench seconded the motion, which passed unanimously.

22. AD18-139

Dr. Dumont moved to close the matter with no further action. Dr. Sullivan seconded the motion, which passed unanimously.
23. AD18-140

Dr. Sullivan moved to close the matter with no further action. Ms. Dench seconded the motion, which passed unanimously.

24. AD18-109

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

25. AD18-96

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

26. AD18-108

Dr. Dumont moved to issue a complaint (CR18-188). Ms. Dench seconded the motion, which passed unanimously.

27. AD18-134

Dr. Waddell moved to offer the physician an emeritus license and to issue a complaint if she declines the offer. Ms. Dench seconded the motion, which passed unanimously.

28. AD18-172 Daniel Bobker, M.D. [Appendix C]

Mr. Ross moved to: 1) immediately suspend the physician’s license; 2) issue a complaint (CR18-184); 3) order that the physician undergo a § 3286 evaluation; and 4) authorize AAG Miller to negotiate an interim consent agreement for continued suspension of license or voluntary surrender of license. Ms. Dench seconded the motion, which passed unanimously.

Dr. Sullivan moved to issue a complaint (CR18-185) against a physician involved in the care of the patient. Mr. Ross seconded the motion, which passed unanimously.

Amended onto agenda:

AD18-182

Dr. Sullivan moved to allow the physician to surrender his license while under investigation and to issue a complaint if the physician declines. Ms. Weinstein seconded the motion, which passed unanimously.

29. Pending Adjudicatory Hearings and Informal Conferences Report

This material was provided for informational purposes. No Board action was required.
30. Consumer Assistance Specialist Feedback

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

31. Other Items for Discussion (none)

VI. Informal Conference (none)

VII. Minutes for Approval

Ms. Dench moved to approve the minutes of the July 10, 2018 meeting. Ms. Weinstein seconded the motion, which passed 6-0-2-0 with Dr. Waddell and Mr. Ross abstaining.

VIII. Board Orders & Consent Agreement Monitoring

A. Board Orders (none)

B. Monitoring Reports

1. Kevin Kendall, M.D.

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

2. William P. Carter, M.D.

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

3. Malathy Sundaram, M.D.

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

4. Intentionally left blank

IX. Adjudicatory Hearing 1:00 p.m. – continuance granted; proposed consent agreement to be presented

A. Cathleen G. London, 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. Dumont was recused from the matter.

Following review of medical records submitted to comply with terms of probation imposed by the consent agreement, Ms. Weinstein moved that the records did not satisfy the requirement and that Dr. London must undergo a full medical evaluation. Ms. Dench seconded the motion, which passed 6-0-0-1. Dr. Dumont was recused from the matter.
X. Remarks of Chair

A. Recognition of Dr. David H. Dumont, M.D.

The Board presented David H. Dumont, M.D., whose resignation from the Board is effective August 31, 2018, with a plaque recognizing his service. Dr. Dumont was a member of the Board for ten years and served as Chair of the Licensure Committee. The Board and citizens of Maine benefitted greatly from Dr. Dumont’s hard work, professional integrity, wisdom and thorough preparation for every meeting.

XI. Remarks of Executive Director (none)

XII. Assistant Executive Director’s Report

Mr. Terranova presented five online module topics proposed by Maine Quality Counts for the Board’s approval. Dr. Dumont moved to approve the proposed online module topics. Mr. Ross seconded the motion, which passed unanimously.

Mr. Terranova presented information regarding the Administrators In Medicine (AIM) Fall Workshop and requested the Board’s approval for he or the executive director to attend. Dr. Sullivan moved to approve attendance of the executive director or assistance executive director at the AIM Fall Workshop October 15-18 in Sacramento, California. Mr. Ross seconded the motion, which passed unanimously.

Mr. Terranova, the Board’s representative to the Interstate Medical Licensure Compact Commission (IMLCC), presented information regarding the annual in-person meeting and requested the Board’s approval to attend. Dr. Sullivan moved to approve Mr. Terranova’s attendance at the IMLCC meeting November 15-16 in Denver, Colorado. Mr. Ross seconded the motion, which passed unanimously.

Dr. Sullivan moved to direct staff to offer administrative licenses to physicians who have not practiced clinical medicine during the twenty-four months prior to application. Mr. Ross seconded the motion, which passed unanimously.

A. Complaint Status Report

As of August 1, 2018, there are one hundred twenty complaints outstanding. Twenty-six complaints were opened during the month of July and fifteen were closed.

B. Licensing Feedback

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

XIII. Medical Director’s Report (none)

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

XVI. Policy Review

A. Criminal Background Check Policies

Ms. Weinstein moved to approve the Criminal Background Check Policies. Ms. Dench seconded the motion, which passed unanimously.

XVII. Requests for Guidance (none)

XVIII. Standing Committee Reports

A. Licensure and CME Committee

1. Licensing Status Report [Appendix E]

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

XIX. Board Correspondence (none)

XX. FSMB Material

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

XXI. FYI

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

XXII. Other Business (none)

XXIII. Adjournment

Respectfully submitted,

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

In re: PETER DOLLARD, M.D. ) CONSENT AGREEMENT
Complaint No. CR17-215 )

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 Peter Dollard, M.D. The parties to the Consent Agreement are: Peter Dollard, M.D. ("Dr. Dollard"), 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. Dollard has held a license to practice medicine in the State of Maine since May 17, 1994 (license number MD13750), and specializes in orthopedic surgery.

