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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**
8:45 a.m. – 9:11 a.m.

2:40 p.m. – 2:45 p.m.

2:54 p.m. – 3:04 p.m.

**RECESSES**
9:41 a.m. – 9:55 a.m.

11:46 a.m. – 12:27 p.m.

1:52 p.m. – 2:00 p.m.

I. Call to Order

Dr. Gleaton called the meeting to order at 8:38 a.m.
A. Amendments to Agenda

Mr. Ross moved to amend the following items onto the agenda: 1) CR18-56, CR17-199 and CR18-184 under Complaints; 2) AD18-218 under Assessment and Direction; and 3) a Consent Agreement regarding CR17-260 and CR18-122 under Consent Agreements/Resolution Documents for Review. Dr. Barnhart seconded the motion, which passed unanimously.

B. Scheduled Agenda Items

1. 8:30 a.m. – 8:45 a.m. Board Member Computer Upgrades

II. Licensing

A. Applications for Individual Consideration

1. Initial Applications

   a. Priyanka Wali, M.D.

      At 8:45 a.m. Dr. Waddell moved to enter executive session pursuant to 1 M.R.S. 405(6)(E) to seek legal advice from the Board’s attorney. Dr. Sacchetti seconded the motion, which passed unanimously.

      At 9:11 a.m. Dr. Waddell moved to come out of executive session. Dr. Sacchetti seconded the motion, which passed unanimously.

      Dr. Sullivan moved to table Dr. Wali’s license application pending receipt of additional information. Dr. Wetzel seconded the motion, which passed unanimously.

   b. Mila Riehl, M.D.

      Dr. Sullivan moved to preliminarily deny Dr. Riehl’s license application and authorize AAG Miller to negotiate a consent agreement to include Dr. Riehl’s enrollment in the Medical Professionals Health Program within thirty days. Dr. Riehl’s license may be issued upon execution of the consent agreement. Ms. Weinstein seconded the motion, which passed unanimously.

   c. Nitin Verma, M.D.

      Dr. Barnhart moved to approve Dr. Verma’s license application. Mr. Ross seconded the motion, which passed unanimously.

2. Reinstatement Applications (none)
3. Renewal Applications
   
   a. Judith Sandick, M.D.
      
      Ms. Dench moved to rescind the § 3286 evaluation previously ordered in light of Dr. Sandick’s request to convert her medical license to emeritus status. Dr. Sullivan seconded the motion, which passed unanimously.

   b. Frederick Gleeson, M.D.
      
      Dr. Sullivan moved to table Dr. Gleeson’s renewal application and request that he submit a reentry to practice plan including a mentor or undergo a CPEP assessment. Dr. Barnhart seconded the motion, which passed unanimously.

   c. Robert Struba, M.D.
      
      Dr. Sullivan moved to table Dr. Struba’s renewal application and request that he submit a reentry to practice plan including a mentor or undergo a CPEP assessment, and undergo a §3286 evaluation. Dr. Waddell seconded the motion, which passed unanimously.

4. Requests to Convert to Active Status (none)

5. Requests to Withdraw License/License Application
   
   a. Stuart Mirvis, M.D.
      
      Dr. Barnhart moved to approve Dr. Mirvis’ request to withdraw his license application. Ms. Dench seconded the motion, which passed unanimously.

   b. Ahsan Raza, M.D.
      
      Ms. Dench moved to approve Dr. Raza’s request to withdraw his license application. Dr. Sacchetti seconded the motion, which passed unanimously.

6. Requests for Supervisory Relationships (none)

B. Other Items for Discussion (none)

C. Citations and Administrative Fines (none)

III. Consent Agreements/Resolution Documents for Review
A. CR17-260 & CR18-122 G. Paul Savidge, M.D. [Appendix A]

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

IV. Complaints

1. CR18-23

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

**MOTION:** The patient complains that the physician injected her with contaminated medical product and that she was not notified of this in a timely fashion. The physician responded that upon notification of the recall they put the lot on “hold” and did not receive further information for two weeks. He explained that he did not want to cause patients unneeded stress until he had further information. The Board sent follow-up questions to the physician, which he answered satisfactorily. Review of the records reveals that the patient received reasonable care.