2. On October 26, 2017, the Board initiated a complaint alleging unprofessional conduct following a mandated report from a hospital. The hospital reported that that Dr. Dollard had engaged in disruptive conduct and disrespectful interactions with coworkers, and as a result the hospital imposed a fifteen day suspension on his clinical privileges, and placed him on probation for a specified period. The Board docketed that complaint as CR17-215, and sent it to Dr. Dollard for a response.

3. By letter dated December 1, 2017, Dr. Dollard responded to the complaint. Dr. Dollard acknowledged that he had engaged in angry outbursts,
which he attributed to burdens associated with staffing issues and an electronic medical record ("EMR") implementation.

4. On January 13, 2009, the Board issued Dr. Dollard a letter of guidance related to his interactions with medical staff at the hospital and reminding him that “[r]elationships with peers ... is often critical to patient care.”

5. On April 6, 2018, Dr. Dollard underwent a neuropsychological assessment requested by the Board.

6. Pursuant to 32 M.R.S. § 3282-A(2)(F), the Board may impose discipline for unprofessional conduct. A licensee is considered to have engaged in unprofessional conduct if the licensee violates a standard of professional behavior, including engaging in disruptive behavior, that has been established for the practice of medicine. For purposes of this paragraph, “disruptive behavior” means aberrant behavior that interferes with or is likely to interfere with the delivery of care.

7. On May 8, 2018, the Board reviewed complaint CR17-215 and voted to set this matter for an adjudicatory hearing. In addition, the Board voted to offer Dr. Dollard this Consent Agreement to resolve this matter without further proceedings. Absent Dr. Dollard’s acceptance of this Consent Agreement by signing and dating it in front of a notary and mailing it to Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before July 29, 2018, the matter will be scheduled for an adjudicatory hearing.
COVENANTS

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

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

a) For a period of at least one (1) year, Dr. Dollard shall engage in psychotherapy with a therapist approved by the Board Chair or Board Secretary. The therapist shall have access to the April 6, 2018 neuropsychological assessment. Dr. Dollard understands that the therapist shall be an agent of the Board pursuant to 24 M.R.S. § 2511. Dr. Dollard shall cause the therapist to submit quarterly written reports to the Board discussing Dr. Dollard’s participation in treatment, compliance with treatment recommendations, and identifying any issues or concerns with Dr. Dollard’s behavior or conduct. Following receipt of the fourth written therapist report, which may contain recommendations of the therapist regarding the need for continued treatment, the Board shall review the information provided, and in its sole discretion, determine whether to terminate, continue, or modify the requirements of this subparagraph;

b) Within three (3) months of the effective date of this Consent Agreement, Dr. Dollard must submit evidence of enrollment in the Center for Personalized Education for Professionals ("CPEP") course "Improving Inter-Professional Communication: Working Effectively in Medical Teams", or an
equivalent course approved by the Board Chair or Board Secretary. Dr. Dollard shall submit written evidence of successful course completion to the Board within ten (10) days of course completion; and

c) Dr. Dollard shall refrain from engaging in unprofessional or disruptive behavior.

10. Dr. Dollard 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.

11. Any conduct of Dr. Dollard described herein may be considered in future Board action(s) as evidence of a pattern of misconduct.

12. Violation by Dr. Dollard of any of the terms or conditions of this Consent Agreement shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of re-licensure.

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

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

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

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

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

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

19. For the purposes of this Consent Agreement, the term "execution" means the date on which the final signature is affixed to this Consent Agreement.
I, PETER DOLLARD, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED: 7/26/18

PETER DOLLARD, M.D.

STATE OF MAINE

_________________________, S.S.

Personally appeared before me the above-named Peter Dollard, 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: July 26, 2018

NOTARY PUBLIC/ATTORNEY

MY COMMISSION ENDS: July 2021
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED: 8/14/18
MAROULLA S. GLEATON, M.D., Chair

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED: 8/14/18
MICHAEL MILLER
Assistant Attorney General

Effective Date: August 14, 2018
In re: DONALD B. SHEA, M.D. Complaint No. CR16-49

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

SECOND AMENDMENT TO CONSSENT AGREEMENT

This document is a Second Amendment to Consent Agreement effective October 10, 2017, regarding disciplinary action imposed upon the license to practice medicine in the State of Maine held by Donald B. Shea, M.D ("Second Amendment"). The parties to this Second Amendment are: Donald B. Shea, M.D. ("Dr. Shea"), the State of Maine Board of Licensure in Medicine ("the Board"), and the Department of the Attorney General (the "Attorney General"). This Second Amendment is entered into pursuant to 32 M.R.S. § 3282-A and 10 M.R.S. § 8003(5).

BACKGROUND

1. On October 10, 2017, the parties entered into a Consent Agreement for discipline upon the license to practice medicine in the State of Maine held by Dr. Shea ("the Consent Agreement").

2. On February 13, 2018, the parties entered into a First Amendment to Consent Agreement amending paragraph 15(b)(4).

3. On July 10, 2018, the Board considered a request from Dr. Shea and the recommendation of Dr. Shea’s physician practice monitor and voted to offer Dr. Shea this Second Amendment. Absent acceptance of this Second Amendment by Dr. Shea 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 August 9, 2018, the Consent Agreement effective October 10, 2017, as amended, shall remain in full force and effect, and the Board may take such further action it deems necessary.