2. CR18-52

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

**MOTION:** The daughter of a patient complains that the provider neglected to promptly communicate and act upon abnormal test results and worsening symptoms. The provider acknowledged the poor communication with the patient and documents a plan to improve communication.

3. CR18-62

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

**MOTION:** A patient complains that her primary care physician overprescribed opioids and other controlled medication leading to dependency, overdose, and complications from overdose. She also complains that alternative treatments to opioids were never offered to her. For many years, the patient’s care was primarily overseen by the practice’s nurse practitioner. The physician only became more actively involved in the patient’s care in response to the increasing complexity related to repeated hospitalizations. The physician decreased opioid medication and attempted to address the patient’s polypharmacy. Treatment alternatives for chronic pain were offered and actuated. The care provided was appropriate.
4. CR18-18 Michael A. Ciampi, M.D.

Mr. Ross moved to dismiss the complaint with a letter of guidance. Dr. Wetzel seconded the motion, which passed 8-0-0-1. Dr. Sacchetti was recused from the matter and left the room.

**MOTION:** In this case, a patient with traumatic brain injury was sent to the physician for an evaluation of his disabilities. The patient’s mother, who accompanied him to the evaluation, states that the physician did an unnecessary, ungloved physical examination on the patient when she left the room to take her granddaughter to the bathroom. In his response, the physician explained the examination conducted and denied conducting it without wearing gloves.

The letter of guidance will advise the physician that it is important to communicate clearly all components of an examination that will be conducted with the patient and any person accompanying them.

5. CR18-84

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

**MOTION:** A patient with a difficult problem not very well controlled with usual medications complains that she suffered a seizure after stopping a medication. The patient has uncontrolled epilepsy, many seizures, and many side effects from medications used to try to control it. The physician’s staff noted that the patient did not trust the physician and could not express concerns with the physician. Given the difficulty of the seizure problem, the staff and physician suggested to the patient that she would be better served by finding a physician with whom she could better communicate. It is important for the patient and physician to form a well-functioning team to address difficult medical issues. A review of the records reveals appropriate care. The patient was covered for care during transition.

6. CR18-115

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

**MOTION:** A patient complains that his surgeon was supposed to remove his gallbladder in conjunction with bilateral inguinal hernia repairs but did not do so. The patient contends that this caused him more suffering due to problems with his gallbladder at a later date. Review of the records shows appropriate care was provided.

7. CR18-126

Mr. Ross moved to dismiss the complaint. Ms. Dench seconded the motion, which passed unanimously.
**MOTION:** The patient complains that the physician was rude and unprofessional during her emergency room visit. The physician responded that the patient requested an as needed work note and she was not willing to do that, but would give the patient three days off work while she was taking the bowel regimen. The physician also spoke with the patient about how some of the medications that she was taking could be contributing to her symptoms and asked if there was a plan to taper the medications. A review of the records reveals that the patient received reasonable care.

8. **CR18-141**

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

**MOTION:** A patient complains the physician failed to report a surgeon who she alleges caused her harm. The patient was last seen by the physician nine years ago. Appropriate imaging and follow up was provided.

9. **CR18-142**

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

**MOTION:** A patient complains the physician failed to report a surgeon who she alleges caused her harm. The patient also states other surgeries were needed and the physician delayed her having definitive care. The physician met with the patient over eight years ago for a consult and planned to see the patient for follow up. The patient cancelled all future scheduled appointments. Appropriate care was provided.

10. **CR18-147**

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

**MOTION:** This is a Board complaint generated due to the unfortunate death of a child after presentation at the emergency room. A review of the medical record reveals appropriate care was provided under the circumstances.