**AMENDMENT**

4. Dr. Shea, the Board, and the Department of the Attorney General hereby agree to amend the Consent Agreement dated October 10, 2017, as amended by the First Amendment to Consent Agreement dated February 13, 2018, by:

Deleting paragraph 15(b)(4).

5. Dr. Shea acknowledges by his signature hereto that all other terms and conditions of the Consent Agreement effective October 10, 2017, as amended, remain in full force and effect.

6. Dr. Shea acknowledges by his signature hereto that he has read this Second Amendment, that he has had an opportunity to consult with an attorney before executing this Second Amendment, that he executed this Second Amendment of his own free will and that he agrees to abide by all terms and conditions set forth herein.
I, DONALD B. SHEA, M.D., HAVE READ AND UNDERSTAND
THE FOREGOING SECOND AMENDMENT AND AGREE WITH ITS
CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY
SIGNING THIS SECOND AMENDMENT, I WAIVE CERTAIN RIGHTS,
INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I
SIGN THIS SECOND AMENDMENT VOLUNTARILY, WITHOUT ANY
THREAT OR PROMISE. I UNDERSTAND THAT THIS SECOND
AMENDMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS
NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR
OTHERWISE.

Dated: 8/1/2018

Donald B. Shea, M.D.

STATE OF MAINE
Kennebec, SS.

Before me this 1st day of August, 2018,
personally appeared Donald B. Shea, M.D., who after first being duly
sworn, signed the foregoing Second Amendment to Consent Agreement in
my presence or affirmed that the signature above is his own.

Ellen Souriney
Notary Public/Attorney at Law
My commission expires: 03/31/2023
Ellen Souriney

RECEIVED
AUG. 2 2018
BOARD OF LICENSURE IN MEDICINE
STATE OF MAINE BOARD OF LICENSURE IN MEDICINE

DATED: 8/14/18

MAROULLA S. GLEATON, M.D., Chair

STATE OF MAINE DEPARTMENT OF THE ATTORNEY GENERAL

DATED: August 14, 2018

MICHAEL MILLER
Assistant Attorney General

Effective Date: August 14, 2018
APPENDIX C

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

IN RE: Daniel Bobker, M.D. ORDER OF IMMEDIATE SUSPENSION AD18-172

On August 14, 2018, the Maine Board of Licensure in Medicine ("the Board") met and reviewed materials regarding Daniel Bobker, M.D., license number MD13940 ("Dr. Bobker"). On the basis of its review of these materials, the Board concludes that the continued ability of Dr. Bobker to hold an active license to practice medicine in the State of Maine constitutes an immediate jeopardy to the health and safety of a person or 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. Bobker's Maine medical license shall be suspended effective immediately upon issuance of this Order for a thirty (30) day period ending on September 13, 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. Bobker was first licensed to practice medicine in Maine on February 15, 1995. His current license to practice medicine in Maine expires on May 31, 2019. Dr. Bobker's reported specialty is neurology.

2. On August 1, 2018, Board staff received a report by a pharmacist made pursuant to 24 M.R.S. § 2505, reporting that over several months, Dr. Bobker phoned in prescription orders for [redacted] 20 mg for a patient that the pharmacy assumed was under his direct care but which later was discovered to be his girlfriend/wife. The pharmacist confirmed with the girlfriend/wife's health care providers that she was not prescribed [redacted] by those providers. The pharmacist also reported early refills by Dr. Bobker of prescriptions for [redacted] [redacted] and [redacted]. The pharmacist reported that Dr. Bobker also had prescriptions for [redacted] and [redacted]. The pharmacist reported that one of Dr. Bobker's treating providers confirmed on December 13, 2017 that Dr. Bobker admitted that he was "fraudulently phoning in orders under his" girlfriend/wife's name. Records reflected that Dr. Bobker prescribed [redacted] to his girlfriend/wife which prescriptions were filled eight (8) times between June 21, 2017 and December 12, 2017. The pharmacist subsequently reported an attempted prescription for [redacted] on August 1, 2018,
that was rejected because the prescription had already been filled at another pharmacy.

3. [Redacted] are all medications that can cause drowsiness, are sedating, and have the potential or have been reported to be misused or abused.

4. Dr. Bobker has a prior disciplinary history with the Board for substance misuse issues. On June 13, 2007, Dr. Bobker’s medical license was immediately suspended following a report that he had been “abusing benzodiazepines and sedatives”, that his judgment and cognitive functioning was impaired, and he had left treatment against medical advice. On January 23, 2008, Dr. Bobker entered into a Consent Agreement (2008 Consent Agreement”) with the Board for unprofessional conduct and substance abuse which imposed conditions, monitoring, and treatment requirements upon his license to practice medicine in Maine. In accordance with the 2008 Consent Agreement, Dr. Bobker’s license was immediately suspended on June 25, 2008 based on his non-compliance with paragraph 8(a) which prohibited his use of any prohibited substance following a report that Dr. Bobker had tested positive for hydrocodone and his admission that that drug was not prescribed to him. On January 27, 2010, Dr. Bobker entered into a Second Consent Agreement for unprofessional conduct and substance abuse (2010 Consent Agreement) which imposed conditions, monitoring, and treatment requirements upon his license to practice medicine in Maine. The 2010 Consent Agreement was amended several times based upon positive reports regarding Dr. Bobker’s compliance with the conditions of the 2010 Consent Agreement. On April 7, 2014, following review of information regarding compliance and letters in support, and the understanding that Dr. Bobker would voluntarily continue his treatment and attendance at self-help meetings, the Board granted Dr. Bobker’s request to terminate the 2010 Consent Agreement.