11. **CR18-145**

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

12. **CR18-150**

Dr. Sullivan moved to dismiss the complaint. Ms. Dench seconded the motion, which passed 7-0-0-2. Dr. Barnhart and Mr. Ross were recused from the matter and left the room.
MOTION: This is a Board generated complaint regarding poor documentation and failure to promptly identify complication of surgery. In his response, the physician acknowledged deficits and plan of improvement.

13. CR18-152 Hussain M. Naseri, M.D.

Dr. Sacchetti moved to dismiss the complaint with a letter of guidance. Ms. Weinstein seconded the motion, which passed 8-0-0-1. Dr. Sullivan was recused from the matter and left the room.

MOTION: This matter arises from a report alleging unprofessional conduct related to the physician’s conduct during an examination and treatment of a patient, his subsequent purchase of a massage for the patient, and the sufficiency of the medical record documentation for the examination and treatment. In his response, the physician explained the examination and treatment provided and that purchase of the massage was a spontaneous act of kindness. He reported that he has taken a course in professional boundaries and now better understands how such actions can be misinterpreted.

The letter of guidance will advise the physician that: 1) it is important to be vigilant of professional boundary issues with patients. In cases where boundary questions arise, reference to the AMA Code of Medical Ethics may provide guidance; 2) the use of a chaperone can help provide reassurance to patients about the professional/medical character of the examination, and help to support the clinician should a patient perceive part of the examination as unnecessarily intimate or inappropriate. Please reference the Board’s guidelines “Chaperones for Physical Exams” and the AMA Code of Ethics Opinion 1.2.4 “Use of Chaperones”; 3) clinicians should respect patient dignity and comfort by providing privacy to undress, providing dressing gowns or drapes, and explaining components of the exam both before and during the exam; and 4) adequate medical record documentation requires inclusion of sufficient detail of all discussion, examinations and treatments that occur at a patient encounter.

14. CR18-159

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

MOTION: This is a complaint regarding the physician’s failure to effectively communicate with other providers and the patient’s guardian. Review of the records and the physician’s response reveals appropriate care.

15. CR18-151

Dr. Sullivan moved to dismiss the complaint. Ms. Dench seconded the motion, which passed 7-0-0-2. Dr. Barnhart and Mr. Ross were recused from the matter and left the room.
MOTION: This is a Board generated complaint regarding poor documentation and failure to promptly identify complication of surgery. In his response, the physician acknowledged deficits and plan of improvement.

16. CR18-54 Paul N. Smith, M.D.

Dr. Barnhart moved to dismiss the complaint with a letter of guidance. Dr. Sullivan seconded the motion, which passed 8-0-0-1. Dr. Waddell was recused from the matter and left the room.

MOTION: In this case, a patient complains that the physician did not have a thorough discussion about options for sterilization that included procedures that may be reversible. The written consent form stated the procedure was irreversible, and the physician explained that his discussion with the patient focused on permanent birth control options during which the patient did not ask about reversible procedures.

The letter of guidance will advise the physician that sometimes a patient does not volunteer the existence of reversibility concerns, even with a physician she knows and trusts. Specific discussion of the reversibility of this and other procedures (and the long-term advantages and disadvantages of each) better fit this era of shared decision-making, thorough informed consent, and researched health care information.

17. CR18-133

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

MOTION: A patient complains that during a diagnostic cardiac catheterization, there was a complication of an arterial dissection requiring the placement of three stents. She complains that six months later another doctor told her that she also had a heart attack during the procedure. The patient was very upset that she had never been told. The second doctor was interviewed and he does not recall telling the patient that she had a heart attack and his review of the records does not show any evidence that she experienced any significant myocardial damage. Review of the records shows effective treatment of an unfortunate complication.

18. CR18-135

Dr. Sullivan moved to dismiss the complaint. Dr. Sacchetti seconded the motion, which passed 6-1-0-2. Dr. Gleaton and Mr. Ross were recused from the matter and left the room.

MOTION: The mother of a patient complains that the physician was rude and dismissive and did not adequately address the patient’s medical problems. Review of the records and physician’s response reveals reasonable care was provided.
19. CR18-137

Ms. Dench moved to preliminarily deny the physician’s renewal application and authorize AAG Miller to negotiate a consent agreement to include the physician’s enrollment for a CPEP evaluation within thirty days and completion of the evaluation within three months. Ms. Weinstein seconded the motion, which passed 8-0-0-1. Dr. Waddell was recused from the matter and left the room.

20. CR18-155

Ms. Weinstein moved to dismiss the complaint. Ms. Dench seconded the motion which passed unanimously. Dr. Sullivan was out of the room and did not participate in the discussion or vote.

**MOTION:** A patient with a complex medical history is unhappy and concerned about a slow taper of her pain medications. According to the current guidelines, a review was necessary to determine whether the controlled substances are appropriate treatment for the patient’s underlying conditions. A hospice recommendation was made; however, hospice is not available in this area. After two Controlled Substance Initiative Committee reviews, it was determined that a slow taper is necessary as well as an addiction workup. Appropriate care and follow up was provided.

21. CR18-163

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

**MOTION:** A patient complains that her orthopedic surgeon performed an unnecessary chondroplasty procedure during a knee arthroscopy performed for knee pain. She contends that she has persistent knee pain as a result. Review of the medical records indicates that appropriate care was provided.

22. CR18-157

Dr. Barnhart moved to table the matter. Dr. Sacchetti seconded the motion, which passed 7-2.

23. CR18-56

Dr. Waddell moved to set the matter for an adjudicatory hearing and authorize AAG Miller to negotiate a consent agreement prohibiting the physician’s dogs from being present at her medical practice and correction of sanitation issues at her medical practice. Dr. Sullivan seconded the motion, which passed 8-0-0-1. Dr. Sacchetti was recused from the matter and left the room.
24. CR17-199

Dr. Waddell moved to deny the physician’s request for an informal conference in lieu of the adjudicatory hearing ordered by the Board. Dr. Sacchetti seconded the motion, which passed 6-3.

Amended onto agenda

CR18-184

The Board reviewed material regarding this complaint. No action was taken.

V. Assessment and Direction

25. AD18-197

Dr. Sullivan moved to issue a complaint (CR18-228). Ms. Dench seconded the motion, which passed 6-0-0-3. Dr. Barnhart, Dr. Gleeton, and Mr. Ross were recused from the matter and left the room.

26. AD18-204

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

27. AD18-109

Dr. Sullivan moved to issue a complaint (CR18-230). Dr. Barnhart seconded the motion, which passed unanimously.

28. AD18-96

Dr. Sullivan moved to issue a complaint (CR18-229). Ms. Weinstein seconded the motion, which passed unanimously.

29. AD18-218

Dr. Waddell moved to issue a complaint (CR18-225) and order the physician to undergo a § 3286 evaluation. Dr. Sacchetti seconded the motion, which passed unanimously.

30. Intentionally left blank

31. Intentionally left blank
32. Pending Adjudicatory Hearings and Informal Conferences Report

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

33. Consumer Assistance Specialist Feedback

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

34. Other Items for Discussion (none)

VI. Informal Conference (none)

VII. Minutes for Approval

Mr. Ross moved to approve the minutes of the September 11, 2018 meeting. Dr. Sacchetti seconded the motion, which passed 8-0-1-0 with Ms. Dench abstaining.

VIII. Board Orders & Consent Agreement Monitoring

A. Board Orders (none)

B. Monitoring Reports

1. David B. Robinson, M.D.

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

2. Mark E. Cieniawski, M.D.

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

3. Cathleen G. London, M.D.

   At 2:40 p.m. Dr. Waddell moved to enter executive session pursuant to 1 M.R.S. § 405(6)(E) to seek legal advice from the Board’s attorney. Ms. Dench seconded the motion, which passed 8-0-0-1. Dr. Sacchetti was recused from the matter and left the room.