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. Bobker constitutes immediate jeopardy to the health and safety of a person or the public who may receive medical care from Dr. Bobker 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. Bobker’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; and

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.

ORDER OF IMMEDIATE SUSPENSION

The Board ORDERS as follows:

1. Dr. Bobker's Maine medical license is suspended effective immediately upon issuance of this Order on August 14, 2018, for a thirty (30) day period ending on September 13, 2018, at 11:59 p.m., pending further Board action at an adjudicatory hearing, which shall be scheduled shortly.

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

Dated: August 14, 2018

[Signature]

Maroulla S. Gleaton, M.D., Chair
STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

In re: CATHLEEN G. LONDON, M.D. ) CONSENT AGREEMENT
Complaint Nos. CR17-2, CR17-16, )
CR17-52, CR17-53, CR17-166, )
and CR17-238 )

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 Cathleen G. London, M.D. The parties to the Consent Agreement are: Cathleen G. London, M.D. ("Dr. London"), 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. London has held a license to practice medicine in the State of Maine since June 5, 2015 (license number MD20645), and specializes in family medicine.

2. On December 27, 2016, the Board received a complaint from Patient 17-2 alleging that Dr. London was rude, agitated, aggressive, and spoke loudly about politics. On his second visit, Dr. London engaged him in a political discussion and called Patient 17-2 a "sucker" after assuming that the patient intended to vote for Donald Trump. Patient 17-2 also reported that a large dog roamed freely in the office, and that he has an allergy to dog hair. Patient 17-2 indicated that he was abruptly discharged from Dr. London's
practice after a staff person told Dr. London that he had been rude. The Board
docketed that complaint as CR17-2, and sent it to Dr. London for a response.

3. By letter dated January 30, 2017, Dr. London responded to
complaint CR17-2. Dr. London explained the medical care provided to Patient
17-2. Dr. London stated that the patient never raised any issues with the dogs
in her office and did not exhibit any allergic symptoms. Dr. London
acknowledged that two of her dogs come to the office daily. Dr. London stated
that Patient 17-2 said “Go Trump” on his way out after his second visit and she
engaged him in a political discussion. Dr. London stated that she has never
“fired a patient” for political views. Dr. London stated that Patient 17-2 called
and requested his records and became rude when he was told there was a $15
fee if he wanted the records directly rather than having them sent to another
healthcare professional. Patient 17-2 was dismissed from the practice for his
rudeness.

4. Patient 17-2 submitted a rebuttal to Dr. London’s response, which
was received by the Board on February 23, 2017. In his rebuttal, Patient 17-2
disputed that Dr. London was unaware of his allergies, stated that Dr. London
engaged him in a conversation about the Affordable Care Act, denied saying
“Go Trump”, and disputed other statements contained in Dr. London’s
response.

5. The medical records for Patient 17-2 contain conflicting
information regarding the patient’s allergies and symptoms. The medical
records make no mention of an allergy to pet dander.
6. On January 24, 2017, the Board received a complaint from Patient 17-16 alleging that Dr. London abused the patient because of her political affiliation, socioeconomic status, and race. Patient 17-16 stated that Dr. London told her, "I will never understand how anyone on social services could be a Republican, especially an Indian." Patient 17-16 alleged that Dr. London berated and belittled her regularly, and called her a "drug addict who trafficks her medication" in front of "a bus full of people" in Washington, D.C., and that Dr. London admitted on video afterwards that it was "just her opinion" and that she "didn't say anything about a diagnosis." The Board docketed that complaint as CR17-16, and sent it to Dr. London for a response.

7. Dr. London responded to complaint CR17-16 by letter dated March 7, 2017. Dr. London responded regarding the medical care provided to Patient 17-16. Dr. London claimed that Patient 17-16 "made a point of unzipping her sweatshirt to show [her the patient's] pro Trump t shirt," and that she "only stated that I was surprised she was on MaineCare and state aid," and never mentioned her race. Dr. London explained that she is suspicious anytime someone comes into her practice requesting narcotics, and requires everyone to sign narcotics contracts, and come in for pill counts and urine drug screens. Dr. London explained that Patient 17-16 was called in for a pill count and the medication "looked suspiciously like saccharin." Dr. London reported that Patient 17-16 was called back in to the office four days later and the pills looked entirely different. Patient 17-16 was then called to come in to the office
again and failed to show. Thereafter, Patient 17-16 was advised she would no longer be provided controlled substances.

Dr. London stated that when coming home from Washington, D.C., she was "accosted" by Patient 17-16 on the bus, and that she was "clearly intoxicated" and "started taunting me about garbage from the march the day before." Dr. London stated that she put her hand up and said that she did not need to talk to her, but Patient 17-16 identified her as her physician and kept yelling at her, including that she would have her license. Dr. London stated that she highly suspects Patient 17-16 of diversion, and that she "clearly needs help."