   At 2:45 p.m. Mr. Ross moved to come out of executive session. Dr. Waddell seconded the motion, which passed 8-0-0-1. Dr. Sacchetti was recused from the matter and left the room.

   Dr. Sullivan moved not to approve the proposed practice monitor and to allow Dr. London thirty days to propose another practice monitor. Dr. London may request an additional thirty days beyond the initial thirty-day extension if necessary. Dr. Waddell
seconded the motion, which passed 8-0-0-1. Dr. Sacchetti was recused from the matter and left the room.

Dr. Barnhart moved not to approve the proposed psychiatrist and to allow Dr. London thirty days to propose another psychiatrist. Dr. London may request an additional thirty days beyond the initial thirty-day extension if necessary. Ms. Dench seconded the motion, which passed 8-0-0-1. Dr. Sacchetti was recused from the matter and left the room.

4. **Malathy Sundaram, M.D.**

Dr. Waddell moved to find Dr. Sundaram in material noncompliance with her consent agreement and to immediately suspend her medical license. Ms. Weinstein seconded the motion, which passed unanimously.

5. **Charles Clemetson, M.D.**

At 2:54 p.m. Dr. Waddell moved to enter executive session pursuant to 1 M.R.S. § 405(6)(E) to seek legal advice from the Board’s attorney. Ms. Dench seconded the motion, which passed unanimously.

At 3:04 p.m. Dr. Sullivan moved to come out of executive session. Mr. Ross seconded the motion, which passed unanimously.

The Board reviewed material submitted by Dr. Clemetson. No action was taken.

6. **Ronald D. Oldfield, P.A.**

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

7. **Intentionally left blank**

IX.  **Adjudicatory Hearing (none)**

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

XI.  **Remarks of Executive Director**

Mr. Smith reported that staff is working to obtain a quote to update the microphone and speaker system in the Board room.

A. **Chapter 10 Sexual Misconduct Rule**

Mr. Smith reported that following review of the proposed Chapter 10 Sexual Misconduct rule, the Governor’s Office did not give approval to proceed with rulemaking.
XII. Assistant Executive Director’s Report

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

A. Complaint Status Report

As of October 1, 2018, there are one hundred eleven complaints outstanding. Sixteen complaints were opened during the month of September and twenty-three were closed.

B. Licensing Feedback (none)

C. 2019 Board Meeting Dates

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

D. Maine Quality Counts Quarterly Report

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

A. Draft Chapter 3 Unprofessional Conduct

The Board reviewed the draft rule and referred the matter to a rulemaking workgroup for discussion.

B. Draft Chapter 12 Office Based Treatment of Opioid Use Disorder

Dr. Barnhart moved to approve Chapter 12 Office Based Treatment of Opioid Use Disorder and proceed with rulemaking. Ms. Dench seconded the motion, which passed unanimously.

XVI. Policy Review

A. Draft Guidelines – PA’s Providing Medical Care to their Supervising Physicians

Mr. Ross moved to approve new guidelines, Physician Assistants Providing Medical Care to their Active Supervising Physician(s). Dr. Waddell seconded the motion, which passed unanimously.
B. Draft Guidelines – Medical Professionalism and Social Media

Dr. Wetzel moved to approve new guidelines, Medical Professionalism and Social Media. Dr. Sacchetti 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 B]

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

XIX. Board Correspondence (none)

XX. FSMB Material

A. FSMB Nominations

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

B. Changes to Special Purpose Examination (SPEX)

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 3:33 p.m.

Mr. Ross moved to adjourn the meeting at 3:33 p.m. Dr. Sullivan seconded the motion, which passed unanimously.

Respectfully submitted,

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

In re: G. PAUL SAVIDGE, M.D. 
Complaint Nos. CR17-260, CR18-122 

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 G. Paul Savidge, M.D. The parties to the Consent Agreement are: G. Paul Savidge, M.D. ("Dr. Savidge"), 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. Savidge has held a license to practice medicine in the State of Maine since July 1, 1976 (license number MD8503), and specializes in obstetrics and gynecology.