8. On March 27, 2017, Patient 17-16 submitted a rebuttal to Dr. London's response. Patient 17-16 denied diverting any medications. Patient 17-16 asserted that Dr. London shames her patients privately and publicly for political, ethnic, socioeconomic, or disability status on her social media accounts. Patient 17-16 disputed many of the statements made by Dr. London in her response, including that she did not "taunt" Dr. London with a pro-Trump tee shirt, particularly after having been instructed by Dr. London's staff to keep it hidden. She unzipped her sweatshirt when requested by Dr. London for purposes of examination. Patient 17-16 disputes Dr. London's account of her visits and pill counts. Patient 17-16 stated that on her first visit with Dr. London, she sold her marijuana tincture, marijuana brownies, and marijuana salve for $105 even though Patient 17-16 did not have a medical marijuana certification. Patient 17-16 stated that she bought marijuana tinctures at each
appointment with Dr. London. With the rebuttal, Patient 17-16 supplied a picture of marijuana tincture bottles and a copy of her check to Dr. London. The bottles only identified the ingredient, not the identity of the seller. Patient 17-16 previously provided a copy of a video recording of part of her encounter with Dr. London in Washington, D.C.

9. Medical records for Patient 17-16 reflect no discussion regarding marijuana with the patient, but do contain urine drug toxicological screens positive for marijuana metabolites. In addition, billing records do not reflect the $105 payment reflected in the bank processed check supplied by Patient 17-16.

10. On February 1, 2017, the Board received a complaint from Patient 17-22. Patient 17-22 alleged that she first became a patient of Dr. London in March of 2016 for the purpose of receiving substance abuse treatment. Patient 17-22 stated that she had been receiving suboxone treatment with another provider but left that practice due to sexual harassment by the healthcare professional. Patient 17-22 stated that her first meeting with Dr. London took place at a restaurant because Dr. London did not yet have an office. Patient 17-22 stated that at that meeting Dr. London told her that she could not prescribe her suboxone because she was at her patient limit but that she would prescribe her methadone. Patient 17-22 reported that Dr. London prescribed 80 milligrams of methadone per day, and due to the patient’s employment background she knew that was illegal, but felt she had no other options. Patient 17-22 stated that Dr. London told her that she was asked
about the prescription, she was to say that the methadone was for neuropathic
pain.

Patient 17-22 stated that between March and May 2016 she met with Dr.
London at various parking lots, and even once in Dr. London’s home. Patient
17-22 further alleged that she witnessed many HIPAA violations committed by
Dr. London and that she revealed patient information to her. Patient 17-22 told
the Board that Dr. London requested that she wear a wire and obtain opiate
and benzodiazepine prescriptions from another physician because Dr. London
wanted him to lose his medical license. Patient 17-22 stated that Dr. London
“is loud, and is constantly swearing and yelling about something,” and is
“extremely dangerous and careless”. The Board docketed that complaint as
CR17-22, and sent it to Dr. London for a response.

11. On March 22, 2017, the Board received Dr. London’s response to
complaint CR17-22. Dr. London reported that Patient 17-22 had her first
appointment on April 9, 2016 at her home office, complaining of pain. Dr.
London stated that Patient 17-22 told her that she was supplementing her
suboxone with oxycodone and heroin for pain control and “we decided together
at her behest to use methadone for pain.” Dr. London denied that Patient 17-
22 requested suboxone treatment. Dr. London responded that at the time, she
had openings in her Suboxone program. Dr. London denied the reported
conversations regarding the other physician or that she requested that the
patient wear a wire. Dr. London stated that Patient 17-22 first informed her
that she would no longer be prescribed controlled substances in the “autumn”
after a urine drug screen was positive for cocaine, and then was dismissed from the practice in October due to “harassing messages on Facebook.” Dr. London told the Board that she “took the liberty of running a PMP report on [Patient 17-22]. Not surprisingly [the other physician] is her prescribing physician.”

12. On April 23, 2017, Patient 17-22 submitted a rebuttal to Dr. London’s response. In that rebuttal Patient 17-22 provided more details of her first encounter with Dr. London and disputes that Dr. London was treating her for her pain and promised in the initial phone call to provide suboxone treatment. Patient 17-22 acknowledged that her urine drug screen was positive for cocaine in September 2016, but states that Dr. London called her home and “fired me from her care instantly”, would not talk with her and did not provide a taper of her medication, and allowed other patients to remain in the practice notwithstanding failed urine drugs screens. Patient 17-22 also stated that Dr. London had no right to access her PMP after she was no longer her patient.

13. Medical records for Patient 17-22 reflect that she was prescribed up to 80 mg of methadone per day prn for neuropathic pain. The progress note for April 28, 2016 confirms meeting Patient 17-22 at a restaurant, and the only assessment relates to heroin addiction with the plan “methadone sent electronically to [pharmacy] 88 tabs.” The medical records reflect that Patient 17-22 reported to Dr. London that she had been on Suboxone and it did not work.
14. On February 10, 2017, the Board received a complaint from Patient 17-28 alleging that Dr. London’s staff was rude when she was inquiring about billing issues and threatened to send her to “collections.” Patient 17-28 reported that “no one ever answers the phones,” and that if a message is left it is not responded to in a timely manner. Patient 17-28 alleged that Dr. London sent her rude Facebook messages, that dogs run in and out of the patient rooms, and “they try to push their marijuana creams on their patients.”

15. On March 13, 2017, Dr. London responded to complaint CR17-28. Dr. London stated that Patient 17-28 never verbalized a complaint about the dogs in the office, stated that she checked the office call log regarding the allegation of no one answering the phone and found there were no calls from the patient’s number. Dr. London explained that the patient messaged her on Facebook, and denies that there were any patient messages on Facebook. Dr. London stated that Patient 17-28 berated her office staff about the bill, but the issue was that the insurance company paid the patient directly and they billed Patient 17-28 what was due. Dr. London stated that “I have no idea what she is referring to regarding ‘marijuana cream’. I make a CBD topical but it is not ‘pushed’— only a handful of patients have even had access to it.”

16. On March 21, 2017, the Board issued a complaint based upon information received following a report by Dr. London regarding another physician. The complaint alleges that Dr. London engaged in unprofessional conduct, improperly treated patients with methadone for “pain” in order to avoid the patient limit for suboxone prescribing, improperly accessed the
Prescription Monitoring Program ("PMP"), and raised issues regarding prescribing practices and medical recordkeeping. The Board docketed that complaint as CR17-35, and sent it to Dr. London for response.

17. On March 27, 2017, the Board received Dr. London's response to complaint CR17-35. Dr. London denied being aggressive, abusive, yelling or screaming. Dr. London also denied switching suboxone patients to methadone. Dr. London stated that she checked the PMP for "patients who were booted from my addiction treatment program and patients others have brought concerns about" or those prompted by a call from a pharmacy.

18. On March 29, 2017, the Board issued a complaint alleging incompetence, unprofessional conduct, and violation of Board rules after receiving information from the Maine Medical Use of Marijuana Program ("MMMP") and the Milbridge Police Department ("MPD") that Dr. London was growing marijuana plants, making oils and butter from marijuana and selling them in her home, and Dr. London's acknowledgment that she had given topical marijuana products and tinctures to patients as an alternative treatment for pain, anxiety and psoriasis. The Board docketed that complaint as CR17-52, and sent it to Dr. London for a response.

19. By letter dated March 30, 2017, Dr. London responded to the complaint. In her response, Dr. London stated that she had a "caregiver card" and admitted growing marijuana plants. She stated that she did not understand the complaint allegation that she does "not keep records" because she had provided "receipts of donations." Dr. London also stated that she did
discuss risks and benefits of a “TOPICAL medication with CBD in it adequately” and “CBD is not a controlled substance.” She also contended that “CBD is not under the same laws as the rest of Maine Medical Marijuana” and that she had spoken with a field investigator from Maine Medical Marijuana program “who closed the case” after speaking with her “yet [the Board] is holding her to a different standard.” Dr. London reported to Board staff that she had spoken with an attorney who felt it was okay to do this. She also reported that she was not using her own marijuana plants to make any topical products.

20. Dr. London represents to the Board that she ceased this practice after notification by the Board and currently does not manufacture, dispense or distribute marijuana or prepared marijuana to patients.

21. On March 29, 2017, the Board issued a complaint based upon a report and information received from a physician state health officer alleging unprofessional conduct by Dr. London in her communications with MaineCare physicians and pharmacists, including in prior authorization explanations for the use of narcotics for the treatment of neuropathy. The Board docketed that complaint as CR17-53.

22. On April 6, 2017, the Board received Dr. London’s response to complaint CR17-53. Dr. London admitted in her response, that one of the examples of her communications with MaineCare staff was “over the top and inappropriate.” She added, “[a]t least now I know that they are read. I really was not sure. This is the first indication that I have that they are.” Dr. London
asserts that MaineCare prior authorizations are onerous and add an incredible amount of work.

23. By letter dated May 28, 2017, Dr. London informed the Board that she is committed to improving effective communication with patients, colleagues, and regulatory institutions. Dr. London also sought to assure the Board that she did not examine any patient data on the PMP of anyone who was not her patient as far as she knew.

24. Further investigation revealed that Dr. London accessed the PMP on several individuals who were not her patients at the time of access.

25. On July 24, 2017, the Board received an independent outside review of nineteen of Dr. London’s medical charts from a Maine licensed physician who is board certified in family practice by the American Board of Medical Specialties (“ABMS”). After acknowledging that Dr. London provided treatment to a difficult patient population and did “many things well”, the independent outside reviewer concluded that Dr. London inappropriately prescribed methadone for patients with active opioid use disorder, inappropriately prescribed opioids, failed to consistently obtain prior medical records or communicate with prior healthcare professionals, and failed to meet recordkeeping standards.

26. On July 31, 2017, the Vanderbilt Comprehensive Assessment Program issued its report regarding an evaluation of Dr. London as required by the Board. The report contained recommendations for additional evaluation, treatment, and education.
27. On August 5, 2017, the Board received a complaint from Patient 17-166 who sought Dr. London’s assistance with tapering off of an opioid that she was prescribed. Patient 17-166 stated that the overall atmosphere of the office and having large dogs roaming free was intimidating. Patient 17-166 asserted that a discussion regarding her controlled substances prescription took place in a room that could be heard by anyone in the waiting room including a former neighbor of hers. She also stated that Dr. London had her come every 28 days but wrote her prescriptions for 30 days. Finally, Patient 17-166 alleged that Dr. London and a member of her office staff spoke in gibberish language that the patient did not understand which made her felt abused and unsafe. The Board docketed the complaint as CR17-166, and sent it to Dr. London for a response.

28. On October 23, 2017, the Board received Dr. London’s response to complaint CR17-166. Dr. London explained the care that she provided to Patient 17-166. Dr. London stated that Patient 17-166 did not mention that the office atmosphere or the dogs frightened her. Dr. London denied that there was a lack of privacy during her discussions with Patient 17-166. She explained to the Board that she has the patients come every 28 days when the prescriptions are written for 30 days to ensure that the prescription would be available at the pharmacy in a timely fashion. Dr. London explained that she did not have a secret language that she speaks with her staff member, but the staff member sometimes uses a foreign language when addressing issues that a
patient should not hear, and Dr. London did not recall whether this occurred when Patient 17-166 was present.