2. On January 19, 2018, the Board issued a complaint alleging that Dr. Savidge, who provides medication assisted treatment for individuals with substance use disorders, created inadequate medical records, documented checks of the prescription monitoring program ("PMP") that had not been conducted, and failed to consistently follow universal precautions and compliance with prescribing standards. The Board docketed that complaint as CR17-260 and sent it to Dr. Savidge for a response.
3. By letter dated February 19, 2018, Dr. Savidge responded to the complaint. In his response, Dr. Savidge explained that for the past four years he has "practiced in addiction care." Dr. Savidge explained his reliance on the format used by a practice he previously was associated with, acknowledged some recordkeeping deficiencies, but also contended that some of the medical records reviewed by the Board were adequate. Dr. Savidge explained his reliance on staff to conduct PMP checks and acknowledged that it appears PMP checks were documented that did not occur. Dr. Savidge informed the Board of changes that he has made to his practice to address the concerns raised.

4. The Board conducted further investigation, including a review of additional patient charts. Further investigation revealed that Dr. Savidge also prescribed benzodiazepines and stimulants to some patients.

5. On June 15, 2018, the Board initiated a complaint based upon receipt of a report from a pharmacist on April 19, 2018, stating that the pharmacist called Dr. Savidge about a prescription for a 30 day supply of Xanax for a female patient who had filled a prior prescription for a 50 day supply of that medication on March 15, 2018. The pharmacist reported that when questioned about the early refill, Dr. Savidge instructed the pharmacist not to fill the prescription because he was concerned that the patient may be abusing or selling the medication. The pharmacist reported observing the patient's husband on a cellphone in the store and that Dr. Savidge then issued a prescription for a 30 day supply of Xanax to the patient's husband who had
never previously been prescribed that drug by Dr. Savidge. The Board
docketed the complaint as CR18-122 and sent it to Dr. Savidge for a response.

6. By letter dated July 16, 2018, Dr. Savidge responded to complaint
CR18-122. In his response, Dr. Savidge explained that his current medical
practice focuses on the treatment of opioid dependency. Dr. Savidge described
his treatment of the patient and the patient’s husband. Dr. Savidge explained
the circumstances surrounding the prescribing of Xanax to the patient, and
acknowledged that his concern about the patient’s safety and well-being if she
were to go off the Xanax abruptly had “regretfully” clouded his judgment
leading to his writing a Xanax prescription in the patient’s husband’s name.

7. By letter dated June 26, 2018, Dr. Savidge pledged to the Board
that he would restrict his addiction treatment practice solely to prescribing
buprenorphine products (i.e., he would not prescribe any other controlled
substances).

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

9. On June 12, 2018, and August 14, 2018, the Board reviewed
complaints CR17-260 and CR18-122, and voted to set the matters for an
adjudicatory hearing. In addition, the Board voted to offer Dr. Savidge this
Consent Agreement to resolve the matter without further proceedings. Absent
Dr. Savidge’ 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 October 6, 2018, the matter will be scheduled for an adjudicatory hearing.

COVENANTS

10. Dr. Savidge 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.

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

a) a REPRIMAND for unprofessional conduct;

b) a CIVIL PENALTY in the amount of One Thousand Dollars ($1,000.00), payment of which shall be made by certified check or money order made payable to “Treasurer, State of Maine,” and remitted to Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137, within thirty (30) days of the execution of this Consent Agreement; and

c) a LICENSE PROBATION for a period of at least one (1) year with the following terms and conditions:

1) Upon the effective date of this Consent Agreement, Dr. Savidge shall limit controlled substance prescribing to buprenorphine products and shall cease prescribing any other controlled substances.

2) Dr. Savidge 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 or designee within ninety (90) days of the effective date of this Consent Agreement. Dr. Savidge shall provide evidence of completion of the course required by this subparagraph within four (4) months of the effective date of this Consent Agreement.

3) Within ninety (90) days of the effective date of this Consent Agreement, Dr. Savidge shall complete the American Society of Addiction Medicine ("ASAM") 40-Hour Program "The Fundamentals of Addiction Medicine" or other continuing medical education course on addiction medicine pre-approved by the Case Reporter or designee. Dr. Savidge shall provide evidence of completion of the continuing medical education course required by this subparagraph within four (4) months of the effective date of this Consent Agreement.

4) Within thirty (30) days of the effective date of this Consent Agreement, Dr. Savidge shall enroll in an in-person continuing medical education course on the subject of medical recordkeeping pre-approved by the Case Reporter 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. Savidge 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.

5) Within thirty (30) days of the effective date of this Consent Agreement, Dr. Savidge shall submit for approval by the Case Reporter or designee the name of a Physician Practice Monitor. The Physician Practice Monitor must be currently engaged in treating opioid addiction and prescribing suboxone (buprenorphine) in an office-based treatment program. The Physician Practice Monitor shall monitor Dr. Savidge's compliance with prescribing 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 at least quarterly or via HIPAA compliant shared portal access or interface. The Physician Practice Monitor must randomly select and review at least ten (10) patient charts each month. The Physician Practice Monitor shall submit written reports to the Board every two months following his/her approval. In the reports to the Board, the Physician Practice Monitor shall provide a summary of his or her monitoring activities, Dr. Savidge's compliance with universal precautions and buprenorphine product prescribing and medical recordkeeping standards, and shall identify any issues with medical decision-making or documentation. Dr. Savidge understands that the Physician Practice Monitor is an agent of the Board pursuant to 24 M.R.S. § 2511. Dr. Savidge shall permit the Physician Practice Monitor full access to his medical practice, including but not limited to all patient information. After receipt by the Board of at least six (6) Physician
Practice Monitor reports, Dr. Savidge 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.

12. Dr. Savidge acknowledges that while this Consent Agreement together with any amendments is in effect he must directly communicate with the Board or Board staff and has the obligation to respond to any request for information or documentation within the timeframe specified or requested. If providing notice or supplying information to the Board is required by any provision of this Consent Agreement, Dr. Savidge 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.

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

14. Any conduct of Dr. Savidge described herein may be considered in future Board action(s) as evidence of a pattern of misconduct.
15. Violation by Dr. Savidge 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.

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

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

18. 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.

19. 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.

20. 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.

21. Dr. Savidge 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.

22. Dr. Savidge has been represented by Taylor D. Fawns, Esq., who has participated in the negotiation of the terms of this Consent Agreement.

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

DATED: 10/2/18

G. PAUL SAVIDGE, M.D.

STATE OF MAINE
COUNTY OF CUMBERLAND, S.S.

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

DATED: 10/2/18

NOTARY PUBLIC/ATTORNEY

MY COMMISSION ENDS: ________________

DATED: 10/8/2018

TAYLOR D. FAWNS, ESQ.
Attorney for G. Paul Savidge, M.D.
STATE OF MAINE BOARD
OF LICENSURE IN MEDICINE

DATED: 10/9/18

MAROULLA S. GLEATON, M.D., Chair

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED: October 9, 2018

MICHAEL MILLER
Assistant Attorney General

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

A summary of all new licenses granted in September 2018 by license type (71);
A list of all individuals granted a new license in September 2018 by license type;
A summary of all pending applications by license type (187);
A list of online vs. paper renewals in September 2018 by license type 93.91%);
The number of licenses expired September 30, 2018 (32)
The number of licenses lapsed for date 6/30/2018 (34); and

In addition, the overall licensing statistics include:

The number of active MD licenses (not including EC) October 1, 2018 (6040);
The number of active MD licenses with a Maine address (not including EC) on October 1, 2018 (3490);
The number of active PA/PAN licenses on October 1, 2018 (879);
The number of active PA/PAN licenses with a Maine address on October 1, 2018 (801); and

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

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