29. On September 27, 2017, Dr. London attended the multi-day "Anger Management for Healthcare Professionals, UC San Diego Pace Program.

30. On December 27, 2017, the Board initiated a complaint following a report from a pharmacist alleging that Dr. London and her staff behaved unprofessionally when he attempted to obtain a clarification regarding a methadone prescription for her patient. He reported that although he requested a corrected prescription, as of the time of his report Dr. London had not complied with that request. The Board docketed the complaint as CR17-238 and sent it to Dr. London for a response.

31. By letter dated February 26, 2018, Dr. London responded to the complaint. In her response, Dr. London explained that she was tapering this patient off methadone and made an error on an earlier prescription. She stated when she attempted to explain this to the pharmacist, he was rude and yelled at her and her staff. She stated that the pharmacist demanded a new prescription which she sent in.

32. Board Rules related to use of controlled substances for treatment of pain require accurate and complete records and compliance with controlled substances laws and regulations. Board Rules Chapter 21, §§ 6, 8.

33. Marijuana is a Schedule I controlled substance pursuant to the Controlled Substances Act, 21 U.S.C. § 801 et seq., and unless specifically excepted or unless specifically listed in another schedule the controlled
substance also includes any material, compound, mixture, or preparation which contains any quantity of the substance. The definition of marijuana in 21 U.S.C. § 802(16) includes both derivatives and preparations of marijuana. Manufacturing, distributing or dispensing marijuana is unlawful. 21 U.S.C. § 841(a). Authorized conduct by a medical provider under the Maine Medical Use of Marijuana Act, 22 M.R.S. § 2421, et seq., does not include dispensing or distributing marijuana or prepared marijuana.

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

35. Pursuant to 32 M.R.S. § 3282-A(2)(H), the Board may impose discipline for violation of Board statute or rule, including rules regarding the use of controlled substances for treatment of pain that are contained in Board Rules, Chapter 21.

36. On May 9, 2017, the Board reviewed complaint CR17-52. On September 12, 2017, the Board reviewed complaints CR17-2, CR17-16, CR17-22, CR17-28, CR17-35, and CR17-53. On November 14, 2017, the Board reviewed complaint CR17-166. On April 10, 2018, the Board reviewed complaint CR17-238. The Board voted to set these matters for an adjudicatory hearing. This Consent Agreement has been negotiated to resolve these matters without further proceedings. Absent Dr. London’s acceptance of this Consent Agreement by signing and dating it in front of a notary or an attorney licensed to practice in the State of Maine, and delivering it to Maine Board of Licensure
in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before August 13, 2018, the matter will proceed to an adjudicatory hearing as noticed.

COVENANTS

37. Dr. London admits the facts stated above and agrees that such conduct constitutes grounds for discipline pursuant to 32 M.R.S. § 3282-A(2)(F) for engaging in unprofessional conduct, and 32 M.R.S. § 3282-A(2)(H), for violation of Board rules.

38. As discipline for the foregoing conduct, Dr. London agrees to accept, and the Board imposes:

a) A REPRIMAND for engaging in unprofessional conduct arising out of inappropriate interactions with patients, inappropriate interactions with other professionals, inappropriate prescribing of controlled substances, violating patient confidentiality, violating Board rules, and inappropriate use of the PMP.

b) A PROHIBITION on the prescribing of methadone.

c) A LICENSE PROBATION with the following terms and conditions, which terms and conditions:

1) Within thirty (30) days of the effective date of this Consent Agreement, Dr. London shall undergo a full medical evaluation that includes evaluation of thyroid function. Dr. London shall cause a report of the evaluations required by this subparagraph to be submitted to the Board within forty-five (45) days of the effective date of this Consent Agreement.
2) Within thirty (30) days of the effective date of this Consent Agreement, Dr. London shall submit for approval by the Board Chair or Case Reporter the name of a psychiatrist together with a plan for ongoing psychiatric care. Following approval, the treating psychiatrist shall submit monthly written reports to the Board no later than the 28th day of each month confirming treatment was provided and identifying any issues or concerns that may impact Dr. London’s ability to competently and safely practice medicine. After an initial period of not less than one year, the treating psychiatrist may in his or her report request that the Board modify the reporting or ongoing treatment requirement. Upon receipt of such request, the Board may grant or deny the request in its sole discretion.

3) Within thirty (30) days of the effective date of this Consent Agreement, Dr. London shall enroll in an in person continuing medical education course on the subject of medical recordkeeping pre-approved by the Case Reporter, Board Chair, or designee. The following courses are pre-approved by the Case Reporter: 1) Case Western Medical Documentation Course; 2) KSTAR Medical Record Course; 3) PACE Medical Record Keeping Course; and 4) CPEP Medical Recordkeeping Seminar. Dr. London shall provide evidence of completion of the continuing medical education course required by this subparagraph within thirty (30) days after successful completion of the continuing medical education course which successful completion shall occur within seven (7) months of the effective date of this Consent Agreement.
4) Dr. London shall attend the Case Western Reserve University School of Medicine course “Buprenorphine: Keeping Up with the Changing Landscape of Office Based Opioid Treatment” to be held on October 10, 2018, or an in person continuing medical education course on addiction medicine pre-approved by the Case Reporter, Board Chair or designee within ninety (90) days of the effective date of this Consent Agreement. Dr. London shall provide evidence of completion of the course required by this subparagraph within four (4) months of the effective date of this Consent Agreement.

5) Within sixty (60) days of the effective date of this Consent Agreement, Dr. London must engage a Board approved Physician Practice Monitor to monitor her compliance with prescribing and medical recordkeeping standards. The Physician Practice Monitor must be currently prescribing controlled substances to patients and also engaged in treating opioid addiction and prescribing buprenorphine products in an office-based treatment program. The Physician Practice Monitor shall monitor Dr. London’s compliance with controlled substance prescribing practices and medical recordkeeping standards. The monitoring and medical record review contemplated by this subparagraph may NOT occur solely by telephone, and must include in person communication or HIPAA compliant shared portal access or interface. There must be in person communication between Dr. London and the Physician Practice Monitor at least quarterly. The Physician Practice Monitor must review each week at least three (3) randomly selected
medication assisted treatment patient charts and three (3) randomly selected patients charts of patients prescribed controlled substances. The Physician Practice Monitor shall submit monthly written reports to the Board no later than the 28th day of each month. In the reports to the Board, the Physician Practice Monitor shall provide a summary of his or her monitoring activities, Dr. London's compliance with office based treatment of opioid use disorder standards, universal precautions and controlled substance prescribing and medical recordkeeping standards, and shall identify any issues with medical decision-making or documentation. Dr. London understands that the Physician Practice Monitor will be an agent of the Board pursuant to 24 M.R.S. § 2511. Dr. London shall permit the Physician Practice Monitor full access to her medical practice, including but not limited to all patient information. After three (3) months of monitoring, either Dr. London or the Physician Practice Monitor may request to reduce the number of charts required to be reviewed by this subparagraph and/or the frequency of the reviews (e.g., bi-weekly or monthly). Upon receipt of such request, the Board shall review all information, and in its sole discretion, may maintain, modify, or eliminate the requirements of this subparagraph for the remaining period of probation. In addition, after receipt by the Board of at least twelve (12) Physician Practice Monitor reports, Dr. London may request that the Board modify or eliminate the requirements of this subparagraph. Upon receipt of such request, the Board shall review all information, and in its sole discretion, may maintain,
modify, or eliminate the requirements of this subparagraph for any remaining period of probation as determined.

6) Dr. London shall reimburse to the Board the actual COSTS of the investigation in the amount of THREE THOUSAND DOLLARS ($3,000.00) within ninety (90) days of the effective date of this Consent Agreement.

7) Dr. London shall cause all patients to be advised upon initial contact with the practice that dogs may be present at the practice and that the patient may request at any time that the dogs be removed prior to or during any office visit. In addition, Dr. London shall place written notification of the same at the entrance of the medical office.

39. Dr. London acknowledges that while this Consent Agreement together with any amendments is in effect she 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, Dr. London shall provide such notice in writing to Julie Best, Complaint Coordinator, or her successor. Failure to comply with or respond to any request will be considered a violation of this Consent Agreement.

40. 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 Dr. London does not hold an active Maine license. Dr. London shall inform the Board in writing in advance of any absence from the state specified above.

41. Any conduct of Dr. London described herein may be considered in future Board action(s) as evidence of a pattern of misconduct.

42. Violation by Dr. London 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.

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

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

45. 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.

46. 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.

47. 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.

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

49. Dr. London has been represented by Sandra L. Rothera, Esq., who has participated in the negotiation of the terms of this Consent Agreement.

50. 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, CATHLEEN G. LONDON, 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: 8/8/2018

CATHLEEN G. LONDON, M.D.

STATE OF
WASHINGTON, S.S.

Personally appeared before me the above-named Cathleen G. London, M.D., and swore to the truth of the foregoing based upon her own personal knowledge, or upon information and belief, and so far as upon information and belief, she believes it to be true.

DATED: 8/8/2018

NOTARY PUBLIC/ATTORNEY

MY COMMISSION ENDS:

DATED: 8/8/2018

SANDRA L. ROTHERA, ESQ.
Attorney for Cathleen G. London, M.D.
STATE OF MAINE BOARD
OF LICENSURE IN MEDICINE

DATED: 8/14/18

MAROULIA S. GLEATON, M.D., Chair

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED: Aug 14, 2018

MICHAEL MILLER
Assistant Attorney General

Effective Date: Aug 14, 2018
BOARD OF LICENSURE IN MEDICINE

DATE: AUGUST 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 July 2018 by license type (185);

A list of all individuals granted a new license in July 2018 by license type;

A summary of all pending applications by license type (230);

A list of online vs. paper renewals in July 2018 by license type (93.5%);

The number of licenses expired July 30, 2018 (51)

The number of licenses lapsed for date 4/30/2018 (30); and

The list of licenses withdrawn in July 2018 (5).

In addition, the overall licensing statistics include:

The number of active MD licenses (not including BC) August 1, 2018 (5990);

The number of active MD licenses with a Maine address (not including BC) on August 1, 2018 (3493);

The number of active PA/PAN licenses on August 1, 2018 (863);

The number of active PA/PAN licenses with a Maine address on August 1, 2018 (788); and

The number of licenses pending renewal on August 1, 2018 (38).

We look forward to your feedback.
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Summary by License Status

A - Active: 185

Total All Licenses: 185
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